

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

Interim Final

Date of Report December 28, 2018

Auditor Information

Name: Cheryl M. Anderson	Email: thechandegroup@gmail.com
Company Name: TrueCore Behavioral Solutions, LLC	
Mailing Address: P.O. Box 502	City, State, Zip: Blythewood, SC 29016
Telephone: 803-240-1209	Date of Facility Visit: December 10-12, 2018

Agency Information

Name of Agency: North Carolina Department of Public Safety		Governing Authority or Parent Agency (If Applicable): N/A	
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: 919-733-2126		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: 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: www.ncdps.gov			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Charlotte Jordan-Williams

Title: PREA Director

Email: charlotte.williams@ncdps.gov

Telephone: 919-825-2754

PREA Coordinator Reports to:

Pamela Cashwell, Chief Deputy Secretary,
NCDPS

Number of Compliance Managers who report to the PREA
Coordinator 140

Facility Information

Name of Facility: Burke CRV Behavior Modification Center

Physical Address: 5161 Western Ave., Morganton, NC 28655

Mailing Address (if different than above): Click or tap here to enter text.

Telephone Number: 828-433-4036

The Facility Is:

Military

Private for profit

Private not for profit

Municipal

County

State

Federal

Facility Type:

Jail

Prison

Facility Mission: To promote public safety by the administration of a fair and humane system which provides reasonable opportunities for adjudicated offenders to develop progressively responsible behavior.

Facility Website with PREA Information: www.ncdps.gov

Warden/Superintendent

Name: Eddie Berry

Title: Assistant Superintendent III

Email: eddie.berry@ncdps.gov

Telephone: 828-433-4036

Facility PREA Compliance Manager

Name: Daniel Gilleon

Title: Unit Manager II

Email: Daniel.gilleon@ncdps.gov

Telephone: 828-433-4036

Facility Health Service Administrator

Name: Johnny Bright

Title: Lead Nurse

Email: johnny.bright@ncdps.gov

Telephone: 828-433-4036

Facility Characteristics			
Designated Facility Capacity: 248		Current Population of Facility: 185	
Number of inmates admitted to facility during the past 12 months			184
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			184
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			278
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-99	
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:			90 days
Facility security level/inmate custody levels:			Minimum/Medium
Number of staff currently employed by the facility who may have contact with inmates:			73
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			4
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			0
Physical Plant			
Number of Buildings: 11		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		4	
Number of Segregation Cells (Administrative and Disciplinary):		0	
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.):			
<p>The facility is equipped with a video surveillance system which includes 24 cameras. The cameras can be monitored remotely by the facility management team, officers-in-charge, and unit managers from any computer in the secured network. The monitoring data is maintained for at least 30 days or until review of data is complete, whichever occurs first.</p>			
Medical			
Type of Medical Facility:		On-site clinic	
Forensic sexual assault medical exams are conducted at:		Carolina Health Care	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			4
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			2

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 Burke Confinement in Response to Violation Behavior Modification Center (Burke CRV) is located in Morganton, North Carolina. The onsite audit phase of the Prison Rape Elimination Act (PREA) audit was conducted on December 10-12, 2018 by Cheryl Anderson, a certified U. S. Department of Justice PREA Auditor. The facility's initial PREA audit was completed with a written report in October 2016. The current audit was attained and assigned to the Auditor by TrueCore Behavioral Solutions, LLC (TrueCore) of Tampa, Florida.

Burke CRV is a minimum-security prison for 248 adult male inmates run under the North Carolina Department of Public Safety (NCDPS). Burke CRV provides an intensive behavior modification program for those who have committed technical violations of probation. Provided in the Justice Reinvestment Act of 2011, this is a 90-day inmate program in response to violations of probation, parole or post-release supervision. Inmates can serve two 90-day terms before they face revocation of their probation and a return to the prison. Burke CRV opened in December 2014 on the property of the former Western Youth Institution.

There are no known existing conflicts of interest with the Auditor and the facility and there were no barriers in completing any phase of the audit.

Audit Methodology

Pre-Onsite Audit Phase

The Assistant Superintendent III, the Assistant Superintendent II), the Unit Manager II who also serves as the PREA Compliance Manager, and PREA Auditor had discussions concerning access to the facility and staff, the audit process, logistics for the onsite phase of the audit, goals and expectations prior to the site visit. The Assist. Supts. and the PREA Compliance Manager were very receptive to the audit process and were well informed of the role of the Auditor and the expectations during each stage of the PREA audit. The audit notice was posted at least six weeks prior to the onsite audit. The pictures of the posted notices were taken with the locations identified and emailed to the Auditor. The audit notice was posted using large print that was easy to see and read. The notices were strategically placed throughout the facility, accessible to inmates, staff, and visitors. The posted audit notices contained the Auditor's contact information and included information regarding confidentiality. No correspondence was received during any phase of the audit. Further verification of their placement was made through observations during the site tour. The original notice was provided to the facility by the Assist. Supt. III and had previously been provided by TrueCore to the Assist Supt. III. The notices were posted in English

at eye levels easy for a person to see either standing or sitting. All inmates in the facility during the time of the site visit spoke and read English.

The PREA Pre-Audit Questionnaire (PAQ), completed October 28, 2018, policies and procedures, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. This flash drive was received by the Auditor for review before the site visit. An initial assessment was conducted of the information provided and it was determined the information was provided in detail on the flash drive. The documentation on the flash drive was well organized by each standard, including the identified provisions of each standard. Additional information requested during the site visit was provided or explained by the PREA Compliance Manager.

The Assist. Supt. III had been previously provided a document by the Auditor titled, "Information Requested to Determine Staff and Inmates to be Interviewed during the On-Site PREA Audit." The document was forwarded to the facility's PREA Compliance Manager who completed and returned the document to the Auditor. The document requested the identification of the staff members who served and performed in specific PREA related specialized roles within the facility, including volunteers and contractors who have contact with inmates. The document requested a list of direct care staff and their shift assignments and an inmate population roster. Additionally, the request included information regarding inmates who may be in vulnerable categories such as disabled; limited English proficient; intersex, gay, lesbian, bisexual and/or transgender inmates; and inmates housed in isolation.

The Auditor communicated with the Assist. Supt. III to confirm schedules and to clarify specialized PREA roles. A current inmate roster was also provided to the Auditor. As a result of the information received, the Auditor developed an interview schedule of specialized and random staff and inmates, including targeted inmate interviews. The facility provided the lists and information before and during the site visit that assisted with the following determinations and interview selections:

Lists/Information	Comments
Complete Inmate Roster	An up-to-date roster was provided prior to the site visit.
Youthful inmates/detainees	Youthful inmates are not housed in this facility.
Inmates with disabilities	None were identified.
Inmates who are Limited English Proficient	None were identified.
LGBTI Inmates	None were identified.
Inmates in restrictive housing	N/A
Inmates who reported sexual abuse	None were identified.
Inmates who reported sexual victimization during risk screening.	None were identified
Staff roster for the time of the site visit.	The roster was provided during the pre-onsite phase of the audit.

Specialized Staff	Specialized staff was identified on interview document.
Contractors who have contact with the inmates	None were available for interview.
Volunteer who has contact with the inmates	One was interviewed by phone
All grievances/allegations made in the 12 months preceding the audit	None
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	None
Hotline calls made during the 12 months preceding the audit	None

The Auditor reviewed the lists/documents provided and conferred with the PREA Compliance Manager in development of the interview schedule to ensure clarity regarding specialized PREA roles among staff.

Internet research of the facility revealed no indication of litigation, U. S. Department of Justice involvement, or federal consent decrees. General and specific information about the facility and the programs and services provided are detailed on the facility’s website. An array of information, pictures of the facility and contact information may be accessed from the informative page. The facility’s website also contains PREA information including but not limited to: the zero-tolerance and coordinated response policies; and the third-party reporting form.

Onsite Audit Phase

The PREA Auditor arrived onsite during the early morning hours, to reduce the accrual of overtime hours, to interview direct-care staff members on the overnight shift and observe early morning operations. An entrance meeting was conducted with the PREA Auditor, the Assistant Superintendent III, the Assistant Superintendent II, and PREA Compliance Manager. Formal introductions were made and a review of the audit process, site visit activities and the itinerary were reviewed. The inmate population on the day of the onsite audit was 185.

The PREA standards require the auditor to view certain areas to verify compliance with the standards, such as, but not limited to:

Location	Check
Facility Physical Designed	✓
Camera Locations	✓
Observe for Blind Spots	✓
Notices of the PREA Audits Posted	✓
Holding Rooms/Cells	✓
Segregated Rooms/Cells	N/A
Inmates Files in Secured Area	✓
Staff Personal Files in Secured Area	✓

PREA Information Posted English & Non-English	✓
Cameras do not have a line of sight into inmate's rooms, or the toilet and showers	✓
Staff of the opposite gender announce their present when entering living areas	✓
Housing of Youthful Offenders	N/A
No New or Renovated areas observed	✓
Inmates Program Areas	✓
Facility was orderly in appearance	✓
Grounds was manicured	✓
Reactions between inmates and staff	✓
Intake	✓
Administration Area	✓
Storage Rooms & Closets	✓
Mail Room	✓
Commissary	✓
Laundry	✓
Dining	✓
Kitchen	✓
Visitation	✓
Library	✓
Inside Recreation Area	✓
Outside Recreation Area	✓
Grievances	✓
Medical Unit	✓
Control Room Monitors	✓
Counselors/Case Mangers Work Areas	✓
Inmate Housing Units:	✓
Sally Ports	✓

During the pre-audit phase, the Auditor was provided a diagram of the physical plant which provided familiarity with the layout of the facility. A comprehensive site tour of the facility was conducted and led by the Assist. Supts. and PREA Compliance Manager. During the tour, the printed notifications of the PREA on-site visit were observed posted in the areas previously identified in the pictures sent to the Auditor, such as living units, administrative areas and common areas for inmates and staff. The notices contained large enough print to make them accessible and easy to see and read and in English and Spanish. However, it was noticed that PREA signage was not displayed in all areas frequented by the inmates and the victim advocate information was in small print; therefore, the Auditor recommended additional PREA signage be posted and ensure signage has bold print and can be easily read by all. Corrective actions were taken to rectify this issue. Photos of the additional signage were sent to the Auditor to verify the actions taken. The tour included all areas of the facility. The staff was observed providing direct supervision to the inmates.

Both review of policies and interviews with staff and inmates confirmed that staff of the opposite gender, are not permitted to enter or remain in the bathroom area, while being used by the inmate, except in exigent circumstances or when such viewing is incidental to routine

cell checks, and no staff infringe upon the inmate's privacy. Opposite gender staff are required to announce their presence when entering the housing area. Inmates and staff interviews confirm this practice.

The PREA signage posted includes instructions on accessing the 24/7 hotline for reporting allegations and requesting advocacy services for the Burke County Options (rape crisis center) in Morganton, NC. A memorandum of understanding (MOU) is in existence with Burke County Options to receive allegations of sexual abuse and sexual harassment and for the provision of advocacy services upon request. The Burke County Options was contacted to determine the scope of services provided. A live person responded to the test call and indicated no calls had been received from Burke CRV inmates over the past 12 months. The conversation with the representative of the Burke County Options confirmed the advocacy services to be provided in accordance with the MOU.

Documentation and interviews with the PREA Compliance Manager confirmed forensic medical examinations are performed at Carolina Health Care located in Morganton, NC. The hospital's Sexual Assault Policy provides that a Sexual Assault Nurse Examiner (SANE) will conduct the examinations. According to the Hospital's written policy, when a SANE is not available, the Emergency Department Physician and Emergency Department Nurse will assume care of the patient and follow the protocols outlined in the policy.

Questions were answered by staff during informal interviews regarding inmate activities and program services as the site tour progressed throughout the facility. The site tour also included the outside grounds. During the comprehensive site tour, the intake process was described, and the daily scheduled activities and staff supervision were discussed by the Assist. Supts. There were no new admissions during the site visit. Staff and inmates readily explained activities as different facility areas were visited.

Inmates were observed under either constant staff supervision or video monitoring. In addition to direct care and staff members providing direct supervision to inmates, other staff members were observed monitoring the surveillance system in the staff workstation. Telephones were observed in the living unit for reporting allegations of sexual abuse and sexual harassment, and the telephones were in working order. The reporting process was discussed during the site tour. Directions for accessing the crisis hotline are posted and include the limitations of confidentiality. However, observations were made by the Auditor that the postings were not in all areas the inmates frequented. It was recommended by PREA Auditors that additional information should be posted throughout the facility and include bright colors and large print. Corrective actions were taken to rectify this issue. Photos of the additional posters were sent to the Auditor to verify the actions taken.

Medical Request Forms, PREA forms, and the locked boxes for each are posted in the common area, accessible to all inmates, staff and visitors. All inmates have access to writing utensils needed for completing the forms. Signage was posted which indicated where inmates were not allowed access or only allowed with staff supervision. The doors to closets and storage rooms are kept locked.

Interviews

Seventy-three staff members are currently employed at the facility that may have contact with inmates. During the on-site visit, twelve random staff members were interviewed that covered all shifts and nine individual specialized staff members were interviewed based on their job duties and PREA roles. The interviews revealed staff are knowledgeable of PREA standards and were able to articulate their responsibilities based on their job duties and PREA roles; however, most staff were not aware of the services provided by the victims' advocacy services. Staff took corrective action and conducted an education session to review the services provided by the victims' advocacy service. A staff signature roster verifying the actions taken was sent to the Auditor. The Assistant Superintendent III and PREA Compliance Manager were interviewed; however, they are not counted as specialized staff. Although eight individuals were identified for specialized interviews, the specialized interviews conducted totaled six due to staff members in this category serving in more than one PREA related specialized role. A total of one hundred eighty-five inmates were in the facility during the site visit. Twenty inmates were interviewed as listed on the facility population report. The interviews revealed the inmates were informed of their right to be free from sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment. A previous inquiry was made regarding vulnerable categories within the inmate population related to the selection of targeted interviews. There were no targeted inmates to be interviewed at this facility during this auditing cycle.

The training records of staff interviewed, and the files of inmates interviewed were reviewed along with policies and other secondary documentation. The Auditor reviewed staff, contractor and volunteer training records to ensure that all required training had been completed. The Auditor also reviewed staff personnel files related to completed investigations and disciplinary actions taken regarding PREA related allegations.

The interviews with inmates and staff indicated their receipt of PREA training which was also verified by a review of documentation, including training materials. Staff and inmate interviews were conducted by the Auditor and the interviews conducted onsite were done in the privacy of office space.

The Auditor conducted twenty inmate interviews in the following categories during the onsite phase of the audit:

Category of Inmates	Number of Interviews
Random Inmates	20

The Auditor conducted the following number of specialized staff interviews during the onsite phase of the audit:

Category of Staff	Number of Interviews
Assistant Superintendent III	1
PREA Compliance Manager (Unit Manager II)	1
Incident Review Team Member	1

Medical Staff	1
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Facility Staff (unannounced rounds)	1
Volunteers who have Contact with Inmates	Not Available
Contractors who have Contact with Inmates	Not Available
Investigative Staff	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Non-Security Staff First Responders	All Staff are 1 st responders
Intake Staff	1
Number of Specialized Staff Interviews	8
Number of Random Staff Interviews	12
Total Random and Specialized Interviews	20

Onsite Documentation Review

The Auditor received several examples of documentation from inmate and staff files as part of the Pre-Onsite Audit Phase. During the Pre-Onsite Audit Phase and the Onsite Audit Phase, the Auditor reviewed a sample of personnel files of the staff selected to be interviewed, including documentation of criminal background checks occurring. The PREA Pre-Audit Questionnaire and facility policies, procedures and supporting documentation were reviewed prior to the site visit and while onsite for interviewees and persons not interviewed. The secondary documentation reviewed included but was not limited to Vulnerability Assessments; PREA Form; Medical Request Form; PREA education and training acknowledgement forms; training records; checklists; sexual abuse coordinated response plan; annual staffing plan assessment; staff schedules; unannounced rounds reports; retaliation monitoring form; organization chart; and other documentation.

After the completion of the site visit process, an exit briefing was held in the conference room. The attendees were the PREA Auditor, Assistant Superintendents, and PREA Compliance Manager. The exit briefing served to review the onsite process and review program strengths. The facility and Burke CRV staff members were given the opportunity to ask additional questions about the activities of the day and the shared information. The timelines for the submission of PREA reports were reviewed.

Post Onsite Audit Phase

The Auditor contacted the PREA Compliance Manager regarding clarity of information. The final report was concluded on the posted date. The Auditor determined the information and documentation received and reviewed and the results of the site visit confirmed all the standards were met. The report was submitted to the PREA Coordinator to be reviewed and subsequently forwarded to the facility.

After corrective actions were addressed, the facility was found to be in compliance with all applicable standards as indicated below and detailed throughout this report.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, inmate 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.

Burke CRV is a minimum-security prison for 248 adult male inmates run under the North Carolina Department of Public Safety (NCDPS). Located in the City of Morganton, NC and within the County of Burke; Burke CRV (Confinement in Response to Violation) provides an intensive behavior modification program for those who have committed technical violations of probation. Provided in the Justice Reinvestment Act of 2011, this is a 90-day inmate program in response to violations of probation, parole or post-release supervision. Inmates can serve two 90-day terms before they face revocation of their probation and a return to the prison. Burke CRV opened in December 2014 on the property of the former Western Youth Institution.

Burke CRV has four housing units that house a total of 248 inmates. All units are identical. These open bay units contain telephones, showers, bathrooms, and two dayrooms (one of which is used for educational purposes). Each unit has information for inmates regarding the reporting of sexual abuse and sexual harassment, as well as local crisis center information. Each unit offers inmate privacy in regard to toileting, showering, or changing clothing. There is no Restrictive Housing Unit at Burke CRV.

The remaining buildings on the property house Administration, Medical, Dining facility, Education, Intake, Processing, Canteen, Supervisors Office, Finger-Printing Room, Clothes House, storage rooms, group facilitator offices, Probation/Parole Officer offices, and Warehouse. Outdoor recreation includes Volleyball, Pavilion, Basketball, and Weights.

Three trailers and a classroom in each unit are used for educational/vocational services. Inmates participate in a variety of CRV programming. Core classes include Moral Reconciliation Therapy (MRT), Living in Balance (LIB), Career Readiness and life skill training. Additionally, a computer lab where inmates work on cognitive skills, education modules, and job searches. Health and STD Classes are offered through the Burke County Health Department. Community Volunteers conduct AA/NA meetings weekly. Additionally, each inmate spends six weeks creating appropriate re-entry plans in preparation for their exit from the program.

Inmates work throughout the facility in jobs such as kitchen workers, janitors, grounds keepers, laundry, and canteen.

Inmates can change clothes, shower and use the toilet with a reasonable amount of privacy. There is a host of management, supervisory, support staff members who provide oversight of or participation in processes and activities that contribute to the facility operations. Allegations that

are criminal in nature are investigated by the facility investigators and the Burke County Sheriff's Office as confirmed through interviews.

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

The inmate interviews, documentation and observations confirmed the provision of the programs and services described. The inmates indicated they could communicate with their family through telephone calls and visits. Observations during the comprehensive site tour revealed adequate space for conducting the programs and services described. There is enough space to accommodate visitation and meetings in private, as needed.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 0

Number of Standards Met: 43

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Standard 115.15 Limits to cross-gender viewing and searches
Standard 115.31 Employee Training
Standard 115.33 Inmate Education
Standard 115.51 Inmate Reporting

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The North Carolina Department of Public Safety (NCDPS) Prisons Policy F.3400, Policy A.0200, NC General Statute 14-27.31, and the Burke CRV Center Standard Operating Procedure (SOP) PREA mandates zero-tolerance of sexual abuse and sexual harassment and outlines how the facility carries out its approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. The procedure also provides strategies and responses for reducing and preventing sexual abuse and sexual harassment. The Agency Head and Agency PREA Coordinator were interviewed at an earlier time.

Burke CRV Center is an adult community corrections facility governed and operated by the North Carolina Department of Public Safety (NCDPS) which employs an agency-wide PREA Coordinator who is in an upper-level management position within the agency. She reports to the Chief Deputy Secretary, and who has reported to have sufficient time to attend to PREA duties. She also has four staff who assist her with PREA related duties. She currently has 140 PREA Compliance Managers that indirectly report to her. She is very knowledgeable regarding PREA standards and agency policies and practices.

The Facility Unit Manager II also serves as the PREA Compliance Manager. The PREA Compliance Manager's interview revealed the PREA Compliance Manager has sufficient time to oversee the facility's PREA compliance efforts and to perform his other duties.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400, Policy A.0200
NC General Statute 14-27.31
Facility Standard Operating Procedure (SOP) PREA
Organizational Chart

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Random Staff
Random Inmates

Provision (a):

An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

The facility Policy mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors.

The Policy addresses detection of sexual abuse and sexual harassment through inmate education, staff training, and intake screening for risk of sexual victimization and abusiveness. The Policy includes but is not limited to responding to sexual abuse and sexual harassment through reporting, investigations, assessments, crisis intervention, and disciplinary sanctions for inmates and staff.

Provision (b):

An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in its facilities.

The evidence shows the agency has designated an upper-level position of Agency PREA Coordinator as verified through the organization chart; Policy; Job Description; review of the PREA Pre-Audit Questionnaire; and the interviews with the facility PREA Compliance Manager and random staff. The Agency PREA Coordinator has demonstrated she has sufficient time and authority to accomplish her PREA related responsibilities.

Provision (c):

Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The organization chart shows the PREA Compliance Manager reports directly to the Assistant Superintendent III as confirmed by staff interviews. The interview with the PREA Compliance Manager and observations revealed he has the time and authority to perform his PREA duties.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of an Agency PREA Coordinator.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

Documentation reviewed indicated that the Burke CRV Center does not contract for the confinement of its inmates with private agencies or other entities including other government agencies.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP provide for the implementation of a staffing plan with adequate staffing levels to protect inmates against sexual abuse.

The staffing plan is based upon the facility's capacity of 248 inmates. The facility's Policy requires the facility to document deviations from the staffing plan on the Shift Report. There were no deviations from the plan to review.

While North Carolina's General Statute 143B-709 requires a staffing analysis every three years, the agency policy requires an annual assessment of the staffing plan, including a review of all required components of the standard. Documentation of the annual assessment of the staffing plan was reviewed and found to be in compliance with all elements contained in (c) of this standard.

The facility utilizes direct staff supervision to protect inmates from sexual abuse and sexual harassment. The facility's Policy requires intermediate or higher-level staff to conduct unannounced rounds to deter and identify staff sexual abuse and sexual harassment. An interview with a higher-level staff member and a review of unannounced rounds documentation revealed over time unannounced rounds are conducted on both shifts in all areas of the facility.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Random Staff
Random Inmates

Provision (a)

The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted detention and correctional practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated);
- (6) The composition of the inmate population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

SOP provides the camera system is monitored constantly, and the provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interview with the Asst. Superintendent III, review of staffing plan and observations. The work schedules are based on the staffing plan and facility policy.

Provision (b):

The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

The SOP states in the event the staffing plan is unable to be maintained during exigent circumstances, the deviation must be documented. The facility documents there have been no deviations to the staffing plan in the past 12 months. The facility is prepared to document any deviations from the staffing plan.

Provision (c):

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

Provision (d):

Each agency operating a facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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.

Agency/Facility SOP Sign In/Out Log Shift Narrative provided for the occurrence of unannounced rounds randomly performed by administrative and supervisory staff. A review of a sample of documented unannounced rounds support unannounced rounds are conducted by intermediate level and higher-level staff and by Supervisors for each shift at the various times as determined by a review of documentation and interviews. The unannounced rounds conducted by administrative staff are documented.

The areas assessed during the unannounced rounds by the administrative staff includes all areas of the facility such as all living units; common area; staff break room; and loading dock. The Supervisors' unannounced rounds include all living units and provides for comments regarding mood, demeanor and interactions. The interview with the Assistant Superintendent indicated how he ensures that staff does not alert other staff when he is conducting unannounced rounds. The Policy also indicates staff does not alert other staff regarding the occurrence of

unannounced visits. Staff members are not informed of the unannounced rounds and there is not a routine schedule regarding the rounds.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with this standard regarding supervision and monitoring.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager

This standard is Not Applicable as this facility does not house youthful inmates.

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

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

Policies require documentation of any cross-gender searches. There was no reported cross-gender searches conducted. Training documents reviewed indicated that staff have completed appropriate training. Agency policy and facility SOP require the announcement of cross-gender staff entering the housing units. Inmate and staff interviews confirmed that female staff announce themselves in the units, as well as a general announcement at the beginning of each shift where female staff are present.

The Agency Prisons Management and Security Posts Policy states the facility shall implement policies and procedures that enable persons in confinements 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. Staff and inmate interviews confirm there is no cross-gender viewing. Observation of the bathrooms revealed all shower stalls have shower curtains to allow privacy while taking showers; however, there were no coverings to allow for privacy in the toilets and at urinals. Corrective actions have been taken to address these concerns and photos of the newly installed curtains have been sent to the Auditor to verify the actions taken.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Random Staff
Random Inmates

Provision (a)

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

Staff interviews and documentation indicated that the facility does not conduct cross-gender strip or visual body cavity searches of inmates.

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates were 0, and the number of cross-gender strip or cross-gender visual body

cavity searches of inmates that did not involve exigent circumstances or was performed by non-medical staff was 0.

Provision (b, c)

As of August 20, 2017, for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches.

Provision (d)

The facility shall implement policies and procedures that enable 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

The agency has implemented policies and procedures that enable an inmate to shower, perform bodily functions, change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstance or when viewing is incidental to routine cell checks. Observations of restrooms and showers during the tour confirmed inmates have privacy when using the restroom, showering and changing clothing. PREA friendly shower curtains are at the doorway of the bathrooms and the shower areas to provide adequate privacy in an open bay dormitory style pod or dorm. Inmates reported they are never naked in full view of staff. However, there were no coverings to allow for privacy at the urinals. Corrective actions have been taken to address these concerns and photos of the newly installed curtains have been sent to the Auditor to verify the actions taken.

Policy and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Provision (e)

The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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.

Policy was reviewed prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the facility housed transgender and intersex inmates, the agency directs staff not to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, the facility determines 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.

Provision (f)

The agency shall train security staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Documentation review revealed that staff receives training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive way possible, consistent with security needs. The facility provided samples of documentation to confirm staff has received and receive search training consistent with policy. The PREA Compliance Manager confirmed there had been no cross-gender strips or visual body cavity searches conducted within the audited cycle.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with this standard regarding limits to cross-gender viewing and searches.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy E.1800 and Burke CRV Center SOP Reasonable Accommodations for Inmate with Disabilities requires steps to be taken to ensure inmates with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and sexual harassment. This policy also states the facility will not rely on inmate interpreter, inmate readers or any kind of inmate assistants except when a delay in obtaining interpreters services could jeopardize a inmates' safety.

Burke CRV Center has identified Linguistica International, Inc. for the provision of interpreter services by telephone and covers 250 different languages. This contract expires on March 4, 2019 with an option to renew for one additional one-year period. There is PREA material in both English and Spanish available at the facility. Staff and inmates were clear on how to access interpreter services if needed. Random staff interviews verified the facility does not use inmate assistants and there were no instances of inmate interpreter or readers being used in the past 12 months.

There was no targeted inmate interviewed at this facility during this auditing cycle. The interview revealed that the facility does provide information about sexual abuse and sexual harassment that the inmate is able to understand and also provide an interpreter to assist the inmate read, write, speak, and explain things if needed. The Agency has a narrative that is required to be read to all inmates at intake and it appears that this is being conducted as required by Agency directive.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy E.1800
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Random Staff
Random Inmates

Provision (a):

The agency has policies and procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has taken appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Also, the facility ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility will use Education Staff to assist with PREA education with inmates who have disabilities.

The facility Policy addresses the provision of support services for disabled inmates by providing these inmates the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, performance of first responder duties, or the investigation of the allegations.

Provision (b):

The facility has taken reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Outside interpreting services are available to the inmate population as dictated by policy.

The SOP lists a Telephonic Language Services that is available 24/7 to all inmates and provides assistance in over 250 languages. Additionally, the Inmate Handbook is in English and Spanish. The evidence shows inmates with disabilities and who may be limited English proficient are provided 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. All staff interviewed confirmed inmates are not used as interpreters and understand prior arrangements have been made regarding language interpreters. The PREA audit notice was printed in English and Spanish. The evidence shows the facility ensures 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, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary.

Provision (c):

The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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 or the investigation of the inmate’s allegations. Interviewed staff indicated that they will document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.

According to Policy, the facility prohibits the use of inmate interpreters, inmate readers or any kind of inmate assistants except when a delay in obtaining interpreter services could jeopardize an inmate’s safety, performance of the first responder duties, or the investigation of the allegation. Staff interviews confirmed inmates have not been used to relate PREA information to or from other inmates in the past 12 months. There were no inmates in need of an interpreter during the site visit.

Conclusion:

Based upon the review and analysis of the evidence, the Auditor has determined the facility is compliant with this standard regarding inmates with disabilities and inmates who are limited English Proficient. Inmates with disabilities and who are limited English Proficient are provided 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.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons PREA Policy F.3400 and Burke CRV Center SOP Hiring and Promotion Decisions, address hiring and promotion processes and decisions, including the requirement for background checks for new hires. The collective Policies and interview with the Human Resource staff member revealed information regarding the hiring process, completion of background checks, and the grounds for termination. The Policies are aligned with the requirements of the standard and provide that background checks are conducted every five years. A review of a sample of personnel files confirmed compliance.

A pre-hire form requires applicants to provide information regarding previously related sexual misconduct allegations and convictions. The policy prohibits hiring or promoting anyone who may have contact with inmates and prohibit enlisting the services of any contractor who may have contact with inmates who engaged in previous sexual misconduct.

According to the Human Resource staff, the facility considers any incidents of sexual abuse or sexual harassment in determining whether to hire a person, contract for services, or whether to promote an employee. The policy and an interview with the Human Resource staff indicates staff has a continuing duty to report misconduct and provide omissions of misconduct or providing false information will be grounds for termination.

A review of personnel files for a sample of staff hired in the past 12 months revealed all had criminal records checks and a sample review of personnel files of current staff employed for more than 5 years revealed all have had criminal background checks conducted every five years.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA
Personnel Files

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Administrative (Human Resources) Staff

Provision (a, f)

(a) The Agency requires the facility not to hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates as listed in this standard to include the following provisions as stated in the PREA standards:

- 1.) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care.
- 2.) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- 3.) Has been civilly or administratively adjudicated to have engaged in the activity described in subsection 2.

(f) The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Facility Policy addresses hiring and promotion processes and decisions and background checks. The Policy is aligned with the requirements of the provisions of the standard and provides background checks occur prior to employment and every five years thereafter. Initial background checks and five-year checks were reviewed while on site. Additional personnel information reviewed during the pre-audit and the onsite audit phases included: Pre-Hire Interview Questions

and a New Hire Application Packet. The interview with the HR staff and a review of Policy provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard. According to the interview, staff has a continuing duty to report related misconduct and omission of sexual misconduct or providing false information will be grounds for termination. The forms completed and included in the personnel files are in response to the above provisions of this standard.

According to facility Policy, all applicants are asked about any prior misconduct involving any sexual activity. In addition, the facility shall not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. Also, the facility does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse.

Provision (b):

The agency shall 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.

The facility Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview with the HR staff was in alignment with the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers 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. Based on the review of the personnel files, records provided during the pre-audit phase, and the interview with the Assistant Superintendent, the facility follows this provision of the standard.

Provisions (c) & (d):

(c) Before hiring new employees or (d) contractors who may have contact with inmates, the agency shall:

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) 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.

The policy requires background checks to occur prior to inmates receiving services from contractors and volunteers and confirmed by the HR staff's interview. Additionally, best efforts should be made 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. Based on the review of documentation and interview with the HR staff, the facility follows this provision of the standard.

Provision (e):

The agency shall 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.

The Policy is aligned with the requirements of the provisions of the standard and provides background checks occur prior to employment and every five years thereafter. Initial background checks and five-year checks were reviewed while onsite and during the pre-audit phase. This was also confirmed during the HR staff's interview. Based on the review of documentation and the interview, the evidence shows the facility practices are aligned with the provisions of this standard.

Provision (g):

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Facility Policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Based on the review of the documentation and the interview with the HR staff, the evidence shows the facility follows this provision of the standard.

Provision (h):

Unless prohibited by law, the agency shall 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.

The interview with the HR staff confirmed the facility would provide this information if requested to do so. Facility Policy states the information would be provided when requested unless it is prohibited by law to provide the information.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of the standard regarding hiring and promotion decisions.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

An interview with the Assistant Superintendent III revealed that Burke CRV Center has not acquired any new facilities or updated surveillance technology since August 20, 2012.

Documentation Reviewed:

PREA Pre-Audit Questionnaire

Interviews:

Assistant Superintendent III

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP provides the agency conducts only administrative investigations. The Burke County Sheriff's Office would complete criminal investigations, and no criminal investigations were conducted in the past 12 months.

The Clinical Practice Guidelines cover appropriate evidence collection. The facility has two PREA Support Persons (PSP) who are trained for victim advocacy services, and acts as the link to assist victims with the investigative process, professional resources, community-based advocates, and mental health professionals. There is an Incident Scene Tracking Log for documenting persons who may enter a possible crime scene before investigators are on-site, as well as a Chain of Custody form for documenting any evidence.

An inmate who experience sexual assault are taken to the Carolina Health Care Center. Forensic examinations are conducted by a SAFE or SANE medical examiner as documented in the Memorandum of Agreement. There is no cost incurred by an inmate for these services. The facility has contact with the Burke County Options Rape Crisis Center who has agreed to provide services for inmates. The PREA Support Person (PSP) will assist the victim in contacting the Burke County Options Rape Crisis Center if requested.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA
"Options" reporting information

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Random Staff

Provision (a)

Policy requires the agency/facility to initiate and/or conduct administrative and criminal sexual abuse investigations to include inmate-on-inmate sexual abuse or staff sexual misconduct. The facility has designated a facility Investigator. The local Sheriff's Department can investigate administrative and criminal sexual abuse based on the nature of the case. Interview with the Facility investigator indicated that policy requires and give them guidelines to follow a uniform evidence protocol.

Provision (b)

The facility utilizes the internal and external offices to conduct investigations regarding all felony related crimes to include alleged sexual violence that occurred at the facility. Both the facility and the external office follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

Facility Policy provides for protocols developed by professionals that addresses but is not limited to interviewing; evidence collection; victim services; notifications; and prosecution of sexual assault cases. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

Provision (c)

The facility offers all victims of sexual abuse access to forensic medical examinations at an outside facility, the local hospital without financial cost. The local hospital provides a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If one is not available, the examination is performed by a qualified medical staff. The facility provides emails for efforts to provide SANE or SAFE staff.

Documentation and interviews with the Assistant Superintendent III confirmed forensic medical examinations are performed at Carolina Health Care located in Morganton, NC. The hospital's Sexual Assault Policy provides that a Sexual Assault Nurse Examiner (SANE) will conduct the examinations. According to the Hospital's written Policy, when a SANE is not available, the Emergency Department Physician and Emergency Department Nurse will assume care of the patient at no cost to the victim and follow the protocols outlined in the Policy.

Provision (d, e)

The facility makes available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from a community-based organization or a qualified facility staff member.

The victim advocate is a qualified facility staff member, or qualified community-based organization staff that accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

The facility has a MOU with Burke County Options, posted information includes instructions on accessing the 24/7 hotline for reporting allegations and requesting advocacy services for the Options Center (rape crisis center) in Morganton, NC. A Memorandum of Understanding (MOU) exists with Options to receive allegations of sexual abuse and sexual harassment and for the provision of advocacy services upon request. The victim's advocacy service, Options, was contacted during the PREA audit by the Auditor to determine the scope of services provided. A live person responded to the call and indicated no calls had been received from Burke CRV inmates over the past 12 months. The conversation with the representative of Options confirmed the advocacy services to be provided in accordance with the MOU.

Provision (f, g)

When a PREA allegation is investigated by an outside agency, the facility request that the investigator follow the PREA requirements. The preponderance of Evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issue is more probably true than not. Policy also states that as a result of the preponderance of

the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated, or unfounded.

Allegations of sexual abuse that are criminal in nature are referred to Burke County Sherriff's Office for criminal investigation.

Provision (h)

The facility defines a qualified facility staff member or a qualified community-based staff member as an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination.

SOP requires staff to report allegations of sexual abuse to the Burke County Sherriff's Office for criminal investigations, if the allegation is criminal in nature.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with the provisions of this 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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse and sexual harassment that are criminal in nature for investigation to the Burke County Sheriff's Office for the determination of criminal charges, if the allegations are criminal in nature. Burke County Sheriff's Office provides services on a 24-hour basis that will include the responsibility of investigating allegations of sexual abuse by qualified staff who have received training concerning sexual abuse and forensic examination issues.

Staff refer all allegations of sexual abuse and harassment to the Central Office and the Office of PREA Administration for completion of an administrative investigation. The appropriate information will be entered into their internal Offender Population Unified System (OPUS). The Prisons PREA policy can be found at the North Carolina state's website and information can be found in their PREA pamphlet (Sexual Abuse Awareness for the Inmate) that is available in

English and Spanish. Burke CRV Center has received no allegations of sexual abuse and sexual harassment resulting in a criminal investigation. All staff interviews reflected and confirmed their knowledge on the reporting, referral process and policy's requirements.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Facility Investigator
Random Staff

Provision (a):

According to interviews with the Assistant Superintendent, Facility PREA Compliance Manager, and the Facility Investigator, the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on inmate-on-inmate or staff-on-inmate misconduct.

The initial investigation begins immediately by the facility. The facility uses a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attach copies of all documentary evidence.

An additional interview with Facility Investigator confirmed the process for receiving an allegation and for conducting the investigation if an alleged sexual abuse was reported. Interviewed staff stated they had been trained to report everything incident for investigations, including verbal reporting, knowledge, allegations, and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

Provisions (b, c):

The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. **Provision (c):** If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

The facility's website provides the information and related policies for reporting allegations of sexual abuse. A third-party reporting form is also on the website. Reporting information is also

posted in various areas of the facility including but not limited to living units. The posted information is accessible to inmates, staff, contractors and visitors. The Policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Sexual abuse allegations that are criminal in nature are investigated by the Burke County Sherriff's Office.

Provisions (d, e):

If a separate entity is responsible for conducting criminal investigations; the publication describes the responsibilities of both the agency and the investigating entity. The Burke County Sherriff's Office publishes the policy on its website.

An additional interview with staff confirmed the process for receiving an allegation and for conducting the investigation if an alleged sexual abuse was reported. Interviewed staff stated they have been trained to report all incidents for investigations, including verbal reporting, knowledge, allegations, and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires an in-depth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All the PREA training provided to employees statewide contains all ten (10) topics consistent with this standard's requirements and is tailored to all facilities with the gender of their inmate populations. The staff training documentation including a PowerPoint presentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All new employees receive the NCDPS Employee brochure on prevention strategies to maintain a professional atmosphere and sign the PREA Acknowledgement Form indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training. A review of all staff and training education forms as well as staff interviews confirmed that staff are receiving their required PREA training. A majority of staff interviews revealed their lack of comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment. As a corrective action, prior to the writing of this report, the facility conducted a facility wide staff-refresher training and provided to the auditor proof of the training. Employee training records are maintained electronically and certain training documents (NCDPS Human Resources on Boarding Checklist form and PREA Acknowledgement Form) are maintained in their personnel file. Additionally, the new employees are provided a "Breaking the Code of Silence" Correctional Officer's Handbook and a palm card identifying specific PREA information i.e. first responder protocol.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Random Staff
Random Inmates

Provisions (a) and (c):

The agency shall train all employees who may have contact with inmates on:
(1) Its zero-tolerance policy for sexual abuse and sexual harassment;

- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - (3) Inmates' right to be free from sexual abuse and sexual harassment;
 - (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
 - (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
 - (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between inmates;
 - (8) How to avoid inappropriate relationships with inmates;
 - (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
 - (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (c)** All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The facility Policy addresses PREA related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of Policy and training documents. The documents and staff interviews support that refresher training is also conducted and is documented.

The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All direct care staff members interviewed, and document review verified the general topics below were included in the training.

The Policy, training materials, staff interviews, review of the trainings log and acknowledgement statements verify the staff training occurs. Training is conducted annually, and refresher training is provided as needed. Staff interviews confirmed they have received training on the 10 required topics. The evidence shows staff members are provided all of the required training topics. Based on the review of the Pre-audit questionnaire, training curriculum, associated training materials and records, and staff interviews, the facility complies with the provisions of the standard.

Provision (b):

Such training shall be tailored to the unique needs and attributes of inmates and to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.

The facility houses male inmates and the training take into account the needs of the population as determined by a review of training curricula and interviews with random staff. The Policy states the training shall be tailored to the needs and attributes to the population served.

Provision (d):

The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

The Policy provides all training be documented. Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews. The facility follows this provision of the standard. The staff interviews revealed staff are knowledgeable of PREA standards and were able to articulate their responsibilities based on their job duties and PREA roles; however, most staff were not aware of the services provided by the victims' advocacy services. The Assistant Superintendent took corrective action and conducted an education session to review the services provided by the victims' advocacy service. A staff signature roster verifying the actions taken was sent to the Auditor.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with the provisions of this 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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons PREA Policy F.3400 and Burke CRV Center SOP requires volunteers and contractors who have contact with inmates to receive in-depth PREA training. All volunteers and contractors receive the PREA training, PREA Volunteer brochure and sign the PREA Acknowledgement Form upon completion of the PREA training they received. The training consists of a power point presentation that includes: policies, PREA definitions, reporting requirements and other required procedures. Additionally, the brochure provided to all volunteers and contractors is a guide to prevention and undue familiarity and sexual abuse with offenders/inmates. A review of the documentation confirmed they are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III

Provision (a):

The agency shall ensure 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.

The Policies require volunteers and contractors who have contact with inmates, be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment.

Provision (b):

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, but all volunteers and contractors who have contact with inmates shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Provision (c):

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The facility documents volunteer and contractor training using the Training Acknowledgement form and rosters, which requires the volunteers, contractors and instructor signature and date.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of this standard regarding volunteer and contractor training.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires inmates to receive appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 15 days upon arrival. However, the case management staff provides the inmates with this information immediately upon arrival during their initial intake and orientation process. This information is reviewed verbally with the inmate and a pamphlet is provided to them for future reference. After the review with the inmate, he is asked to sign various forms which include, Offender PREA Education Acknowledgment Form, to verify receipt for all information regarding orientation to the facility. All inmates are provided a NCDPS Sexual Abuse Awareness for the Inmate pamphlet which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and is available in English and Spanish. Documentation of inmate's signatures were reviewed and confirmed during inmate interviews. Some inmates interviewed stated they received this information the same day they arrived at the facility and verified the receipt of the pamphlet. PREA signage was not displayed in all areas frequented by the inmates; therefore, the Auditor recommended additional PREA signage be posted and ensure signage has bold print. Corrective actions were taken to rectify this issue. Additional signage was posted in the needed areas. Photos have been sent to the Auditor to verify the actions taken.

There were no targeted inmates to be interviewed at this facility during this auditing cycle. The facility provides information about sexual abuse and sexual harassment that the inmate is able to understand and also provide an interpreter to assist the inmate read, write, speak, and explain things if needed. The Agency has a narrative that is required to be read to all inmates at intake and it appears that this is being conducted as required by Agency directive.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA
Acknowledgement Statements
Inmate Handbook
Posters Observed

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Intake Staff
Random Inmates

Provisions (a) and (b):

During the intake process, inmates shall receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or

suspicions of sexual abuse or sexual harassment. Provision (b): Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Facility Policy provides all inmates admitted receive information about the facility, including PREA education. Inmates receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. According to the Intake staff who provides PREA education to inmates and the inmates interviewed, an orientation is provided to inmates during the intake process. Policy provides that inmates receive a comprehensive PREA education session within 30 days of admission to the facility. The results of the staff and inmate interviews indicated the information provided to the inmates is comprehensive.

The intake staff's interview revealed she ensures inmates are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. The PREA education sessions include a review of the Safety Brochure. The inmates sign acknowledgement statements confirming their receipt of the PREA information. A review of documentation showing dates and indicating inmates' participation in PREA education sessions confirmed the PREA education sessions occur. The PREA related information is provided to staff in policies and procedures, training and staff meetings. Directions for accessing the crisis hotline are posted and include the limitations of confidentiality. However, observations were made by the auditor that the postings were not in all areas that the inmates frequented. It was recommended by PREA auditor that additional posters should be posted throughout the facility to include bright colors, and large print. Corrective actions were taken to rectify this issue. Photos of the additional posters were sent to the Auditor to verify the actions taken.

Provision (c):

Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall 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.

Provision (d):

The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

The facility has the capability to provide the PREA education in formats accessible to all inmates including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the inmate. Posted PREA information is in English and Spanish accessible to inmates, staff, contractors, volunteers, and visitors. Staff interviews confirmed inmates are not used as translators or readers for other inmates.

Provision (e):

The agency shall maintain documentation of inmate participation in these education sessions.

A sample of signed acknowledgement statements were reviewed which supported the inmates' involvement in PREA education sessions. The inmates were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Intake staff was interviewed regarding PREA education for inmates. She ensures inmates' receipt of the information, including the inmate signing the acknowledgement form. However, inmate interviews revealed limited knowledge of outside victim's advocacy services. Prior to the writing of this report, documentation was provided that additional education sessions were provided for inmates specifically regarding victim's advocacy services.

Provision (f):

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

The PREA education materials provide inmates information on how to report allegations of sexual harassment and sexual abuse. A brochure is provided to each inmate to eliminate incidents of sexual abuse and sexual harassment. The brochure provides educational information regarding sexual abuse and victims. The inmates revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member; telling a family member who may report the allegation for them; access to the Burke County Options hotline to report allegations of sexual abuse or sexual harassment; or complete a grievance form. Each inmate is provided a Handbook and Safety Brochure. Posters were observed placed throughout the facility and were easy to see and read.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the facility is compliant with the provision of this 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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires an investigation for all allegations of sexual abuse or sexual harassment to the Burke County Sheriff's Office for criminal investigations and the Office of PREA Administration for administrative investigations. All investigators undergo an extensive training developed by the NCDPS PREA Office prior to conducting administrative investigations which includes the NCDPS PREA Specialized Investigations: Sexual Abuse and Sexual Harassment. The facility does not conduct criminal investigations, however, assigned personnel conduct fact finding administrative investigations. There are two staff at the facility who have completed the NCDPS PREA Specialized Investigations: Sexual Abuse and Sexual Harassment and other required investigative training. Documentation was reviewed and in compliance with the PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Facility Investigator

Provisions (a):

In addition to the general PREA training provided to all employees, the agency ensures that its Facility investigators have received training in conducting investigations in confinement settings. Interviews and documentation reveal that specialized training was completed.

Provisions (b):

The investigators completed the specialized training. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral.

Provisions (c):

The facility maintains a list of investigators having completed the required specialized training in conducting sexual abuse investigations. The facility indicated that they provided the PREA requirements for serving as a PREA investigator.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the facility is compliant with the provision of this 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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires PREA training and specialized training for medical and mental health staff. It was evident through the medical staff interview they had received the basic PREA training provided to all staff and the specialized training offered by NCDPS [Sexual Abuse and Sexual Harassment Medical and Mental Health Response (Prisons-Health Services)]. All medical and mental health staff sign the "Medical & Mental Health Care PREA Training Acknowledgement" form to acknowledge they received the training and understand their responsibilities in the event of an incident.

The medical staff do not conduct forensic examinations. An interview with the medical staff confirmed their understanding of the requirement to complete the specialized training and verified completing the course. Forensic examinations are conducted at the Carolina Health Care Center by SANE or SAFE certified examiners.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA
Training Logs
Training Curricula

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Medical Staff
Mental Health Staff

Provision (a):

The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The facility does not conduct forensic medical exams. As fulltime staff, they also receive the same PREA training as other staff.

Provision (b):

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Forensic examinations are not conducted at the facility they will be conducted at a local Hospital, Carolina Health Care Center.

Provision (c):

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

The training documents, including training certificates and the interviews with medical and mental health staff confirmed receipt of the required training.

Provision (d):

Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.31 or for contractors and volunteers under Standard 115.32, depending upon the practitioner’s status at the agency.

Medical and mental health staff completed the general training that is provided for all staff members as documented by training documentation.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding specialized training for medical and mental health care.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires prior to placement as part of the screening process each inmate is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness with the OPUS Mental Health Screening Inventory and within seventy-two hours a mental health practitioner will conduct an initial Mental Health Assessment. Most inmates are screened within seventy-two hours upon arrival at the facility to determine placement and their special needs. Those inmates who score vulnerable to victim or sexually aggressive are included into the alert system, as well as receiving further assessments, as identified. This intake screening is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Inmates are reassessed at a minimum of every thirty (30) days and throughout their stay at the facility. The facility's policies limits staff access to this information on a "need to know basis". Most inmate interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission. Staff interviews confirmed a screening is completed on each inmate upon admission to the program. Inmates reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health staff. Although there have

been no transgender or intersex inmates admitted to the facility within the past year, staff were aware of giving consideration for the inmates on views of their safety in placement and programming assignment.

Documentation Reviewed:

PREA Pre-Audit Questionnaire

Agency Prisons Policy F.3400

Facility Standard Operating Procedure (SOP) PREA

Sample of Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression

PREA Education & Screening Log

Interviews:

Assistant Superintendent III

PREA Compliance Manager

Staff Responsible for Risk Screening

Random Inmates

Provision (a):

The facility assesses all inmates during intake screening to include inmates that transfer from other prisons for risk of being sexually abused.

Provision (b):

Interviews and documentation revealed that intake screenings are taking place within 72 hours at the facility. Also, during intake screening, procedures require staff review available documentation for any indication that an inmate has a history of sexually aggressive behavior. Housing assignments are made accordingly.

Provision (c):

The Agency requires Burke CRV to use the agency Screening form and the Screening for Risk of Victimization and Abusiveness as the objective screening instruments. Staff interviews for conducting Screening for Risk of Victimization and Abusiveness indicated that the facility uses the agency form and the PREA Intake Objective Screening Instrument to document this process. The PREA Intake Objective Screening Instrument has all the required criteria.

Provision (d):

Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness include the following:

- Whether the inmate has a mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;
- Whether the inmate has previously been incarcerated;
- Whether the inmates' criminal history is exclusively nonviolent;
- Whether the inmate has prior convictions for sex offenses against an adult or child;
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

- Whether the inmate has previously experienced sexual victimization;
- The inmate's own perception of vulnerability; and
- Whether the inmate is detained solely for civil immigration purposes.

The Auditor reviewed the Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument and determined all factors required by this provision of the standard are included. The interview with the Intake Staff confirmed she is aware of the elements of the risk screening instrument. The inmate interviews also confirmed the administration of the screening instrument.

Provision (e, f):

Agency policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmates' arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

Provision (g, h):

Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions as stated in section (d).

Provision (i):

The agency implements appropriate controls on the dissemination within the facility of responses to questions asked under this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates as described above.

The Policy provides for appropriate controls be taken to ensure that sensitive information is protected and not exploited. The interview with the PREA Compliance Manager revealed the information is only available to the Intake Staff and the mental health staff. The documents are kept in the inmate's file in a locked file cabinet in the locked office when unoccupied by the Intake Staff. The Auditor observed the files to be maintained in a secure manner. The evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP precludes gay, bi-sexual, transgender and intersex inmates being placed in a particular housing unit, beds or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine an inmate's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all inmates safe and free from sexual abuse. The case management staff utilize various forms and any other pertinent information during the inmate's admission process. Staff interviews described how information is derived from the forms as indicated above and the initial health assessment and mental health/substance abuse screening forms to determine placement and risk level. Isolation is not utilized at the facility as a means of protective custody.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Staff Responsible for Risk Screening/Intake Staff
Random Staff
Random Inmates

Provision (a, b):

The Agency requires facilities to use information from the risk screening required to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each inmate will be made according to staff interviewed.

Provision (c):

Burke CRV did not have any transgender or intersex inmates during the audit period. However, if the facility receives a transgender and in deciding whether to assign a transgender or intersex inmate to which male living unit and in making other programming assignments, the facility will consider on a case-by-case basis whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems.

Provision (d):

Staff interviews indicated that when making placement and programming assignments for each transgender or intersex inmate, the facility will reassess them at least twice each year to review any threats to safety experienced by the inmate.

Provision (e):

Staff interviews also indicated if they were to have a transgender or intersex inmate, the inmate's views concerning his safety would be given serious consideration.

Provision (f):

Policy states transgender and intersex inmates will be given the opportunity to shower separately from other inmates.

Provision (g):

Interview with the Facility PREA Compliance Manager indicated that the facility would not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely based on identification status for protecting such inmates.

Staff interviews indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely by their sexual orientation, genital status, or gender identity. They are housed in the general population unless requested by the inmate for special housing for safety issues.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding use of screening information. The facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping all inmates safe and free from sexual abuse. The facility prohibits placing LGBTI inmates in particular housing, bed, or other assignments solely based on such identification or status and does not consider such identification or status as an indicator of likelihood of being sexually abusive. The facility is prepared to provide a safe and secure environment and follow all provisions of this 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.

Burke CRV meets the requirements of this standard based upon the following evidence:

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Random Staff
Random Inmates

Agency policy prohibits the involuntary placement of inmates in restricted housing unless there are no available alternatives. Policy and interviews confirm that services for an inmate who may be placed in protective custody are continued as normal unless there is a specific documented reason for restriction. Policy dictates documentation of the use of protective custody when necessary and 30-day reviews of such placement. Those requiring such housing would be transferred to another, more appropriate facility.

Interviews revealed that Burke CRV does not provide protective custody facilities (restricted housing). If needed, the inmate would be transferred from the facility if determined to be in the best interest of the inmate.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding protective custody.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Random Staff
Random Inmates

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP provides multiple internal ways for inmates to report sexual abuse and sexual harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, external reporting, placing a written complaint in the grievance box, and third party. While touring the entire facility, it was observed in the living areas postings of the PREA information (posters). The victim advocate information postings were limited. Reporting procedures are provided to inmates through the Inmate/PREA Orientation, brochure, and Inmate Rule Booklet. Most staff and inmate interviews along with the orientation and supporting documentation verified compliance with this standard. After the on-site visit, the victim advocate information was clearly posted in various areas throughout the facility. The Assistant Superintendent III sent photos verifying this corrective action to this auditor prior to the submission of this report.

Some inmates identified the grievance box as a means to report sexual abuse and sexual harassment and the anonymous reporting capability. Most staff interviews along with the postings, and supporting documentation confirmed multiple internal ways for inmates to report sexual abuse and sexual harassment, their understanding of the policies and their obligation of being mandated abuse reporters.

Provision (a):

The agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Interviews with staff and documentation review indicated that the facility had established procedures allowing for multiple internal ways for inmates to report sexual abuse and sexual harassment privately. The following are internal reporting ways:

- Grievance System
- Tell the Case Manager
- Chaplain
- Reporting to any staff member either verbally or in writing
- Third party reporting
- OIC
- Writing an inmate request
- Writing an anonymous note

Provision (b):

The agency shall 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 and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Interviews with staff and documentation indicated that the facility has established at least one way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that can receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The following are external reporting ways:

- Burke County Options Hotline
- Third party reporting

Policy requires inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Provision (c, d):

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The agency shall provide a method for

staff to privately report sexual abuse and sexual harassment of inmates.

The agency policy mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports immediately, but always before leaving the shift. Staff can report sexual abuse and sexual harassments privately and the agency informs staff through shift briefing, management meetings and PREA training.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding inmate reporting. The inmates have multiple internal ways for inmates to privately report. Reports can be made verbally, in writing, anonymously, and from third parties. Verbal reports would be documented immediately. Inmates have access to pens and pencils to write a grievance or complete a Medical Request Form. Staff can privately report sexual abuse and sexual harassment of inmates.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP describes the orientation inmates receive explaining how to use the grievance process to report allegations of sexual abuse and sexual harassment and has administrative procedures/appeal process for dealing with inmate's grievances regarding sexual abuse and/or sexual harassment. Inmates may place

a written grievance or complaint in the locked PREA/grievance box (black box) located in all four (4) housing units of the facility.

The facility has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process. Inmates are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. Also, the facility has an emergency grievance procedure requiring an initial response within 48 hours and a final decision within five (5) calendar days. The staff interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility. Some inmate interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the PREA/grievance box (black box). Inmate interviews indicated they would contact a trusted staff and/or family in relation to sexual abuse or sexual harassment complaints. Burke CRV Center did not have any grievances in the past twelve (12) months related to sexual abuse or sexual harassment complaints.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Random Staff
Random Inmates

Provision (a):

An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.

The facility has an administrative process to address inmate grievances. However, if an inmate uses the grievance process staff immediately submits the grievance to PREA investigators. Thus, ending the grievance process and beginning the PREA investigation process.

Provision (b):

The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by an inmate on the ground that the applicable statute of limitations has expired.

The facility does not impose a time limit on when an Inmate may submit a grievance regarding an allegation of sexual abuse. An Inmate can submit a grievance any time regardless of when

the incident is alleged to have occurred. The agency has time lines on other portions of the grievance process that does not relate to sexual abuse; however, the agency does not require inmates to utilize the informal grievance process or attempt to resolve alleged incident of sexual abuse with the staff member.

Provision (c):

The agency shall 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, and such grievance is not referred to a staff member who is the subject of the complaint.

The facility has a process in place for inmates who allege sexual abuse to submit a grievance without submitting it to staff member who is involved in the complaint or referred to a staff member subject of the complaint.

Provision (d):

The agency shall 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-daytime period shall not include time consumed by inmates in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. 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, the inmate may consider the absence of a response to be a denial at that level.

When a staff receives a grievance that is PREA related it is immediately reported to the PREA investigator. Thus, ends the grievance process and begin the investigation process. However, if the grievance process moves forward, the facility issues a final decision on the merits of alleging within 90 days of the initial filing. If the facility will claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision.

Provision (e):

Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. If a third-party file such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agrees 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. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

According to interviews, third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and permitted to file requests

on behalf of an inmate. If a third-party file a request on behalf of an inmate, the facility will 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. If the inmate declines to have the request processed on his/her behalf, the facility documents the inmate's decision.

Provision (f):

The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The facility has established procedures for filing emergency grievances alleging that an inmate is subject to a substantial risk of imminent sexual abuse. According to interviews, when the facility receives an emergency grievance alleging an inmate is at substantial risk of imminent sexual abuse, the staff immediately forwards the grievance for investigations.

Provision (g):

The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

Inmate's documentation indicated that the facility may discipline an inmate for filing a grievance related to alleged sexual abuse when the inmate filed the grievance in bad faith.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding exhaustion of administrative remedies.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP ensures that inmates are provided access to outside confidential support services, PREA Support Persons and legal counsel. NCDPS continues to collaborate with North Carolina Coalition Against Sexual Abuse (NCCASA) to establish advocacy services, education and training statewide. There is evidence of Burke CRV Center's Assistant Superintendent III obtaining a Memorandum of Understanding with Burke County Options Rape Crisis Center to provide confidential emotional support to

inmates who are victims of sexual abuse and/or sexual harassment and forensic exams. There have been no calls from inmates to outside services in the past 12 months. Inmate interviews confirmed they have reasonable and confidential access to their attorneys through visitation, correspondence or by telephone. The Inmate/PREA Orientation contained information of outside services. Inmates interviews revealed inmate knowledge of how to access outside services. Since the initial review and on-site visit, the facility's bulletin boards located in their housing units were updated to clearly post the victim advocate services and the telephone number. The Assistant Superintendent III sent photos to verify the actions taken to this auditor prior to the submission of this report.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Random Staff
Random Inmates

Provision (a):

The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephones, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

The Burke CRV provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates the mailing address to the Burke County Options Rape Crisis Center.

Provision (b):

The facility shall 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.

The Burke CRV informs inmates prior to them communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities by mandatory reporting laws. Inmates receive this information in their Admission and Orientation Booklet.

Provision (c):

The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The facility maintains memoranda of understanding (MOU) or other agreements with Burke County Options (rape crisis center) that can provide inmates with emotional support services related to sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding inmate access to outside confidential support services and legal representation.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP identifies the Department’s third-party reporting process and instruct staff to accept third party reports. NCDPS website provides the public with information regarding third-party reporting of sexual abuse or sexual

harassment on behalf of an inmate. In addition, the Department has established a confidential webpage for employees to report allegations fraud, waste, abuse, misconduct or mismanagement in the Department and these concerns may be reported anonymously. There are two separate reporting processes for the receipt of third-party reports of sexual abuse or sexual harassment. They may write to the Agency PREA Director or send an email through the link provided. This information is reported directly to the Agency PREA Director who will inform the Correctional Facility Administrator. These reports will be investigated. All inmate interviews confirmed their awareness of reporting sexual abuse or sexual harassment to others outside of the facility including access to their attorney. All staff interviews were able to describe how reports may be made by third parties.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA
Observed PREA Posters

Interviews:

Assistant Superintendent III
PREA Compliance Manager

Provision (a):

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

The Policy addresses third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and stated they will be accepted and reported. Staff members also stated they are to immediately document all verbal reports received. The interviews revealed they may report allegations privately through the use of the Options abuse reporting hotline or a third-party reporting form.

All inmates interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them. The interviews with the inmates revealed their knowledge of third-party reporting. The inmates identified the methods within the facility in which they may make third party reports such as file an emergency grievance, report to staff or a family member, or utilize the Options abuse reporting hotline telephone.

Information regarding reporting is provided through observed postings located in various areas of the facility accessible to visitors, inmates, staff, contractors and volunteers. The facility's website contains information regarding third-party reporting of allegations of sexual abuse. The Third-Party Reporting Form is observed to be located on the website. There were no third- party reports received during this audit period.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance regarding third-party reporting. The facility provides various methods for third-party reports of sexual abuse or sexual harassment.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP identified the reporting process for all facility staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against inmates or staff who report any incidents, or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All facility staff are mandated reporters and most random staff interviews confirmed the program's compliance with this standard. Additionally, the facility staff receive information on clear steps on how to report sexual abuse and to maintain confidentiality through the facility's protocol and/or training. The staff would complete an incident report with the details of any incidents that would occur in the facility in compliance with this standard. An interview with medical staff confirmed their responsibility to inform inmates under 18 years old of their duty to report and limitations of confidentiality.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Random Staff

Provision (a):

The agency shall require all staff to report immediately and according to agency policy any

knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation .

The Policies collectively address provisions of the standard including providing all staff immediately report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws of the State of North Carolina. The facility's trained investigators conduct administrative investigations and allegations that are criminal in nature are referred to the Burke County Sherriff's Office.

Provision (b):

Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Reporting according to the State's mandatory reporting laws and the facility Policies was evident through document review regarding disclosures by inmates of allegations that did not occur in the facility or an institutional setting. The documented case notes show the reporting by staff in accordance with facility Policies and the requirements of the standard. The staff interviews were aligned with the requirements of the Policies and standard. A review of documentation demonstrates information reported to staff is reported to the appropriate authorities. Staff members are instructed to immediately report all allegations of sexual abuse or sexual harassment to a Supervisor or the Superintendent.

Provision (c):

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

Facility Policy supports that after allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except when necessary to obtain treatment for the inmate, aid in the investigation, or help retain the security of the facility. Staff is expected to continue to abide by the confidentiality requirements of the facility. Interviews with staff indicated their knowledge of the prohibition of revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Based on the review of documentation and interviews with staff, it is evident the facility follows this provision of the standard.

Provision (d):

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

The medical and mental health staff interviewed stated inmates are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters. They also indicated informed consent would be documented for an inmate 18 years old and over regarding reporting allegations of sexual abuse that did not occur in an institutional setting.

Provision (e):

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

The Policies collectively provide for all allegations to be reported to the Superintendent, including third-party and anonymous reports as also verified by staff interviews.

Conclusion:

The interviews with random staff, mental health and medical staff and Superintendent revealed their awareness of the requirements regarding the reporting duties. All staff interviewed acknowledged they are mandated reporters and a written report must immediately follow reported allegations or incidents. The random staff interviewed provided the reporting requirements and that staff is expected to document receipt of verbal reports immediately. The facility staff members are also required by the Policy to report allegations that were made anonymously or by a third-party. During this audit period, there were no allegations of sexual abuse.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires that immediate action to be taken upon learning that an inmate is subject to a substantial risk of imminent sexual abuse. There were no inmates determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with the Assistant Superintendent III and other random selected staff were able to articulate, without hesitation, the expectations and requirements of NCDPS Policies and PREA Standards, upon becoming aware that an inmate may be subject to a substantial risk of imminent sexual abuse. Staff interviews indicated if an inmate was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the inmate, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the inmate would be referred for mental health services.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Random Staff
Random Inmates

Provision (a): §115.62

When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.

Facility Policy requires staff to protect the inmates through implementing protective measures. Administration of the Vulnerability Assessment provides information that assists and guide staff in keeping inmates safe through housing and program assignments. The interviews of the random staff and the Superintendent revealed protective measures include but are not limited to alerting supervisors and management staff and separating the inmates including moving to a different housing unit. The Superintendent and the random staff indicated the expectation is that any action to protect an inmate would be taken immediately.

The interviews with the inmates revealed during the intake process, how they feel about their safety is part of the inquiries by staff in completing paperwork. A review of a sample of Vulnerability Assessments supports the information provided by inmates. The Superintendent

and PREA Compliance Manager report during the past 12 months, no inmates were identified as being subject to substantial risk of imminent sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard and the provisions regarding agency protection duties.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires the Facility Superintendent, upon receiving an allegation that an inmate was sexually abused while confined at another facility, to notify the Facility Superintendent where the alleged abuse occurred and to report it in accordance with NCDPS policy and procedures. Also, according to policy and procedure the Facility Superintendent is to immediately report the incident for investigation and complete an incident report. The Facility Superintendent had received no allegations that an inmate was abused while confined at another facility during the past 12 months.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Random Staff
Random Inmates

Provisions (a), (b), (c), and (d):

(a) Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (c) The agency shall document that it has provided such notification. (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Burke CRV Policy provides that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Superintendent/designee shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and the appropriate investigative agency. Notification should be made as soon as possible but no longer than 72 hours after receiving the information. The Superintendent/designee must document the notification as required by Policy. It is the responsibility of the receiving agency to ensure an investigation is completed. According to the Superintendent, there has been no allegation of sexual abuse made by an inmate regarding confinement at another facility. The Superintendent is familiar with the Policy and his responsibilities regarding such situation.

Conclusion:

Based upon the information received and interviews, the Auditor has determined the facility is compliant with this standard regarding reporting to other confinement facilities.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There had been no allegations of sexual abuse during the past 12 months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that an inmate was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately, and these steps were all consistent with NCDPS policies and procedures. It was evident that staff have been trained in their responsibilities as first responders. The staff had palm cards containing the policy on the first responder's specific steps to respond to a report of sexual abuse.

Documentation Reviewed:

PREA Pre-Audit Questionnaire

Agency Prisons Policy F.3400

Facility Standard Operating Procedure (SOP) PREA

Interviews:

Random Staff

Staff First Responder

Provision (a):

Upon learning of an allegation that an inmate was sexually abused, the first staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Facility Policy provides that upon learning of an allegation that an inmate was sexually abused, the first security-level staff member to respond to the report shall be required to:

- a. Separate the alleged victim and abuser;
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence.

The interviews with staff confirmed awareness of first responder duties and the training they had been provided. There were no allegations that an inmate was sexually abused in the last 12 months.

Provision (b):

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The staff member interviewed who may act as a first responder was familiar with his duties in that role. He indicated he would alert the supervisor, separate the victim and perpetrator, and request the victim and perpetrator do not take any actions that could destroy physical evidence. He further stated he would go with the victim to the hospital.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding staff first responder duties.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP provides a written coordinated response system to coordinate actions taken in response to an incident of sexual abuse among staff first responders, administration, executive staff and contacting medical and mental health outside sources. Burke CRV Center's staff have a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting law enforcement, victim advocate services, and a number of other individuals. Interviews with the Assistant Superintendent III and other staff validated their technical knowledge of their duties in response to a sexual abuse.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Random Staff

Provision: §115.65

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The facility has developed a Coordinated Response plan which is aligned with the detailed information in the policy regarding the response to an allegation or incident of sexual abuse. The Plan outlines the actions of the identified staff members such as the first responder; supervisors; medical; mental health; and management. The plan maps out the steps to take and staff responsibilities.

The random staff interviewed were familiar with the roles regarding the response to an allegation of sexual abuse. The Superintendent discussed the coordinated actions in response to an incident of sexual abuse which was parallel to Policy and the Plan. Staff members are directed to follow the steps outlined.

Forensic medical examinations will be provided free of charge to the victim at Carolina Health Care by a Sexual Assault Nurse Examiner (SANE). The Hospital has 24/7 access to a SANE provider. A qualified medical professional shall perform a forensic medical examination if there is no SANE available as stated in the Hospital's Sexual Assault Policy. The victim will be provided unimpeded access to crisis intervention and medical services.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility complies with the provisions of the standard regarding a coordinated response to an

incident of sexual abuse. No allegations of sexual abuse have been reported during this audit period.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

Burke CRV has not entered into or renewed any collective bargaining agreement on the agency's behalf.

Documentation Reviewed:

PREA Pre-Audit Questionnaire

Agency Prisons Policy

Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager

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 inmates 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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires the protection and monitoring of inmates and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or sexual harassment investigation. NCDPS policy prohibits retaliation against any staff or inmate for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. This monitoring would include inmate disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff. The PREA Support Person (PSP) is responsible with the monitoring of the conduct or treatment of inmates who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. The PREA Compliance Manager (PCM) is responsible with the monitoring of the conduct or treatment of staff who reported the sexual abuse and for cooperating with investigation to determine if changes that may suggest possible retaliation exist. The PCM is responsible for assigning a PSP that will serve as an advocate to link services (community-based advocates or mental health professionals) and support to inmates who report sexual abuse and sexual harassment by another inmate, staff member, contractor or volunteer. The PCM has designated several staff for this role and completed the required form (OPA-A18). These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training. Staff interviews and training documentation confirmed the role of the PSP individuals in the facility. If a retaliation should occur, the assigned PCM individual would complete several forms depending on whether it is a staff or inmate retaliation monitoring. Upon completion of the investigation, the PCM will complete a "PREA Sexual Abuse and Harassment Retaliation Report" form [Staff (OPA-I22)] and a PSP individual will complete a "PREA Sexual Abuse and Harassment Retaliation Report" form [Offender (OPA-I24)]. There were no incidents of retaliation in the past 12 months.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Retaliation Monitor

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding agency protection against retaliation

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

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. Interviews confirm that there are no facilities for protective custody at this facility. There were no instances of the use of protective custody as a result of a sexual abuse allegation in the past 12 months.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP require all staff to refer all alleged incidents of sexual abuse or sexual harassment to local law enforcement, Burke County Sheriff's Office, for criminal investigations and the facility to conduct their own administrative investigations. Additionally, staff refer all allegations of sexual abuse and sexual harassment to the Region Office and the Office of PREA Administration. There has been no reported investigation of alleged staff's or inmate's inappropriate sexual behavior that occurred in this facility in the past 12 months. The facility investigator has received the specialized training as required by the standards. It was evident the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the department. Evidence is collected and prior reports involving the same perpetrator or victim are required to be reviewed. Any investigations where it appears to be criminal activity is referred to prosecution and no interviews are conducted without the approval of the Office of Special Investigations and Compliance.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding criminal and administrative agency investigations.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP imposes no standard greater than a preponderance of the evidence in determining the outcome of an investigation. An interview with staff confirmed the findings.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Facility Investigator

Provision (a): §115.72

The investigators impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interviews with the Facility Investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.

Conclusion:

Based upon the review and analysis of the available evidence and the interviews, the Auditor has determined the facility is compliant with this standard regarding evidentiary standard for administrative investigations.

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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires that any inmate who alleges that he or she suffered sexual abuse is informed in writing whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. This policy further requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility informs the inmate, unless the allegations are "unfounded", whenever the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; if NCDPS learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving inmate-on-inmate allegations of sexual abuse, the facility will inform the inmate whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. There has been no reported investigation of alleged staff or inmate's inappropriate sexual behavior that occurred in this facility in the past 12 months that was completed by the agency/facility. The Assistant Superintendent III validated his technical knowledge of the reporting process during his interview.

Documentation Reviewed:

PREA Pre-Audit Questionnaire

Agency Prisons Policy F.3400

Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager

Provision (a):

Following an investigation into an inmate's allegation of sexual abuse suffered in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Facility Policy addresses the inmate being informed by staff when the investigation is completed, informed of the outcome of the investigation, and the documentation of the notification. The PREA Compliance Manager will remain abreast of an investigation conducted by any of the investigative entities by serving as the primary contact person(s), as determined by the interviews. The Burke CRV Policy provides that any inmate who makes an allegation of sexual abuse shall be informed verbally by the Superintendent and in writing following an investigation, as to whether the allegation was substantiated, unsubstantiated, or unfounded.

Provision (b):

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the inmate.

The Burke CRV Policy states the facility shall request all relevant information from the investigating agency to inform the inmate of the outcome of the investigation.

Provision (c):

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the inmate's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Policy requires that following an inmate's allegation that a staff member committed sexual abuse against the inmate, the inmate will be informed of the following, unless it has been determined that the allegation is unfounded, whenever:

- a. The staff member is no longer assigned within the inmate's housing unit;
 - b. The staff member is no longer employed at the facility;
 - c. The staff member has been indicted on a charge related to sexual abuse within Burke CRV;
- or
- d. The staff member has been convicted on a charge related to sexual abuse within the facility.

Provision (d):

Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The Policy provides that following an inmate's allegation that he has been sexually abused by another inmate, the alleged victim shall be subsequently informed whenever:

- a. The alleged abuser is criminally charged related to the sexual abuse; or
- b. The alleged abuser is adjudicated on a charge related to sexual abuse.

Provision (e):

All such notifications or attempted notifications shall be documented.

The Policy provides that all such notifications or attempted notifications be documented. The Burke CRV PREA Support Services Status Notification form (OPA I30A) has been created and would serve to notify the inmate, in writing, regarding the provisions of this standard.

Provision (f):

An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

The Policy provides the facility's obligation to report under this standard shall terminate if the inmate is released from the facility's custody.

Conclusion:

The interviews with the identified staff confirm the Policy requirements and their knowledge of the process of reporting to an inmate regarding the outcomes of an allegation of sexual abuse. Based on the review and analysis of the available documentation and interviews, the Auditor has determined the facility is compliant with this standard regarding reporting to inmates.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or sexual harassment policies. Also, the policy mandates that the violation be reported to the Office of PREA Administration and law enforcement. All disciplinary sanctions are maintained in the employees HR file in accordance with NCDPS policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally, staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There has been no employee disciplined in the past 12 months for violation of the facility's sexual abuse or

sexual harassment policies. The Assistant Superintendent III interview validated his technical knowledge of the reporting process was consistent with NCDPS policies and procedures.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager

Provision (a):

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Burke CRV Policy provides that staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. The interview with the Superintendent, who performs personnel duties, confirmed the Policy.

Provision (b):

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

The Policy states that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse with an inmate as confirmed by the Superintendent.

Provision (c):

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Burke CRV Policy provides that disciplinary sanctions for violations of Burke CRV policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Additionally, the Policy states all employee discipline and termination are governed solely by At Will employee law.

Provision (d):

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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Burke CRV Policy states all terminations for violations of the facility's sexual abuse or sexual harassment policies, or staff resignations related to violations of this policy, shall be reported to law enforcement, unless the activity is clearly not criminal. In addition, it shall be reported to relevant licensing bodies.

Conclusion:

Based upon the review of Policy and interview, the Auditor has determined the facility is compliant with this standard regarding disciplinary sanctions for staff.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and sexual harassment of inmates will be reported to Office of PREA Administration and local law enforcement "(unless the activity was clearly not criminal," and to relevant licensing bodies. Additionally, the policies require the facility staff to take remedial measures and prohibit future contact with inmates in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. All volunteers and contractors must sign the PREA Acknowledgement Form upon completion of the PREA training they received. This was verified with the documentation review and during an interview with the Assistant Superintendent III. There have been no volunteers or contractors reported in the past 12 months for engaging in sexual abuse or sexual harassment of an inmate.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager

Provision (a):

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Although there were no contractor or volunteer violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.

Provision (b):

The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Although there were no contractor or volunteer violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance with this standard regarding corrective action for contractors and volunteers.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires that any inmate found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to disciplinary sanctions. Burke CRV Center's staff provides each inmate with an Inmate/PREA Orientation and Inmate Rule Book that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Inmates will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no administrative findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility in the past 12 months. The Assistant Superintendent III indicated that inmates may also be referred for prosecution if the allegations were criminal.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager

Provision (a):

An inmate may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

The Policy addresses an administrative process for dealing with rule violations and references the policy that deals with discipline. Sanctions are directly related to the seriousness of the negative behavior. The interview with the Assistant Superintendent revealed the process

regarding allegations of inmate-on-inmate abuse which can include the inmate being transferred from the facility or placed in restrictive housing during the investigation.

Provision (b):

Any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of an inmate, agencies shall not deny the inmate daily large-muscle exercise or access to any legally required educational programming or special education services. Inmates in restrictive housing shall receive daily visits from a medical or mental health care clinician. Inmates shall also have access to other programs and work opportunities to the extent possible.

Provision (c):

The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The Burke CRV Policy provides that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed by the interview with the Superintendent.

Provision (d):

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending inmate participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to have access to general programming or education.

Burke CRV Policy provides the facility considers whether to offer the offending inmate therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation. The facility may require participation in such interventions as a condition of access to privileges, but not as a condition to access to general programming or education.

Provision (e):

The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Burke CRV Policy provides the facility may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Provision (f):

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The Burke CRV Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Provision (g):

An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The Policy prohibits any sexual conduct between inmates. All such conduct is subject to disciplinary action. Referral for prosecution would occur after determination the sexual activity was coerced.

Conclusion:

There have been no inmates placed in restrictive housing as a disciplinary sanction for sexual abuse in the past 12 months. Additionally, there have been no administrative or criminal findings of inmate-on-inmate sexual abuse in the past 12 months. Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard regarding interventions and disciplinary sanctions for inmates.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The agency policy requires immediate referral to medical and mental health services after information of prior sexual victimization or sexual aggressive behaviors is discovered during the screening process. Services are provided within 14 days by facility medical and mental health staff. Interviews confirmed informed consent is obtained before information is shared regarding a victimization that may have occurred prior to incarceration.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Intake Staff

Provision (a):

If the screening pursuant to § 115.41 indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

The Policy provides that an inmate who indicates during initial screening that they were a victim or perpetrator of sexual abuse shall be offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. A review of documentation, including Case Manager Notes, demonstrates inmates are offered follow-up meetings in a timely manner, prior to the 14 days. This information was also confirmed through the interview with the Intake Staff.

Provision (b, c):

If the screening pursuant to § 115.41 indicates that an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

The Policy supports that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Auditor observed the inmate files maintained in a secure manner. The files are secured in a locked cabinet behind a locked door, when the office is unoccupied. The files have a list of individuals that have access to them.

Provision (d, e):

Medical and mental health practitioners shall 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.

The Policy provides that medical and mental health practitioners shall 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. The facility has created the Informed Consent form to document this type of situation.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding medical and mental health screenings; and history of sexual abuse.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff have a protocol in place to assist in expediting an inmate to the emergency room with specific documentation (Appointment Trip Ticket) for the staff. Additionally, documentation provided confirmed treatment services are provided to every victim without financial cost. Carolina Health Care provides the emergency services and forensic examinations and Burke County Options Rape Crisis Center as the outside victim advocate services for this facility. An interview with the medical staff confirmed that inmates have immediate access to emergency medical and mental health services.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager
Medical Staff
Mental Health Staff

Provision (a):

Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

The Policy mandates the victim receives timely and unimpeded access to emergency medical treatment, crisis intervention services and advocacy services. The victim would be transported to Carolina Health Care for a forensic examination, at no cost to the victim which is acknowledged by facility and Carolina Health Care Policies. The Policy and interviews with the Nurse and Case Manager revealed the medical and mental health services are determined according to the professional judgment of the practitioner. Inmates are informed of medical

services during intake and sign acknowledgement statements indicating key information reviewed in the education session which includes treatment services. The inmates have access to Medical Request Forms on their living units.

Inmates are provided access to an outside victim advocacy agency for services through a MOU with the Options Rape Crisis Center which includes but is not limited to emotional support and accompaniment through the forensic examination and investigative interviews. The advocate will go to the facility or the hospital to provide services. Review of medical files shows that medical and mental health staff members maintain secondary materials and documentation of inmate encounters. There have been no allegations of sexual abuse during this audit period.

Provision (b):

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

The interviews with clinical staff revealed inmates have access to unimpeded access to emergency services. The Policy and the written coordinated response plan flow chart provide guidance to staff in protecting inmates and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. The on-call medical list has the names of medical staff and their emergency contact number. The full-time Nurse is generally on-call 24/7 as determined by the interview. Review of the coordinated plan; observations of the interactions among inmates, medical and mental health practitioners; and staff interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse. There have been no allegations of sexual abuse during this audit period.

Provision (c):

Inmate victims of sexual abuse while incarcerated shall be 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.

The Policy and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff.

Provision (d):

Treatment services shall be 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.

The Policy states treatment services shall be 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. This was also confirmed through staff interviews.

Conclusion:

Facility Policy revealed emergency services will be provided by medical and mental health staff. The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. It is documented through Policy and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim. Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding access to emergency medical and mental health services.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to the Carolina Health Care where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused. There have been no investigations of alleged inmate's inappropriate sexual behavior that were investigated in this facility in the past 12 months. The medical and mental health staff have a protocol in place to assist inmates upon discharge from the facility to continue services if needed.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400

Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager

Provision (a):

The facility shall 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.

The Policy requires that a medical and mental health evaluation and treatment be offered to inmate victims of sexual abuse. According to the interviews, medical and mental health staff members are aware of the Policy mandates. The Policy and interviews support medical and mental health evaluations and treatment will be offered to all inmates who have been victimized by sexual abuse. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate, including assessments and therapy.

Provision (b):

The evaluation and treatment of such victims shall 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.

Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. The Policy states that follow-up services will be provided.

Provision (c):

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Facility Policy, staff interviews and observations revealed medical and mental health services are consistent with the community level of care.

Provision (d):

N/A

Provision (e):

N/A

Provision (f):

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Testing would be done at Carolina Health Care and follow-up services may be done at the facility, as needed.

Provision (g):

Treatment services shall be 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.

All treatment services will be provided at no cost to the victim, according to Policy and staff interviews.

Provision (h):

The facility shall 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.

Facility Policy provides for attempts to be made for a mental health practitioner to conduct a mental health evaluation within 60 days on all known inmate-on-inmate abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual and/or group counseling. Additionally, an evaluation or reassessment will be administered utilizing the Vulnerability Assessment. The Case Manager’s interview supported the Policy.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires a PREA Post Incident Review (OPA-I10) of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within 30 days. Burke CRV Center's Sexual Abuse Incident Review Team consists of the Correctional Assistant Superintendent III, Correctional Assistant Superintendent II/PREA Compliance Manager, Assistant Correctional Superintendent of Programs I, OIC (on shift), medical and mental health staff. There has been no investigation of alleged staff or inmate's inappropriate sexual behavior that occurred in this facility in the past 12 months. Staff interviews confirmed they would document their review on their PREA Post Incident Review (PIR) form that captures all aspects of an incident.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager

Provision (a):

The facility shall 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.

The Policy requires the facility to 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 deemed to be unfounded. The Assistant Correctional Superintendent is familiar with the Policy requirements.

Provision (b):

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

The Policy requires that the reviews occur within 30 days of the conclusion of the investigation. Although there has not been an allegation of sexual abuse, the Superintendent confirmed incident reviews would occur within 30 days of the conclusion of an investigation in accordance with facility Policy and the standard.

Provision (c):

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The Policy identifies the incident review team members as Upper-level management with input from line supervisors, investigators, medical staff, and Case Managers.

Provision (d):

The review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interview with the Superintendent, review of Policy and documentation method confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation, including: considering the make-up and vulnerability of the population such as gang affiliation; whether the inmate identifies as gay, bisexual, transgender, or intersex; other group dynamics; assessment of the area relative to the allegations; and adequacy of staffing.

The Policy requires the meeting to be documented, including recommendations and the document provided to the Superintendent. The interview with the Incident Review Team Member confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. He confirmed the team would consider all factors required by the standard.

Provision (e):

The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

The Policy states the administration shall implement the recommendations for improvement or shall document its reasons for not doing so. The Superintendent is familiar with this Policy requirement. The form, "PREA" Post-Incident Review, has been developed for documenting the incident review team meeting and it allows for documentation of the considerations of the standard. Additionally, the form provides for recommendations for improvement by the team members.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard regarding sexual abuse incident reviews.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires the collection of accurate, uniform data for every allegation of sexual abuse and sexual harassment. The facility's Superintendent inputs information into the OPUS system and the NCDPS PREA Director obtains the data from this system relating to PREA. The NCDPS PREA Director implemented a data collection protocol and collects all data relating to PREA from the OPUS system. NCDPS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the annual report revealed it was completed according to this standard.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager

Provisions (a) & (c):

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The Policy requires the use of a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual abuse. A review of the PREA Data document demonstrates that it includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice.

Provision (b):

The agency shall aggregate the incident-based sexual abuse data at least annually.

The Policy and review of the annual report and data gathering instrument and other documents confirm the facility collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.

Provision (d):

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The facility maintains and collects various types of identified data and related documents regarding PREA. The facility collects and maintains data in accordance with Policy directives and Burke CRV aggregates the data which culminates into an annual report.

Provision (e):

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

Provision (f):

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The Policy states that upon request, Burke CRV shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made for the previous calendar year.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding data collection.

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2015-2016 Annual Report indicated compliance with the standard and included all of the required elements. The NCDPS 2015-2016 Annual Report is posted on the NCDPS Website for public review.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

The NCDPS Prisons Policy F.3400 and Burke CRV Center SOP requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed, and all personal identifiers are removed.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Agency Prisons Policy F.3400
Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III
PREA Compliance Manager

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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

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, inmates, 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.

Burke CRV meets the requirements of this standard based upon the following evidence:

Since August 2016, NCDPS has ensured one-third of all operated facilities have been audited as evidenced by the Final Audit reports provided on the Agency's website.

The Auditor was provided complete access to the facility and observed all areas of the facility's buildings and grounds. Additionally, all relevant documents were provided upon request.

The facility made space available for private staff and inmate interviews. Inmates were provided information on the "Notice of the Auditor's Onsite Visit" regarding how to send confidential information to the Auditor.

Documentation Reviewed:
PREA Pre-Audit Questionnaire

Interviews:

Assistant Superintendent III
PREA Compliance Manager

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.

Burke CRV meets the requirements of this standard based upon the following evidence:

A review of the North Carolina Department of Public Safety Prisons web page at <https://www.ncdps.gov/Adult-Corrections/Prison-Rape-Elimination-Act> revealed PREA Audit Reports dating back to 2015 through 2018 for facilities operated by NCDPS are posted and can be downloaded.

Documentation Reviewed:

PREA Pre-Audit Questionnaire

Agency Prisons Policy F.3400

Facility Standard Operating Procedure (SOP) PREA

Interviews:

Assistant Superintendent III

PREA Compliance Manager

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Cheryl M. Anderson

December 28, 2018

Auditor Signature

Date

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

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