

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

Interim       Final

Date of Report    August 26, 2018

### Auditor Information

Name:    Bobbi Pohlman-Rodgers	Email:    bobbi.pohlman@truecorebehavioral.com
Company Name:    TrueCore Behavioral Solutions, LLC	
Mailing Address:    PO Box 4068	City, State, Zip:    Deerfield Beach, FL 33442-4068
Telephone:    (954) 818-5131	Date of Facility Visit:    March 6-8, 2018

### Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
North Carolina Department of Public Safety		Click or tap here to enter text.	
Physical Address:    512 N. Salisbury Street		City, State, Zip:    Raleigh, NC 27604	
Mailing Address:    4201 Mail Service Center		City, State, Zip:    Raleigh, NC 27699-4201	
Telephone:    (919) 825-2754		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

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

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

### Agency Chief Executive Officer

Name:    Erik A Hooks	Title:    Secretary, NCDPS
Email:    erik.hooks@ncdps.gov	Telephone:    (919) 733-2126

### Agency-Wide PREA Coordinator

<b>Name:</b> Charlotte Jordan-Williams	<b>Title:</b> PREA Director
<b>Email:</b> charlotte.williams@ncdps.gov	<b>Telephone:</b> (919) 825-2754
<b>PREA Coordinator Reports to:</b> Jane Ammons Gilchrist, General Counsel, NCDPS	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 140

### Facility Information

<b>Name of Facility:</b> Bertie Correctional Institution			
<b>Physical Address:</b> 218 Cooper Hill Road, Windsor, NC 27893			
<b>Mailing Address (if different than above):</b> PO Box 129, Windsor, NC			
<b>Telephone Number:</b> (252) 794-8600			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> To promote public safety by the administration of a fair and humane system which provides reasonable opportunities for adjudicated offenders to develop progressively responsible behavior.			
<b>Facility Website with PREA Information:</b> <a href="https://www.ncdps.gov/adult-corrections/prison-rape-elimination-act">https://www.ncdps.gov/adult-corrections/prison-rape-elimination-act</a>			

### Warden/Superintendent

<b>Name:</b> Tom Brickhouse	<b>Title:</b> Interim Superintendent
<b>Email:</b> tom.brickhouse@ncdps.gov	<b>Telephone:</b> (252) 794-8600

### Facility PREA Compliance Manager

<b>Name:</b> Lucketchia Boston	<b>Title:</b> Correctional Captain III
<b>Email:</b> lucketchia.boston@ncdps.gov	<b>Telephone:</b> (252) 794-8609

### Facility Health Service Administrator

<b>Name:</b> Suzanne Evans	<b>Title:</b> Nurse Manager
<b>Email:</b> Suzanne.evans@ncdps.gov	<b>Telephone:</b> (252) 794-8600

### Facility Characteristics

Designated Facility Capacity: 1504		Current Population of Facility: 1084	
Number of inmates admitted to facility during the past 12 months			1075
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			962
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1075
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			35
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 20 years of age and older	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			N/A
Facility security level/inmate custody levels:			Close/Medium
Number of staff currently employed by the facility who may have contact with inmates:			480
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			480
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			0
<b>Physical Plant</b>			
Number of Buildings: 4		Number of Single Cell Housing Units: 27	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		2	
Number of Segregation Cells (Administrative and Disciplinary):		128	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
There are two (2) live cameras – one on the inmate recreation yard and one in the volleyball area.			
<b>Medical</b>			
Type of Medical Facility:		Clinic – 6 AM – 10 PM	
Forensic sexual assault medical exams are conducted at:		Vidant Hospital	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			75
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			11

# Audit Findings

## Audit Narrative

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

The North Carolina Department of Public Safety contracted with TrueCore Behavioral Solutions, LLC for PREA auditing services in October 2017. This particular facility's on-site audit was scheduled for March 7, 2018 thus the audit process was to begin on January 24, 2018, six weeks prior to the on-site audit date.

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

The auditor also provided the PREA Audit Notice that was required to post in the facility on or before January 24, 2018 and remain posted until after the audit. The PREA Audit Notice was provided in both English and Spanish, to accommodate all inmates in the facility. The PREA Audit Notice provides for the date of the on-site audit, confidentiality of the audit process, written communication from inmates shall be treated as legal mail, verbal communication between the auditor and facility staff and inmates shall be kept confidential with exceptions, and an address for inmates and staff to write to the auditor prior to the audit.

The PREA flash drive was received by February 7, 2018, which is four weeks from the on-site audit date. The auditor reviewed the information provided and began the completion of the Auditor Compliance Tool. The auditor also reviewed the last PREA audit report dated May 23, 2016. The auditor contacted the facility on February 19, 2018 in regards to additional information that would be needed at the beginning of the on-site audit, logistics of the audit including the need for interview rooms that provided privacy but sight supervision of staff, clarified some information already provided, and provided the facility with a list of items to have prepared for review on the first day of the audit. Additionally, the auditor reached out to the facility on February 27, 2018 due to an on-site date start change to March 6, 2018. This change was made to allow for three (3) days on-site. The auditor reached out to Vidant Hospital on March 5, 2018 to verify SANE/SAFE services. The auditor reached out to RCC-Roanoke-Chowan SAFE, the identified emotional support services agency, on March 6, 2018 while at the facility through the inmate phone system. The auditor reached out to Forgiven Ministries, the external reporting agency, on March 6, 2018.

The Bertie Correctional Center PREA on-site audit began on March 6, 2018 with an entrance meeting. The meeting was attended by the PREA auditor, Interim Superintendent Tom Brickhouse, Assistant Superintendent III Demetrius Clark, Facility PREA Compliance Manager Captain Lucketchia Boston, and Unit Manager Tyrell Griggs.

Following the entrance meeting, the auditor was provided a newly printed list of inmates for selection of interviews. The auditor first selected from the specialized inmate interviews that are required, and selected the remaining from the general population list. There were no inmates present at the time of the audit who

were: youthful, who were Limited English Proficient, who were blind, deaf or hard of hearing, who had a Cognitive Disability, who reported a prior victimization, who identified as LGBTI, or who were in restrictive housing (segregation) for high risk of sexual victimization. The auditor selected two (2) inmates who had physical disabilities and four (4) who reported sexual abuse. The remaining inmates selected were based on housing assignment. During the interview period, multiple inmates refused to participate in the interview process. Therefore, the auditor selected additional inmates to be interviewed. In total, the auditor interviewed forty (40) inmates.

At the time of the on-site audit, the auditor had not received any communication from staff or inmates.

The auditor was provided a newly printed post staffing for the two-day audit and for both shifts. The auditor selected twelve (12) staff from both shifts and differing positions to be interviewed. Of those originally selected, one (1) staff resigned for other reasons, one (1) staff went on FMLA, and two (2) staff called out. The auditor selected an additional four (4) staff to be interviewed. In total, the auditor interviewed twelve (12) random staff.

The auditor conducted seventeen (17) specialized position interviews that including two (2) interviews that had been conducted prior to the audit. Specialized positions interviewed: Agency Head, Agency PREA Coordinator (PREA Director), Superintendent, Facility PREA Compliance Manager, Upper Level Management, Medical staff, Mental Health Staff, Human Resources Staff, Volunteer/Contractor, Investigator, Intake Staff/Intake Education, Risk Screening Staff, Segregation Staff, Incident Review Staff, Grievance Officer, Retaliation Monitor, and First Responder Staff.

Following the selection of interviewees, the auditor was led on a tour of the facility. The tour included the Administrative Hallway, Intake, Education, Programs, Medical, Observation cells, Kitchen, Dining Hall, Visitation, Maintenance, Warehouse, Laundry, Gymnasium, DHO, Library, Vocational, and all housing areas. The auditor also used an inmate phone to contact the RCC-Roanoke-Chowan SAFE who verified who they were and that they provide services to victims who contacted them. The auditor also spoke to random staff and inmates during the tour.

The auditor completed inmate, staff and specialized interviews during the three (3) days at the facility. Interviews with inmates were conducted in the gymnasium office where supervising staff could provide sight supervision but did not have sound contact with the inmate or the interviewer which allowed for the privacy of communication. Inmate interviews included a small printed paper that provided how to access mental health services after the interview if needed. It also contained a reminder that retaliation for speaking to the auditor is not allowed, and the mailing address was made available in the event that they wished to report retaliation. This was shown to the Interim Superintendent prior to interviews.

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

The exit meeting was held in the evening of March 8, 2018. Present were the auditor, Interim Superintendent, facility PREA Compliance Manager, Secondary PREA Compliance Manager, Classification/Coordinator of Programs, Maintenance Manager and other staff as invited.

The auditor extended acknowledgement of the open process of the audit and discussed the challenges identified by the auditor at this facility. The facility administration was provided a list of items that would need to be addressed in order to find the facility in compliance with all PREA Standards. The facility was informed that any information provided within three weeks would be reviewed prior to the initial writing of this PREA Audit Report.

The methodology of the audit process to find compliance included:

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

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

## Facility Characteristics

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

Bertie Correctional Institution (BCI) is an adult male single-cell close security prison located in Windsor, North Carolina, in Bertie County. The facility has two (2) buildings surrounded by perimeter security fence with a built-in electronic intrusion detection system alerts armed correctional officers at the prison gatehouse and in roving patrols to escape attempts. The first building is a check point where everyone entering into the facility undergoes security clearance. The second building consists of the administrative area comprised of administration offices, conference rooms, training and training classrooms, and master control. The other areas of the facility include visitation area, gym and recreation area, dining hall, vocational and academic classrooms, warehouse, canteen, program area including mental health and case management offices, file rooms, medical area including waiting area, medical offices, pharmacy, file room, and storage areas.

BCI operates under the unit management concept. Unit management is a method for managing inmates that emphasizes decentralization and delegates' decision-making authority to a unit team. Inmates are assigned

to one of the six units based on their work, program or control assignment.

PREA bulletin boards are made available in each unit and contain information on how to report allegations, how to access internal reporting, and access to outside emotional support services.

The Tan Unit (A, B, C, D, E, and F) is the only open-bay housing unit. Bathrooms and showers offer privacy from cross-gender viewing through walls. There are four (4) phones available. The Grey Unit (A, B, C, D, E, F, G, and H) contains single person wet-cells. Showers are provided with privacy through a window for supervision. Due to this being Restricted Housing, this is a gender-specific post. There is no access to phones in this unit; however grievances are available. The Blue Unit (A, B, C, D, E, and F) contains single person wet-cells. Showers are provided through curtains. Two (2) phones are available. The Green Unit (N1, N2, N3, S1, S2, and S3) also contains single person wet-cells. Showers are provided through curtains. Two (2) phones are available. The Red Unit (A, B, C, D, E, and F) contains single person wet-cells. Showers are provided through curtains. Two (2) phones are available. H Block has single person wet-cells for suicide watch. Privacy is provided from cross-gender staff. Due to this area being on camera, the post is gender-specific. Currently 3 (three) units in Tan and three (3) units in Red are not open.

The Administrative Building contains the Administrative Hallway, Visitation, Vocation, Maintenance, Warehouse, medical and intake. The Administrative Hallway contains offices, with windows, for the Administrative Assistant, staff work area, conference room, personnel technician, support Captain, Accounting, technical support, training, staff uniform, line up room, and staff breakroom.

The education hallway includes classrooms, canteen, and educational staff areas. The programs area contain case management and classification. The psychiatric hallway has offices and inmates may be present or staff go to the unit offices.

The medical clinic offers medical and dental services from 6 AM – 10 PM each day. There are four (4) triage/emergency areas, one (1) dentist office, and a six (6) bed infirmary. Views for the camera are able to be seen by medical staff.

Visitation is a gender-specific post due to strip searches. The area has both contact and non-contact visitation areas. PREA information is posted for visitors to see. There are also three (3) offices that allow for supervision during visitation.

The Chapel is an open area with camera and one (1) office. The kitchen is an open area with a dry storage, supply room and there are numerous cameras and mirrors that address blind areas.

The dining hall offers open seating, windows to the hallways for supervision, and both cameras and mirrors. The library is an open area with windows to the hallways. The gymnasium offers four (4) offices with windows, one (1) cameras, and a bathroom with window and wall for privacy.

The warehouse is an open area for supervision purposes and orderly and organized cages for tools, etc. The maintenance area utilizes six (6) staff and five (5) inmates. All areas are open for supervision. The laundry offers mirrors for supervision behind machines. The vocational area was locked tight during the tour and requires master control to issue the keys. There are windows in the area.

The facility was extremely clean and well organized. Numerous staff were present, supervising various areas.



## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 1

115.11

**Number of Standards Met:** 43

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

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

115.15:

Staff interviews found that staff are not familiar with the agency training and policy on cross-gender strip searches of intersex and transgender inmates. Staff will require training on this. Proof of training through staff signature and the material used for training shall be provided to the auditor.

Female staff do not announce their presence each time they enter an area where inmates may be showering, toileting or changing. Staff will require training on this. Proof of training through staff signature and the material used for training shall be provided to the auditor.

The facility conducted staff refresher training and provided the curriculum and proof of training.

115.16:

Staff reported that “Talking Points” is not used during intake/orientation in order to ensure that inmates who have learning or reading disabilities are provided the same information as others. Staff will require



training on this. Proof of training through staff signature and the material used for training shall be provided to the auditor.

The facility conducted staff refresher training for the intake staff and provided the curriculum and proof of training.

115.33:

External reporting methods had recently changed. Inmate interviews found that they have not received education on the new system. Inmates will require education on this new method of reporting. Proof of education through inmate signature and the material used for education shall be provided to the auditor.

The facility conducted inmate education on the updated system. Proof of education and curriculum was provided.

115.41:

Transfer screening is not consistently completed within three (3) days as per agency policy and PREA standards. Staff will require training on this. Proof of training through staff signature and the material used for training shall be provided to the auditor.

Staff report not knowing how to update the screening information due to a referral, request, or new information. Staff will require training on this. Proof of training through staff signature and the material used for training shall be provided to the auditor.

The facility conducted training for staff who screen inmates upon arrival and at other times as necessary. Training documents were provided.

115.42:

Staff report not knowing how to update the screening information due to a referral, request, or new information. Staff will require training on this. Proof of training through staff signature and the material used for training shall be provided to the auditor.

The Agency made adjustments to the screening process and all staff who screen inmates upon arrival and at other times as necessary received appropriate training. Training documents were provided.

115.43:

Some staff reported that victims are separated from the alleged abuser by placing them immediately in segregation without looking at alternative separation methods. Staff report not knowing how to update the screening information due to a referral, request, or new information. Staff will require training on this. Proof of training through staff signature and the material used for training shall be provided to the auditor.

115.51:

New external reporting information has not been made available to inmates through education. Inmates will require education on this. Proof of education through inmate signature and the material used for education shall be provided to the auditor.

New external reporting information has not been updated in the orientation material. Orientation material requires updating to include the new information, including Talking Points. A copy of this information shall be provided to the auditor.

The facility updated all orientation material to include the new external reporting agency. The facility provided new information to all inmates and provided proof of education.

115.53:

Information are unaware regarding outside emotional support services of communication monitoring and services. Inmates will require education on this information. Proof of education through inmate signature and the material used for education shall be provided to the auditor.

The facility provided proof of education for all inmates on accessing emotion support services, services available and communication monitoring. Proof of education was provided.

115.81:

Medical staff were unaware of the requirements for inmate consent prior to sharing information on victimization that did not occur in a correctional setting. Staff will require training on this. Proof of training through inmate signature and the material used for training shall be provided to the auditor.

The facility provided refresher training for the medical staff regarding inmate consents. The facility provided the curriculum and proof of training.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400, Policy A.2000, SOP .3405, SOP .0202, Form OPA-A16, NCDPS Organizational Chart, NC General Statute 14, and NCDPS Memo dated 10/27/15, that identified the PREA Compliance Manager were reviewed. The Interim Superintendent and PREA Compliance Manager were interviewed. The Agency Head and Agency PREA Director were interviewed at an earlier time.

The agency has a policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy, along with additional policies and standard operating procedures, outlines the prevention,

detecting, reporting, and response to sexual abuse and sexual harassment allegations. Definitions that mirror the PREA Standards are included in the policy, as well as sanctions for those who violate policy. Additionally, sanctions for inappropriate behavior between staff and inmates is detailed in the Conduct of Employees policy. All interviewed were able to articulate the strategies and responses towards PREA allegations that policy mandates.

The facility has a PREA Compliance Manager who holds the position of Correctional Captain. She has been with the agency for seventeen (17) years and has held the PCM position for three (3) years. She reports that she has sufficient time to tend to her normal duties and the PCM duties. She reports that recently she was assigned a secondary person to assist her with PCM duties – a Unit Manager. She reports that she coordinates the facility’s efforts to comply with PREA standards through PREA rounds, postings, training, quarterly meetings with the regional and meeting with the management staff. She also reports that she addresses Standard Operating Procedures, implements and conducts training, addresses corrective action, and conducts follow-up after identifying a compliance issue.

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

Based on the information discovered in agency policies, observations, random contact with staff, and information obtained through staff interviews, the auditor finds that the facility exceeds the requirements of the standard based on the availability of both the PREA Coordinator (PREA Director) and of knowledgeable agency level staff under the Agency PREA Coordinator (PREA Director) who provide assistance and guidance to facilities to ensure compliance with PREA Standards.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards?

(N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

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

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

**115.13 (b)**

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

**115.13 (c)**

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

#### 115.13 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.1600, SOP 1.23, Prison Post Chart dated August 2016, Post Chart review dated October 15, 2017, Dorm Narratives noting unannounced rounds, Daily Shift Narratives and North Carolina General Statute 143B-709 were reviewed. Interviews with the Interim Superintendent, PREA Compliance Manager, PREA Coordinator (PREA Director), Intermediate or Higher-Level Facility Staff were conducted. A tour was conducted of the facility.



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

The annual review is conducted by the Superintendent along with his administrative staff and is reviewed by the PREA Director before submission to the Region. The current Interim Superintendent has been at the facility for three (3) months and has been with the agency for twenty-four (24) years. He reports that he was not a part of the current staffing review. This review typically contains both the current staffing and additional needs as identified each year, including video monitoring. The Interim Superintendent provided a reviewed copy of the Post Chart dated October 5, 2017. The Post Chart shows the following positions: forty-four (44) Correctional Officer II, two hundred forty-four (244) Correctional Officer III, ten (10) Correctional Sergeant II, thirty-two (32) Correctional Sergeant III, nine (3) Correctional Lieutenant III, six (6) Correctional Captain III, two (2) Housing Unit Manager I, six (6) Housing Unit Manager II, and four (4) Housing Unit Manager III. With the closure of the one (1) unit, the facility shows thirty-four (34) vacancies. It is noted that this facility offers gender-specific posts.

Deviations from the staffing plan are noted on the Daily Shift Narrative and Post Assignment Sheet as per policy. Training, call-outs, approved leave and comp time are the main reasons for deviations of the staffing plan. The Interim Superintendent reported he reviews the Daily Shift Narrative each day and that any deviations are filled through the pull post system, call back and hold-over. Pull post are identified on the Master Security Roster.

Unannounced rounds are documented in the Daily Shift Narrative. Samples were provided to the auditor. In an interview with the Captain, unannounced rounds are conducted each day and documented in the Shift Narrative and in the PREA round logbook. Staff are prohibited from advising other staff of these rounds. Typically rounds are conducted in conjunction with other safety and security rounds. Unannounced rounds include all areas of the facility, especially where there are blind areas (lights off, blocked windows), and kitchen freezers. Documentation includes the date and time and is documented in the Round Logbook, as well as within the Daily Shift Narrative.

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

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

### Standard 115.15: Limits to cross-gender viewing and searches

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

**115.15 (a)**

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

**115.15 (b)**

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

**115.15 (c)**

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

**115.15 (d)**

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

**115.15 (e)**

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

## 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.1600, Policy F.0100, Facility Safe Search Staff Training, Staff Training Log, Cross Gender Announcement & Acknowledgement for staff Form OPA-T30 – Cross Gender Acknowledgement, Cross Gender Bulletin Board Poster Memo (dated 4/22/13), Cross Gender Bulletin Board Poster E-mail (dated 4/22/13), and Safe Search Practices Training Curriculum were reviewed. Interviews were conducted with random staff, random inmates, and the Agency Head. The auditor selected twenty-seven (27) random staff files for review.

Training on safe search practices that include cross gender searches was confirmed. Policy requires documentation of any cross gender searches.

There were no reported cross gender searches conducted.

Interviews with inmates confirm that they have not been searched by female staff. The facility provided the Employee Training Progress Summary showing 100% of staff completed Safe Search Training; and the auditor reviewed thirty-nine (39) random files of individual staff training. With little exception, the training was completed as required. During the interviews, the majority of staff were not able to clearly articulate the policy regarding the gender of the staff who would conduct searches of transgender or intersex inmates.

Each dormitory within the facility has provided for inmate privacy from cross-gender staff. There are some gender-specific posts in the facility to ensure appropriate privacy for inmates, such as segregation and

visitation search. No inmate reported being seen by cross-gender staff for purposes other than the normal duties of an officer. All dormitories offer either walls or curtains for privacy.

Agency policy requires the announcement of cross-gender staff entering the housing units. Additionally, in April 2013, the Agency PREA Coordinator (PREA Director) sent out a memo to this effect. Staff were required to sign Form OPA-T30 that clearly delineates the responsibility of announcing cross-gender presence in the housing units. Interviews with female staff found that they do announce themselves each time they enter the housing unit at the beginning of the shift. Interviews with inmates reported the majority hearing the announcements at the beginning of the shift but not each time a cross-gender staff enters the dormitory. During the tour, the auditor noted that the facility staff were making an announcement as they entered into each dormitory as the auditor was female.

One (1) camera was addressed in the visitation search area due to the camera view being below the waist. This was brought up to the Interim Superintendent who immediately had the camera be “re-angled so not to show below the waist”.

The facility conducted staff refresher training and provided the curriculum and proof of training.

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

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

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

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy E.1800, Policy E.2600, SOP – Non-English Speaking Inmate Program, Inmate Orientation Book, Curriculum for PREA-201: Sexual Abuse and Sexual Harassment Training, Curriculum for PREA-101: Sexual Abuse and Sexual Harassment Training, Employee Training Progress Summaries for 101 and 201, and Statewide Contract 961B – Linqistica International, Inc. were reviewed. Observation of both English and Spanish PREA information was observed at the facility. Interviews were conducted with the Agency Head, random staff, intake staff and inmates with disabilities.

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

The agency has entered into an agreement with Linqistica International, Inc. for the provision of telephonic interpreter services. This agreement was last updated March 2016 through March 2018 and is good for two (2) extensions of one (1) year. The agency also established a narrative that is to be read to all inmates transferring into the facility in order to ensure those with disabilities are able to verbally hear the information.

PREA educational materials are available in both English and Spanish, the two main languages at this facility. There were no inmates present at the time of the audit who were LEP. The facility reported no instances where inmate interpreters, readers or other types of inmate assistance have been used. Interviews with staff found that they have not seen interpreters used at the facility but are aware that these service are available.

In an interview with staff who conducts the initial orientation/intake, it was reported that she is currently not providing orientation verbally utilizing the agency's Talking Points. This system was created to ensure that inmates who have difficulty reading receive information as per the agency policy and PREA standard.

The facility conducted staff refresher training for the intake staff and provided the curriculum and proof of training.

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



## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Form HR005 – Applicant Verification, Form HR008 – Professional Reference Check; Form HR013 – Employment Statement, Memo regarding PREA Hiring and Promotions (dated October 2013), Addendum to the Memorandum, List of Background Checks for past three (3) years; Sample DCI Background Checks; PREA Notice and Information Collection for Current Employees; List of Disqualifying Factors – Employee Statement, and PREA – Hiring and Promotion Prohibitions Employee Training Progress Summary were reviewed. Interviews with staff were also conducted. The auditor selected twenty-six (26) random files to be reviewed.

The agency policy prohibits the hiring or promotion of individuals who have engaged in sexual abuse, or attempting to engage in sexual abuse in a detention facility or in the community, or who have been civilly or administratively adjudicated for the same. The agency requires all staff to annually sign a statement that they have not engaged in the aforementioned activities (PREA Hiring & Promotion Prohibitions and HR005) either electronically through the LMS or written form. This information was reviewed through the LMS (Learning Management System) and copies were provided to the auditor for review. All staff are documented as having completed this step of their training. The agency also requires all employees to self-report any such misconduct. Criminal background checks are required for contractors and employees, and material omissions regarding misconduct or false information are grounds for termination. The agency does respond to requests from other institutions where a former employee has applied to work. The agency policy requires background checks at hiring and every five (5) years.

The facility provided the dates of random employees selected to verify the last background date. A system was established through a roster to ensure backgrounds are conducted as required; however, the staff reports that to ensure all backgrounds are conducted within the required timeframe, they are moving to a spread sheet system. A review of these background dates indicates that twenty-five (25) files contained a background within the past five (5) years and one (1) was last conducted six (6) years ago. The facility also provided LMS records for twenty-six (26) staff. The auditor reviewed each training file and found the annual Hiring and Promotion Prohibitions had been completed.

Human Resource staff confirmed that information regarding PREA related incidents was provided to other institutions, along with rating of work, dates, range of salary and confirmation of any disciplinary actions.

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

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Since the last PREA Audit, the facility installed one additional camera in the kitchen stock room. There were significant modifications to the facility.

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

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

### 115.21 (a)

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

### 115.21 (b)

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

### 115.21 (c)

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

### 115.21 (d)

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

- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400, Policy CP18 – Clinical Practice Guidelines, Form OPA-A18 – Designation of PREA Support Person, Form OPA-I20 – Incident Scene Tracking Log, Form OPA-I21 – PREA Evidence Chain of Custody, Form OPA-I30 – PREA Support Services, PREA Support Person (PSP) Training Lesson Plan, PREA Support Person Roles and Responsibilities, PREA Coordinated Response Plan, prior MOA with rape crisis center, and current communication with new rape crisis center. Interviews also provided information in the determination of compliance. Interviews with hospital staff, facility staff, and inmates was conducted.

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

The Clinical Practice Guidelines cover appropriate evidence collection and require an inmate to be transported to the Emergency Room. There is an Incident Scene Tracking Log for documenting persons who may enter a possible crime scene before investigators are on-site, as well as a Chain of Custody form for documenting any evidence.

Inmates who experience sexual assault are taken to Vidant Hospital. Contact was made on March 5, 2018 with the ER Department. Staff there report that they provide services for sexually abused person, including victim advocate access.

The facility currently has an MOU with Roanoke Chowan S.A.F.E. that was signed in January 2018 and is good for one (1) year. The MOU has provisions for Roanoke Chowan S.A.F.E. to provide crisis intervention services and a victim advocate to inmates at Bertie. A call was placed through the inmate phone system and it was confirmed that services are available to inmates.

The facility has ten(10) PREA Support Persons (PSP) who are trained for victim advocacy services at the facility level, and acts as the link to assist victims with the investigative process, professional resources, community-based advocates, and mental health professionals. They are identified on Form OPA-A18. The PREA Support Persons (PSP) have received training on supporting victims, identifying the effects of sexual abuse, strategies for working with victims, communicating with victims, actively listening techniques, purpose of a support person, responsibilities of a support person, maintaining professional boundaries with a victim, and professional resources for victims and support person. A PSP is notified immediately upon an allegation of sexual abuse and meets with the victim to go over what resources are available to the victim. The victim is provided a copy of services available and how to access the services.

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

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

### **115.22 (a)**



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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400 and letters to inmates following an allegation were reviewed. Interviews were conducted with the agency head and investigative staff.

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

The facility provided a printed narrative of all allegations made (sexual abuse and sexual harassment). The facility provided the letter that is sent to an inmate to advise them that it has been referred for investigation. In an interview with the investigator he reported that Windsor Police Department is notified for all sexual abuse that is criminal in nature. The facility investigator would serve as the liaison between the facility and Windsor Police Department in order to be kept aware of any further information requests, status of the investigation, and the outcome of the investigation. In an interview with the Interim Superintendent, he confirmed that Windsor Police Department is notified of all sexual abuse reported and that they have kept good communication lines open with them.

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

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400, Learning Management System Instructions for Employees; Form OPA-T10 – Zero Tolerance Acknowledgement Form for Persons in Direct and Indirect Contact with Inmates; Sexual Abuse and Sexual Harassment Training Curriculum – 101; Sexual Abuse and Sexual Harassment Training Curriculum – 201; Red Flag Poster; New Employee Orientation Curriculum; On Boarding Checklist; Staff Brochure; Breaking the Code of Silence Officer Handbook; Daily Dozen Handout for Officers; Bulletin Board Poster; and twenty-one (21) randomly selected staff training files were reviewed. Interviews with staff were conducted.

The agency policy requires annual training for all staff in all topics identified within the standard, including the zero-tolerance policy, staff responsibilities, inmate's rights, retaliation, dynamics, common reactions of victims, detection and response to allegations, inappropriate staff relationships, identifying inappropriate staff relationships, communication and mandatory reporting laws. A review of the curriculum for PREA 101 and 201 showed all topics covered as identified above. PREA training is provided at hire and annually as identified in the New Employee Orientation and training curriculums reviewed. Training documentation is kept in LMS (Learning Management System), an electronic training system. Staff complete Form OPA-T10, an acknowledgement form.

The facility provided the auditor with training records from LMS for twenty-six (26) randomly selected staff. The records indicate, with some exceptions, that the majority of the staff have completed annual training since 2015. However, the 2017 training documentation indicates that seven (7) of the files reviewed did not have PREA education in the last year.

Staff interviewed confirmed their annual training on PREA. This is documented in LMS and is provided both during in-service and as an on-line class. Many also reported receiving PREA information during briefings. During interviews, staff were able to acknowledge many of the topics required by PREA standards through conversation or examples. All interviewed had knowledge of required topics and were able to provide examples within certain topics with no exceptions.

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

## **Standard 115.32: Volunteer and contractor training**

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

### **115.32 (a)**

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400, Policy F.0604; Form OPA-T10 – Zero Tolerance Acknowledgement Form for Persons in Direct and Indirect Contact with Inmates; Sexual Abuse and Sexual Harassment Training Curriculum – 101; Sexual Abuse and Sexual Harassment Training Curriculum – 201; Volunteer Brochure, Volunteer Job Description sheet; a Bulletin Board sheet; and two (2) random volunteer files were reviewed. One volunteer was interviewed.

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

This facility reports seventy-five (75) volunteers that provide services to inmates. These are volunteers who may or not provide support on a regular basis. Both files reviewed contained a signed Acknowledgement form. The Training Course Record also showed the volunteers signature which indicated presence at the training.

The gentleman interviewed is a volunteer at the facility. In his position, he is the liaison between the prison and the volunteers. He has been a volunteer for six (6) years. He reported that he attends training annually. This education includes a video, PowerPoint, acknowledgement form, and reinstatement of access to the prison. He reports that should he become aware of any inappropriate behaviors he is to report to the closest officer in the area and report to the Office in Charge. A review of his file indicates that he has received PREA education and a background check was completed.

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

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400, Diagnostic Procedural Manual Section 201 & 417, PREA Inmate Brochure (English/Spanish), Form OPA-T100 - Offender PREA Education Acknowledgement Form (English and Spanish), Facilitator



Talking Points (Education upon Transfer), Education upon Transfer E-mail, Statewide Contract 961B – Linquistica International, Inc., PREA OPUS (Offender Population Unified System) Training Roster, and assorted posters were reviewed. Forty (40) inmate files were reviewed for comprehensive PREA education and transfer PREA education. Interviews with inmates and staff were conducted.

Agency policy requires all inmates entering into the system to receive intake and comprehensive training at the reception and diagnostic center, which is provided verbally and through video and is documented on a form that is placed within an inmates file. This training is typically offered within fifteen (15) days of intake. Since the inception of the PREA standards, the NCDPS has educated all inmates who arrived prior to the formal standards. This system now allows for comprehensive education to be posted in OPUS (Offender Population Unified System) for ease in tracking.

Agency policy requires PREA education within three (3) days of transfer. Agency policy requires that PREA education that is facility specific be provided at the time of transfer, along with a copy of the PREA Inmate Brochure, and are required to acknowledge receipt of information on the appropriate form. Interviews with inmates found that all reported receiving PREA education upon transfer and either the same day or within a few days. A review of forty (40) inmate's intake education documentation found that nine (9) were not completed within the agencies requirement of three (3) days of transfer. However, it is noted that a majority of these nine (9) were from 2016; more recent ones show that PREA education is provided within three (3) days as required.

An orientation packet was provided to the auditor and it contained facility specific information (Offender Orientation Information Hand Book), including the PREA brochure and a copy of the Talking Points. In an interview with the staff who conducts the PREA education at transfer she reports providing information as required within one (1) day of the inmate's; however, it was confirmed by her that she is not utilizing the agency's Talking Points narrative that is required to be read to each inmate.

During the tour of the facility, the auditor noted bulletin boards in housing areas that contained posters titled "Ways to Report". This poster contains the Zero Tolerance Policy, and reporting methods and contact information for staff, inmates, and family/visitors.

The facility conducted inmate education on the updated system. Proof of education and curriculum was provided.

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

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400, Training Curriculums: Investigator, PPT and Mock Interview; Investigator Understanding Sexual Violence & PPT; and Incident Reporting, OPUS (Offender Population Unified System) Incident Reporting Pamphlet, and the Investigator PREA training file was reviewed. Investigator Interview was also conducted.

The facility has five (5) designated investigators who have completed specialized training for this purpose. The training meets the requirements of the standard to include interviewing techniques, Miranda and Garrity warnings, evidence collection, and criteria and evidence required to substantiate a case for administrative or prosecution referral. An interview with an investigator found that he has taken training in 2015 and 2016 and records confirmed this. He described the training to include Miranda warnings, Interviewing Techniques, Evidence Collection in sexual abuse cases, and the criteria and evidence needed to substantiate a case. Only investigators who have completed this training have access to the electronic incident report system in OPUS to allow for the review of investigations and updating the system with new information. The agency only completes administrative investigations. All allegations of a criminal nature are conducted by Windsor Police Department. The Investigator has also completed the annual PREA training.

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

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

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

#### **115.35 (a)**

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

#### **115.35 (b)**

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

### 115.35 (c)

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

### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

The agency policy requires that all medical and mental health staff receive PREA training annually and specialized medical and mental health training. The specialized training meets all requirements of the standard and includes detecting and assessing for signs of sexual abuse, preservation of evidence, responding professionally and effectively to victims of sexual abuse, and how to report sexual abuse.

Medical staff is on-site and available from 6 AM until 10 PM. Mental Health staff is on-site as well as being available after hours in an emergency.

The Psychologist was interviewed and reports education as required, along with licensing requirements. One (1) Registered Nurse was interviewed and she reports annual PREA education but no specialized education. Specialized training consisted of detection and assessment of sexual abuse/harassment, preservation of evidence; professional and effective responding to a victim, and how and to whom to report allegations or suspicions of sexual abuse/harassment. However, the training records indicated she had completed the training.

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

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

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No

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

#### 115.41 (e)

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

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative



*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400, Diagnostic Procedural Manual 305, and updated screening memo dated 08/14/15 were reviewed. Thirty-nine (39) inmate files were reviewed. Staff and inmate interviews were conducted.

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

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

During an interview with staff who conduct the screening and reassessment at Bertie CI, it was reported that the case manager sees the inmates on the same day as transfer. A review of the screening documents shows that over half of the twenty-six (26) files reviewed were not completed within three (3) days. Two (2) files show that no screening has yet been complete; however both of these inmates have been in the system prior to 2013. Inmates, during interview, reported being asked the required question for updating the screening tool. Many reported that they were asked the screening information on the first day. This conflict of information may indicate that the screening is completed but is not uploaded into the system in a timely manner.

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

The facility conducted training for staff who screen inmates upon arrival and at other times as necessary. Training documents were provided.

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

## **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

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

In March 2016, the agency updated their current system to include a review of the High Risk Victimization (HRV) and the High Risk of Aggressive (HRA) report at the facility on a weekly basis, or more often if needed, to ensure that inmates are placed in educational, vocational, and housing that ensures their safety. Inmates who are identified as HRV are now placed in closer proximity to the staff in the housing units, and away from those identified as HRA. Interviews confirmed that these lists are reviewed twice per week to ensure appropriate actions to protect inmates is taken.

The staff interviewed has been the Program Supervisor for three (3) years. It was reported that transgender and intersex inmates would go through a review two (2) times per year to address any change in risk level It was also reported that serious consideration is given towards a transgender or intersex inmates' view of their own safety during decision of placement and programming assignment, but these decisions are handled by administration. It was reported that the facility is not able to update the screening tool when new information is discovered or reported.

The Agency made adjustments to the screening process and all staff who screen inmates upon arrival and at other times as necessary received appropriate training. Training documents were provided.

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

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400, SOP .2200, and logbooks were reviewed. Staff interviews were conducted.

Agency policy prohibits the involuntary placement of inmates in restricted housing unless there are no available alternatives. Agency policy confirm that services for an inmate who may be placed in protective custody are continued as normal unless there is a specific documented reason for restriction. Agency policy dictates documentation of the use of protective custody when necessary and thirty (30) day reviews of such placement.

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

In an interview with staff who supervise the segregation unit, it was stated that both the victim and the abuser would be placed in segregation during an investigation; however, he did state that he has not seen this occur while he has been on this post for less than one (1) year. While a majority of the random staff interviews indicated that the victim is taken to medical and the alleged abuser would be taken to segregation, some did report that the victim and the abuser would be taken to segregation.

It was also reported that services allowed or disallowed while in segregation would be documented. He reports that a review is conducted for all inmates in segregation every thirty (30) days.

The Agency made adjustments to the screening process and all staff who screen inmates upon arrival and at other times as necessary received appropriate training. Training documents were provided.

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

## REPORTING

### Standard 115.51: Inmate reporting

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

### 115.51 (a)

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

### 115.51 (b)

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

### 115.51 (c)

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

### 115.51 (d)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

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

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

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

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

Internal reporting consists of verbally and written information from inmates, external reporting, and through anonymous reports and 3<sup>rd</sup> party reports. Inmate interviews confirmed that they are aware of how to report allegations of sexual abuse or sexual harassment through verbal or written correspondence with staff, family, grievance, or "dial number of poster". Inmate interviews confirmed that some are aware of external reporting through posters but have not had education on this. All reports are entered into OPUS as PREA incidents regardless of how reported (verbal, written, grievance, third-party, anonymous, or through external reporting methods).

Staff interviews confirmed that they are aware of these ways to report, as well as how they can report external to the facility.

“Ways to Report” is a poster that was observed throughout the facility during the tour and includes methods for staff, inmates and visitors to report sexual abuse or sexual harassment. This poster includes the new information.

The agency does not hold inmates solely for immigration purposes.

The facility updated all orientation material to include the new external reporting agency. The facility provided new information to all inmates and provided proof of education.

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

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

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

#### 115.52 (d)

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

#### 115.52 (e)

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

#### 115.52 (f)

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

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

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.0300; Policy G.0300, and the Inmate Rule Book were reviewed. Staff and inmate Interviews were conducted.

The agency policy confirms that grievances of sexual abuse or sexual harassment require an immediate notification to the North Carolina Department of Public Safety PREA office preventing a response from the subject of the complaint. Inmates can hand their grievance directly to security staff or to any administrator or deposit it into the grievance box. There is no disciplinary action if the report is made in good faith. A final

response is due within 90 days, as well as notification to the inmate that it has been accepted within 5 days. There is an appeal process identified in policy and in the Inmate Rule Book and requires an appeal within twenty-four (24) hours.

Grievances are allowed to be prepared by the victim or other third party person who assists the victim. Emergency grievances, those defined as matters that present a substantial risk of physical injury or irreparable harm may be presented directly to the Officer in Charge, are forwarded immediately to the appropriate person, and require an initial response from the facility within forty-eight (48) hours and a final determination within five (5) days.

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

There were (6) grievances filed in the past twelve (12) months alleging sexual abuse. A review of a sample of these files indicated that the inmate was notified that the allegation was deemed a PREA incident and was forwarded for investigation.

In an interview with the Grievance Officer, she reported that she has been at the agency for twenty-three (23) years and at this facility for ten (10) years. She stated that grievances received that allege sexual abuse or sexual harassment are immediately sent for investigation by a PREA investigator and that the inmate is notified in writing of the investigation. All other grievances are handled through the grievance process.

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

## **Standard 115.53: Inmate access to outside confidential support services**

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

#### **115.53 (a)**

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

#### **115.53 (b)**

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy .3400 and MOU with Roanoke Chowan S.A.F.E. dated January 25, 2018 and signed by the S.A.F.E. Executive Director were reviewed. Inmates and staff were interviewed. Contact utilizing \*63 was attempted through the inmate phone system and a representative from S.A.F.E. was spoken to regarding the provisions of emotional support services.

The facility currently has an MOU with Roanoke Chowan S.A.F.E. This MOU provides that Roanoke Chowan S.A.F.E. will provide crisis intervention services as needed by inmates. The poster provided to the facility for inmate display includes the following services: 24-hour Crisis Hotline and Crisis Counseling.

In addition, Roanoke Chowan S.A.F.E will accept allegations of sexual abuse; however before reporting to the facility the inmate must complete a consent form that is available in the facility. The PREA Support Persons (PSP) are also aware of the services that are available and would direct a victim to their services as needed when an inmate reports a victimization. This would be documented on the appropriate form.

Information is made available to inmates through the "Ways to Report" poster and is available for inmate viewing through the use of posters on the bulletin boards. The poster in the units contains a \*63 number. The \*63 number was called, and the auditor spoke to a representative from S.A.F.E. who reported they would provide emotional support services as needed and that a consent form was needed for further reporting.

Inmate interviews found that they were not aware of the services available.

The agency does not hold inmates solely for immigration purposes.

The facility provided proof of education for all inmates on accessing emotion support services, services available and communication monitoring. Proof of education was provided.

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

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The NCDPS website and posters were reviewed. Interviews were conducted.

The North Carolina Department of Public Safety (NCDPS) offers opportunities for third party reporting and accepts third party reports verbally, written, or anonymous through the facility or agency or through a third-party department (Fraud, Waste, Abuse or Misconduct Hotline). Information on how to report to the NCDPS



is provided on their agency website and in the facility through the “Ways to Report” poster. Those concerned will find methods of reporting on the agency website. Any of these options will result in the Agency PREA Director receiving the complaint. The Agency PREA Director will then generate an incident report and inform the Superintendent.

There were no reports of sexual abuse or sexual harassment at this facility in the past twelve (12) months that were alleged by a third-party or directly to the Agency PREA Director.

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

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

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

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

Agency policy and interviews confirmed that staff are not allowed to share information with anyone who does not have a need to know. All allegations are reported to both the facility investigators and the Agency PREA Director is notified through OPUS.

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

Both medical and mental health staff confirm that they have a duty to report all allegations through the OIC, Superintendent, or facility PREA Compliance Manager. Mental health and medical staff report that they provide the inmate within information on their duty to report and the limitations of confidentiality at their first meeting.

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

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400 was reviewed. Staff interviews were conducted.

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

Staff were able to articulate during the interviews that they would immediately separate the inmate from others and inform their supervisor. The majority report that the victim would be taken to medical.

There were no allegations of this type in the past twelve (12) months where an inmate was alleged to be at substantial risk of imminent sexual abuse.

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

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400 was reviewed. Staff interviews were conducted.

The agency policy requires that any receipt of sexual abuse or sexual harassment that occurred at another facility be immediately reported to the Superintendent. This notification must be documented. An incident report is also generated in OPUS, which flags investigators and the Agency PREA Director. Allegations made by an inmate at another facility are treated the same as a new allegation, and facility investigators are notified and begin their review of information.

Interviews confirmed that there is no difference in the facility response when an allegation of sexual abuse or sexual harassment that occurred at the facility is reported by another facility/agency.

There were no allegations in the past twelve (12) months that required notification to another facility or allegations of abuse received by other facilities that an inmate alleged sexual abuse or sexual harassment at this facility.

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

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

The agency requires all staff to separate, protect physical evidence that may be present on inmates (victim and alleged perpetrator) and the crime scene, and to report to administration when an allegation of sexual abuse is received. All staff interviewed, who have contact with inmates, were able to clearly articulate these required steps. It is noted that staff PREA training identifies all staff as first responders.

Contractors and volunteers are required to protect the victim and report the information to a security staff.

There were two (2) allegations of sexual abuse received in the past year, and none whereby the time frame from the incident to the reporting allowed for the collection of physical evidence.

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

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Coordinated Response Plan and Coordinated Response Overview were reviewed. Staff interviews were conducted.

The NCDPS has created a template that includes all PREA related requirements for a proper Coordinated Response Plan. Each facility is provided this draft template, which directs that their facility specific information be included in the plan and thereafter published to facility staff. The plan was provided to the auditor and has facility specific information within that includes contact information for all key personnel who are to be notified of all allegations.

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

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

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

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

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



### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The NCDPS does not enter into collective bargaining agreements.

## Standard 115.67: Agency protection against retaliation

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

### 115.67 (a)

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

### 115.67 (b)

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

### 115.67 (c)

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

### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

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

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

Interviews with the two (2) PREA Support Persons (PSP) found that multiple measures are used to protect an inmate from further retaliation including housing or facility changes, interactions with others, and verbal reports. One PSP had only been doing the assigned duties for one (1) year and had not had an incident of retaliation. The second PSP had been doing the assigned duties for three (3) years and provided additional information. Measures to protect staff include monitoring staff, job assignment change, and transfer to another facility. Monitoring inmates for retaliation includes disciplinary reports, request for housing changes, interactions with others, and periodic status checks. He reports that they begin retaliation monitoring on the day of the allegation, documents status checks every thirty (30) days and reports that retaliation would

continue beyond the ninety (90) days or until the inmate was released from the facility or transferred to another facility.

There have been no allegations of retaliation in the past twelve (12) months.

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

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400 was reviewed. Staff interviews were conducted.

The agency policy addresses the use of protective custody only if no other alternative means of protection is available, or if inmates request this level of protection. Inmates requesting this level of protection may complete the Request for Protective Custody and must document the reasons for the request.

Staff interviewed reported that he works in segregation and has not had an incident where a victim was placed there in the past year. There were no instances of the use of protective custody as a result of a sexual abuse allegation in the past twelve (12) months.

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

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400, Coordinated Response Plan and Coordinated Response Overview. Staff interviews were conducted.

The agency policy requires that criminal investigations are conducted by outside law enforcement, therefore the facility investigators only conduct an initial investigation to determine if outside law enforcement is to be notified and administrative investigations. All investigators identified at the facility are required to receive appropriate investigator specialized training. All evidence is gathered, documented and preserved. Administrative investigation activities include interviews, medical screening, video review, phone review, and a determination of the evidence for a criminal investigation. Prior allegations involving the same perpetrator or victim are reviewed. The credibility of the victim or alleged abuser is determined on an individual basis. The agency does not use polygraph examinations in order to continue an investigation. Administrative investigations address staff actions, credibility, and a review of fact and findings of the criminal investigation (if applicable). All alleged staff interviews are conducted as approved by the Office of Special Investigations and Compliance.

The investigator interviewed states that he begins an initial investigation immediately upon notification of an allegation as there are trained investigators on each shift. He conducts interviews, secures evidence and, if criminal in nature, contacts local law enforcement for completion of the investigation and prosecution. He states that all allegations are treated similar, regardless of the way reported (Anonymous or 3<sup>rd</sup> party reports). Credibility of an alleged victim, suspect, or witness is based on the factual information obtained during the investigation until evidence shows otherwise; however they do look at prior allegations. He reported that polygraph examinations or other truth-telling devices are not utilized. He reports that if an allegation contains criminal behaviors, he would refer to the Windsor Police Department for investigation, and continue only upon the approval of the Windsor Police Department. He reports that he would remain in contact with Windsor Police Department until the case is closed, acting in a supportive role. Support may be in the form of fulfilling requests for documents, video, or in setting up meetings between the staff or inmates as requested. He also reported that an investigation would continue regardless of the inmate's presence in the facility or the termination/resignation of the staff person.

In administrative investigations, the investigator meets with the Superintendent and Assistant Superintendent before making a findings. All investigations are documented and contains all evidence, testimonial,



conclusions, discussions, and police department information. Inmates are advised of the outcome of an investigation by the PSP.

The facility had no allegations of sexual abuse in the past twelve (12) months.

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

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400 was reviewed. Staff interviews were conducted.

The agency policy imposes no standard greater than a preponderance of the evidence in determining the outcome of an investigation. This was confirmed in an interview with the investigator.

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

## Standard 115.73: Reporting to inmates

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

**115.73 (a)**

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

**115.73 (b)**

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

**115.73 (c)**

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

**115.73 (d)**

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

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes  No

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

The agency policy requires that an inmate be notified of the outcome of an investigations. The agency utilizes Form OPA-I30 to document notification to the victim of the outcome of the investigation, and Form OPA-I30A is used to document the status of the alleged offender.

In an interview of the PSP, he reported that it is his responsibility to notify the victim of the outcome of an investigation. The findings are noted on the OPA-130 form and the status of the alleged perpetrator is noted on the OPA-I30A form. Once notified, the inmate signs the form. In an interview with the investigator, he reports that an inmate is advised of the outcome of any PREA related investigation.

There have been eleven (11) allegations in the past that were completed in the past year where the inmate was notified of the outcome. A sample of the files reviewed contained the appropriate notification was made to the victim.

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

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy F.3400, Policy A.0200, New Employee Orientation, Investigation File, and NCDPS internal webpage were reviewed. Staff interviews were conducted.

The agency policy provides for disciplinary action towards staff who violate the zero-tolerance policy, up to and including termination. All disciplinary actions are reviewed individually based on the nature and circumstances of the allegation. Comparable offenses by other staff are also considered in a final determination of disciplinary action. All staff terminations are required to be reported to the state licensing body, if applicable.

There has been no allegations involving staff who have been terminated or resigned prior to termination for violating the agency sexual abuse or sexual harassment policies.

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

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400, Policy F.0604, and Form OPA-T10 – Zero Tolerance Acknowledgement Form for Persons in Direct and Indirect Contact with Inmates were reviewed. Staff interviews were conducted.

The agency policy confirms that any contractor or volunteer who violate the zero-tolerance policy will be prohibited from contact with inmates. Outcome of an investigation that is substantiated and involves a licensed contractor or volunteer is reported to the appropriate licensing body, as identified. Form OPA-T10 is used for persons with direct and indirect contact with inmates to note their acknowledgement of the Zero Tolerance policy and that sexual abuse is a Class E Felony and will be reported.

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

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

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400, Policy B.0200, and the Inmate Rule and Policies Booklet were reviewed. Interviews with staff were conducted.



The agency policy dictates disciplinary actions for inmates who violate the zero-tolerance policy. The Inmate Rule and Policies Booklet clearly outline the disciplinary action as a result of sexual abuse and sexual harassment (Class A Offenses). Services for abusers are available and include counseling and possible transfer for additional interventions. Inmates are not disciplined for behaviors in which staff consent. There is no disciplinary action for inmates who make a report in good faith.

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

There were two (2) allegations that resulted in administration investigations that have occurred at the facility and no allegations that resulted in criminal investigations. The agency does prohibit all sexual activity between inmates.

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

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

##### 115.81 (b)

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

##### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400, Policy CP-18, Diagnostic Manual 305, Memos dated 10/09/13 and 11/14/12, North Carolina Authorization for Release of Information, Mental Health Screening Referral system, and Learning Management System (LMS) were reviewed. Interviews confirmed findings.

The agency policy requires immediate referral to medical and mental health services after information of prior sexual victimization or sexual aggressive behaviors is discovered during the screening process. The referral is through an automated system whereby a yes answer to victimization routes a referral. The Case Manager is required to forward an e-mail as well. Services are provided within fourteen (14) days by facility medical and mental health staff, but this typically would occur within three (3) days. An interview with mental health staff confirm that she receives referrals and responds to the facility and meets with the inmate within the required time frame.

In an interview with medical and mental health staff, only mental health staff were aware of the requirement to obtain consent for the sharing of information about a victimization that occurred outside the prison setting. Medical staff did not have this same understanding.

The facility provided refresher training for the medical staff regarding inmate consents. The facility provided the curriculum and proof of training.

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

## Standard 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)

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

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy CP-18, North Carolina Authorization for Release of Information, Mental Health Screening Referral system, Nursing Protocol – Sexual Abuse, Coordinated Response Plan, and the Coordinated Response Overview were reviewed. Interviews confirm findings.

The agency requires that all inmates who report sexual abuse shall be immediately taken for medical services. Mental Health professionals are notified by the medical staff. Provisions for STD testing and treatment are provided at the facility level based on physician orders and/or victim request, and may begin at the hospital. All treatment related to sexual abuse is offered without financial cost to the victim regardless if they name the perpetrator or not. All medical services provided follow the physician authorized nursing protocols.

The facility PREA Coordinated Response plan requires notification to medical and mental health staff.

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

Mental Health staff confirm notification and availability of on-call staff. Further counseling services are available as identified and as requested by the victim, based on a treatment plan, and through the PSP (PREA Support Person).

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

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

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

**115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

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

**115.83 (e)**

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

**115.83 (f)**

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

**115.83 (g)**

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

**115.83 (h)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

The agency provides on-going medical and mental health services for victims of sexual abuse, whether the incident occurred within an institution or in the community. Follow-up care is provided in one week and as directed by the physician or by inmate request. STD testing and treatment is offered. Again, all services are provided to the victim without financial compensation. The agency also attempts evaluations to sexual aggressive inmates within 60 days.

Interviews with medical and mental health staff confirm policy. Mental Health reports that Harnett Correctional Center is the location of the SOAR program for sexual offenders and if necessary, an inmate can be transferred there for services. Both medical and mental health staff interviewed confirmed that services are consistent with the community level of care.

There was no allegations of sexual abuse report in the past twelve (12) months where on-going medical and mental health services were indicated, ordered or requested.

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

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

The agency requires a Post Incident Review (PIR) at the conclusion of any investigations of sexual abuse where the allegation was determined to be substantiated or unsubstantiated. Form OPA-I10 is completed. This is a standardized form that contains all elements of the standard. Participants include PREA Compliance Manager and SART members, who are comprised of upper level management and input from other staffing positions.

In an interview with staff who sits on the Post Incident Review committee. He reports that he has sat on a few Incident Reviews along with the Superintendent, Asst. Superintendent, Investigator, PREA Compliance Manager, Physician and Mental Health staff. The team reviews the allegation for motivation, examines the area for physical barriers and the need for additional sight support (cameras, mirrors), and addresses any staffing issues. He reports that these are conducted within thirty (30) days of the investigation closing.

There were Three (3) allegations of sexual abuse during the past twelve (12) months that resulted in a finding of unsubstantiated or substantiated that would signify the need for a Post Incident Review. A review of files indicated that these were completed as required and contain appropriate information as required.

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

## **Standard 115.87: Data collection**

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

#### **115.87 (a)**

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

#### **115.87 (b)**

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400, Incident Reporting – OPUS (Offender Population Unified System), 2016 PREA Incidents Report and the 2015-2016 Sexual Abuse Annual Report were reviewed. Staff interviews were conducted.

The agency maintains records and data on all allegations of sexual abuse and sexual harassment from all facilities that captures information as identified by the DOJ-SSV. Aggregated annually in the 2016 PREA Incidents Report which break down PREA allegations by facility and by type, this information is then included

in the annual report. The 2015-2016 Sexual Abuse Annual Report is available on the agency website.

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

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400, Form OPA-I10, 2015-2016 Sexual Abuse Annual Report, Coordinated Response Plan, and Coordinated Response Overview were reviewed. Staff interviews were conducted.

The agency utilizes information gathered from investigative reports and completed Post Incident Review forms (OPA-I10) to assess and improve the effectiveness of its zero-tolerance efforts towards prevention, detection and response of sexual abuse incidents. The information gathered assists with identifying problem areas, policy updates, and system updates. The annual report is completed and identifies facility specific issues and resolutions, as well as those specific issues that are agency wide. The annual report is approved by the Agency Head and made public through the NCDPS website.

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

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

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy F.3400 and the 2015-2016 Sexual Abuse Annual Report were reviewed. Staff interviews were conducted

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

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

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

### 115.401 (a)

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

### 115.401 (b)

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

### 115.401 (h)

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

### 115.401 (i)

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

### 115.401 (m)

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

### 115.401 (n)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

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

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

## **Standard 115.403: Audit contents and findings**

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

#### **115.403 (f)**

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

#### **Auditor Overall Compliance Determination**

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

#### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Bertie Correctional Institution's last audit was in 2016 and this is posted on the website

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

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

The agency website reflects audits conducted as follow:

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



## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

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

Bobbi Pohlman-Rodgers

August 26, 2018

**Auditor Signature**

**Date**

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

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