

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

Interim Final

Date of Report: December 12, 2018

Auditor Information

Name: Robert Manville	Email: Robertmanville9@gmail.com
Company Name: TrueCore Behavioral Solutions	
Mailing Address: 168 Dogwood Drive	City, State, Zip: Milledgeville, Ga. 31061
Telephone: 912-486-0004	Date of Facility Visit: November 7-8-2018

Agency Information

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

Agency mission: To safeguard and preserve the lives and the people of North Carolina through prevention, protection and preparation with integrity and honor.

Agency Website with PREA Information: www.ncdps.gov The North Carolina Department of Public Safety is committed to the PREA.

Agency Chief Executive Officer

Name: Erik A. Hooks	Title: Secretary, NCDPs
Email: erik.hooks@ncdps.gov	Telephone: (919) 733-2126
Agency Wide PREA Coordinator: Charlotte 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 Davidson Correctional Institution			
Physical Address: 1400 Thomason Street, Lexington NC 27293			
Mailing Address (if different than above): PO Box 1977, Lexington NC 27293			
Telephone Number: (336) 249-7528			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

Facility Mission: The mission of the Facility is to protect the general public by providing security and control of inmates assigned under its custody while offering fair administration in a safe environment with humane operating procedures. This will be accomplished through Davidson Correctional Center's programs and activities that have been designed to help the inmate population with their adjustment to institution life and transition back to society as a productive member of their community upon release.

Facility Website with PREA Information: www.ncdps.gov

Warden/Superintendent

Name: William Glick	Title: Superintendent
Email: William.Glick@ncdps.gov	Telephone: (336) 249-7528 Ext. 222

Facility PREA Compliance Manager

Name: Dwayne Baker	Title: Assistant Superintendent
Email: Dwayne.Baker@ncdps.gov	Telephone: (336) 249-7528 Ext. 223

Facility Health Service Administrator

Name: Tara Young	Title: Lead Nurse
Email: Tara.Young@ncdps.gov	Telephone: (336) 249-7528 Ext. 234

Facility Characteristics

Designated Facility Capacity: 258	Current Population of Facility: 248		
Number of inmates admitted to facility during the past 12 months			645
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			382
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			528
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: 0	Adults: 21 to 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:			Varies
Facility security level/inmate custody levels:			Minimum
Number of staff currently employed by the facility who may have contact with inmates:			58
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			8
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			0

Physical Plant

Number of Buildings: 10	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	8 OPEN BAY DORMS/ 4 HOUSING UNITS
Number of Segregation Cells (Administrative and Disciplinary):	1
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.): The facility does not have any video or electronic monitoring.	
Medical	
Type of Medical Facility: 8 hour, 5 days per week. 2 staff. Nurse provides sick call and emergency medical care within legal authority.	
Forensic sexual assault medical exams are conducted at:	Thomasville Medical Center
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	189
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, and 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.

Davidson Correctional Center (FCC) is located in the city of Lexington North Carolina, and is operated by the North Carolina Department of Public Safety Divisions of Corrections (NCDPS). The facility's previous PREA audit was conducted in 2016. The notification of the 2018 on-site audit at FCC was posted on September 27, 2018 six weeks prior to the date of the onsite audit. The posting of the notices was verified

by photographs received electronically from the facility's PREA Compliance Manager. The photographs indicated notices were posted in various locations throughout the facility including the housing, program areas as well as work location and administrative areas. Robert Manville a certified DOJ Auditor contracted by TrueCore Behavioral Solutions, of Tampa, Florida was assigned to complete the audit. The NCDPS Prison Administration operates under the following policies and additional memos.

NCDPS Prison policy Chapter A.002. Conduct of Employees

NCDPS Prison policy Inmate Sexual Abuse and Sexual Harassment, F .3400

NCDPS Prison policy Chapter F.1600 Management of Security Posts

NCDPS Prison policy Chapter F.0100 Operational Searches

Forsyth Correctional Center Procedures .0300 Operational Searches

NCDPS Prison policy E .1800, Non-English Speaking Inmate Program

NCDPS Prison policy E .2600 Reasonable Accommodations for Inmates with Disabilities

NCDPS Prison policy and Procedure Manual policy CP 18 References "National Protocol for Sexual Assault Medical Forensic Examination, Adults / Adolescents".

NCDPS Prison policy D.0300 Inmate Use of Mail

NCDPS Prison policy E.0300 Administrative Remedy

NCDPS Prison policy B .0200 Inmate Disciplinary Procedures

NCDPS Clinical Practice Guidelines Prison policy CP – 18

The Office of PREA Administration updates staff on all PREA modification received from the National PREA Resource Center, and the United State Department of Justice PREA Management Office.

Prior to the on-site visit, the facility PREA Compliance Manager forwarded to the auditor all Policy and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, policies, brochures, staff rosters, PREA audit notices, staffing plans, training information, and other reference materials for examination prior to the on-site visit.

On the first day of the onsite audit, an entrance meeting was held at the facility to discuss any concerns regarding the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: PREA Compliance Manager, and Superintendent. The PREA compliance managers was provided with list of staff that would be interviewed by the PREA auditor. Since the facility is relatively small, many of the staff have collateral duties. The PREA compliance manager and superintendent reviewed list of duties that would be interviewed with the PREA auditor and provided the appropriate staff to interview by the auditor to provide information needed to show compliance with PREA standards. After the in briefing with staff, a tour of the facility was conducted. The tour included the intake processing areas, all housing units, recreation areas, facility support areas, health service area, food service area, and the visiting rooms. Particular observations was used to compare the prisons operations based on PREA policies such as for inmate to dress, shower or utilize restrooms, and areas that would be considered as blind spots and correctional officers stations (Posts). Persons of the opposite gender announced themselves each time they entered a housing unit or dormitory.

Signs were posted (in English and Spanish) informing inmates "That employees of the opposite gender were present in the housing units". Inmates are able to shower, dress and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and inmates regarding the PREA standards were conducted. Postings regarding PREA violation reporting and the agency's zero-tolerance Policy for sexual abuse and sexual harassment were prominently displayed in all housing units, meeting areas and throughout the facility. There was a posting, notifying inmates of how to confidentially contact Forgiven Ministries for sexual abuse or sexual harassment. Audit notice postings with the PREA auditors' contact information were also located in the same areas. Staff provided a memorandum indicating the date the audit notice was posted. The Auditor did not receive any letter from staff or inmates as a result of the audit notice postings. The inmate phone system was tested for serviceability for reporting allegations to Forgiven Ministries.

Following the tours of the facility, interviews were conducted with specialized staff. The interviewed included the PREA Compliance Manager, Superintendent, Investigators, a staff assigned as PREA Support Person, Nurse, volunteer coordinator, Officers In Charge (OIC) for first and second shift, case manager and Human Resource supervisor. A facility staff roster was provided by the PREA Compliance Manager and the Auditor randomly chose available staff from the roster to be interviewed. During the first day the Auditor interviewed nine (9) correctional staff and telephone interview with contractor.

On day two of the audit ten (10) personnel staff files, ten (10) inmate records, fifteen (15) employee training records, fifteen (15) computerized screening instruments, five (5) volunteer files, five (5) work release supervisors contractor files and five (5) dormitory log books. Several living units were revisited and general conversation with staff and inmates were engaged during the visit. During the tours, staff were observed to be interacting with inmates in a positive and helpful manner. Twenty one (21) randomly selected inmates were interviewed. One (1) inmate had identified as gay. There were no other categories of specialized inmates housed at the facility.

The facility has 2 trained investigators. Criminal investigations are conducted through an agreement with Lexington Police Department. There were three (3) allegation of sexual abuse or sexual harassment during the last 12 months. Two (2) of the allegations were sexual abuse allegation made by the same inmate. The facility conducted a preliminary investigations and referred two (2) allegations which made by the same inmate to local law enforcement staff. Medical sent the inmate to the local hospital for SANE examination as the inmate had same clothing on as the time of the initial incident. Incident was investigated by the Police Department investigator and was referred to local prosecutor for prosecution. The investigation by Lexington Police Department was determined to be unfounded. The second allegation was made by the same inmate after he had been transferred to another facility. The institution conducted a preliminary investigation and the receiving facility transferred investigation to the NCDPS Prison Office of Special Investigations (OSI). The investigation was determined to be unsubstantial. The Third investigation was an allegation of inmate on inmate harassment. The facility Sexual abuse or Sexual harassment trained Investigative staff conducted the investigation. A review of the investigation found the investigation was prompt, included all elements of the investigation. The investigation determined that the incident was founded. The facility has conducted two (2) incident review committees meetings and one (1) incident included retaliation monitoring.

The facility has an MOU with Davidson County Family Services (DCFS). Staff from DCFS were contacted and provided their roles and responsibilities. There had been no contacts to DCFS from inmates house at Davidson Correctional Center.

The center utilizes staff from Thomasville Medical Center to conduct SANE forensic examinations and to provide medical care of inmates from the correctional center. Staff at the hospital were contacted and provided verification that the hospital provided SANE staff and worked with Davidson County Family Services to provide advocates and support staff.

Following each day the auditor, superintendent and assistant superintendent (PREA compliance manager) met to review any initial findings and clarifications. The superintendent and assistant superintendent provided assistance in clarifying any questions or concerns during the onsite audit.

After the review and out briefing was conducted with the facility superintendent and assistant superintendent (PREA compliance manager). There were two areas that needed to be addressed as a corrective action plan. The PREA compliance manager kept the auditor updates and provided appropriate documentation for compliance with the corrective action plan.

The shower area located in one building has a privacy curtain in the showering area. However, the area has two showering heads in the shower. In order for inmates to change clothing they routinely step out of the showering area to change clothing. Based on observation and through interviews with staff and inmates it was determined that this area needed a privacy curtain. The facility placed a shower curtain in this area that provided the appropriate modification to allow inmate to change clothing without being viewed by person of the opposite gender.

A review of the personnel files found that the facility had not completed background checks on staff employed at the facility for over five years. The facility superintendent, assistant superintendent and administrative service managers proactively reviewed all personnel files and identified twenty staff who had been at the facility more than five years that did not have background checks. The assistant superintendent went to Piedmont Correctional Center and completed all background checks within thirty days of the onsite audit.

Facility Characteristics

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

Davidson Correctional Center is a state prison and is operated by the state of North Carolina and is used to house and rehabilitate the inmates. Inmates at NCDPS – DCC are generally housed in their dorms during the night and are provided certain privileges such as the use of a recreation area, TV, phones and in some cases many have a job within the institution. DCC is a minimum security facility. NCDPS – DCC has a reinforced perimeter around the facility. The safety of the inmates is closely monitored, with a high number of staff with inmate movement closely monitored. The NCDPS Mission is to promote the elimination of undue familiarity and sexual abuse amongst the offender population.

This facility sits on land in Lexington, NC and houses a maximum of 258 inmates. There are approximately 59 staff to accommodate the daily operations. There are no cameras located at this facility

however there are some mirrors to provide supervision of areas that were considered as being blind areas. Davidson was one of 51 county prisons for which the state assumed responsibility with the passage of the Conner Bill in 1931. It was one of 61 field unit prisons renovated or built during the late 1930's to house inmates who worked building roads. Lawmakers provided a 100-bed dormitory addition at Davidson in 1987.

Davidson Correctional Center has 4 inmate housing units, 2 dorms in each unit for a total of 8 dormitories. One unit was one of the original housing units built in the late 1930's. It is comprised of two dormitories housing 60 inmates. The bathroom area has been modified to provide inmate ability to shower, use the restroom and dress without being viewed by persons of the other gender. There is a correctional officer stations located in the dormitory with one correctional officer assigned.

The other three housing units are comprised of 2 dormitories in each building. These dormitories houses 33 inmates in each dormitory for a total of 66 in each housing unit. There is a central security officer's station with one correctional officer assigned. These dormitories are designed to allow inmates to shower, conduct bodily functions and change clothing without being seen by staff of the opposite gender. However, due to the design of this areas, inmates changing clothing either had to wait to no one was using showers are step into an open area that would result in lack of privacy to change clothing. A corrective action plan was completed to provide privacy to change clothing in these dormitories.

The facility has a food service preparation and dining room that is supervised by food service staff utilizes inmates to prepare and serve meals.

There is a correctional officer assigned to this area. There is an open areas utilized for visitation areas. Third party reporting posters are located in this visitation area.

The facility has a chapel that includes an office, worship area and group room. Inmates are not allowed in this area without supervision of correctional staff. There is a program building located in the secure perimeter. This area is utilized to house case managers and program staff. The program building also includes the medical offices. The medical area includes medical examination, office space and waiting areas. There is a correctional officer assigned to this area.

Located in the generally center of the facility is a control room which monitors activities throughout the Facility. Next to the control room is a staff muster room. There is a shake down room area located as inmate enter the facility. The shakedown area has curtains installed to allow inmates to change clothing or be searched without being viewed by person of the opposite gender. Next to the shakedown area is a clothing issue room and an intake area. This area is close proximity of the shake down area which provides privacy for new intakes to change clothing when entering the facility.

PREA information was observed in each area if the facility that inmates and staff had access. This information included PREA Zero Tolerance, Forgiven Ministries' phone number and how to contact this organization privately without providing a pin number, Information regarding Rape Crisis Center and the North Carolina Department of Public Safety hotline phone number, website, and PREA Auditor's Onsite Notice. All PREA Information was in Spanish and English.

Davidson Correctional Center provides educational and vocational programming to inmates. These programs and educational opportunities include but not limited to: various service clubs, Focus on Freedom, Adult Basic Education, High School Equivalency Prep, Horticulture, AA/NA, Thinking for a Change, and various religious options. Inmates attend school with instruction provided by Davidson Community College. The inmates are provided several job opportunities around the facility in order to keep the day to day operations moving forward- Work release opportunities include

On site opportunities.

- Food service workers
- Housing Janitors
- Facility support workers
- Horticulture workers

Offsite Opportunities

- Minimum Road Squads (79 inmates)
- Community Labor Services (14)
- Joyce Farms (15)
- Cecil Johnson Mfg. (15)
- Packaging Lines Inc. (15)
- Cornerstone Institution (5)
- HVAC Training (15)
- Creative Metal and Wood (7)
- Basic Adult Education (15)
- HSM Solutions (1)
- Carpentry (15)
- Leggett and Platt (4)
- Metal Work
- Pallet Resources (8)
- Panel Services Component (5)
- Powder Works (12)
- Unique Coatings (6)

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: 4
115.11, 115.51,

115.54, 115.71

Number of Standards Met: 43

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

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?

The facility provided shower and areas of perform bodily functions in all areas. However, due to review of the showering area and in interviews with inmates and staff it was determined that inmates could not change clothing without being viewed by staff of the other gender in one of the units. The facility made modifications of the open area outside of the shower area to provide areas for inmates to change clothing without being seen by staff of the other gender. The center provided the auditor with pictures of the modifications required to comply with this standard.

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?

A review of the criminal background check records of staff that have been employed more than five (5) years discovered that several of the background checks were not completed as required by this standard. The center completed a full audit and completed background on twenty (20) staff who had not received updated background checks. Compliance was determined by an email and memo that all background checks have been completed. Included in the memo was date of employment and dates that background checks had been completed.

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.

The North Carolina Department of Public Safety provides supervision of prisons. The agency has several policies that mandate the agency staff, visitors, volunteers, contractor, inmates and all other persons that have any access to inmates under the agency adhere to the Policy that all inmates and persons with any access to inmate abide the Policy that mandates zero tolerance of sexual abuse and sexual harassment. North Carolina Prison policy Chapter A.002. Conduct of Employees, establishes the agency's legal authority to establish actions that are considered in response to a felony for employee and contractor working for or on behalf of the agency.

North Carolina Department of Public Safety Prison policy, Inmate Sexual Abuse and Sexual Harassment, F .3400 provides guidelines for the prevention, detection, response, investigations, prosecution, and tracking of inmate on inmate and staff on inmate sexual abuse and sexual harassment. Policy F.3400 also mandates the agency's zero-tolerance of sexual abuse or sexual harassment. The agency employs a full time PREA Director that reports to the Chief Deputy Secretary for North Carolina Department of Public Safety. There are 140 PREA Compliance Managers assigned to NCDPS. This information was verified through organizational charts provided by the agency and through documented interviews with the PREA Director, facility Superintendent and facility PREA Compliance Manager.

The PREA Director indicated in the interview she had sufficient time, resources and management support to manage the agency's PREA mandates. This was also verified through interviews with the facility Superintendent, and the PREA Compliance Manager who indicated the willingness and support they received for the agency-wide PREA Director.

Davidson Correctional Center has a PREA Compliance Manager, and staff that have been assigned collateral duties to service as PREA Support Persons. The facility assistant superintendent service as the PREA compliance manager. The facility Superintendent serves as the PREA compliance manager assistant. The facility provided a memo establishing authority for the PREA compliance managers and assistant PREA compliance manager to serve in these positions. This Memo was addressed to all staff and copied to the Assistant Area Director for Facilities. Interviews with the PREA Compliance Manager and his team verifies he had the time, management support and staff resources required to coordinate the facilities efforts to comply with PREA Standards.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency does not contract for the housing of its inmates. However, the agency meets the mandates of this standard with contractual agreements that incorporate the language requiring contractors to adopt and comply with PREA standards. The auditor reviewed the agencies standard contract for confinement of inmates, which mandates that the Vendor comply with the Prison Rape Elimination Act of 2003 and the National Standards to prevent, detect and respond to prison rape as contained in 28 CFR, Part 115. NCDPD website also contains the requirements.

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.

The agency ensures 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. The facility had developed and implemented North Carolina Department of Public Safety Prison policy Chapter F.1600, of Management of Security Posts Prison policy which mandates compliance with standard. Section F.1600 mandates that all facilities have developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The facility's staffing plan takes into consideration the generally accepted correctional practices in calculating adequate staffing levels and determining the need for video monitoring.

The facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels determining the need for video monitoring, and Prison policy requires that the 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. The 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, and that the 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. The Policy provides that the 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.

The facility's staffing plan takes into consideration the programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring and the following: any applicable State or local laws, regulations, or standards in calculating adequate staffing levels; prevalence of substantiated and unsubstantiated incidents of sexual abuse; staffing levels and, any other relevant factors in calculating adequate staffing levels. The facility provided a staffing analysis for 2018 which included all areas of the aforementioned policy requirements. There have been no findings of inadequacy relevant to this standard.

All essential posts are filled on each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision. The review of the facility's PREA rounds logs confirmed intermediate-level or higher-level supervisors, including shift supervisors, (and department heads at a minimum) conduct and document such visits throughout the facility also at night and on the weekends. When programs are offered, staffing is increased to provide additional supervision. Davidson Correctional Center provided a list of incidents, by date, time, location, and type of incident. Interviews with the day and night OICs included a discussion of staffing levels and staffing plans. An incident review team review of PREA investigations resulted in the changes in the level of supervision in the outdoor area of the facility. The OICs advised they are mandated to provide staffing that are based on the facilities mandatory staffing plan. They indicated they have the flexibility to call back staff, hold over staff or allow staff to work on their day off to maintain the mandatory staffing plan. OICs indicated they document any times the center calls staff to manage the facility. A review of the staffing roster provided no call backs during the last 30 days.

Policy F.1600 Management of Security Post requires that facility heads, facility assistants and correctional supervisors conduct unannounced rounds on each shift. It also prohibits staff from alerting other staff members that these rounds are occurring unless such announcement is related to the legitimate operational function of the facility. Davidson Correctional Center's supervisor's post orders require that supervisors complete inspections of all areas of the facility and document checks on a regular basis. A review of the log books, interviews with staff and supervisor provided documentation that the shift supervisor, Assistant Superintendent and Superintendent make unannounced rounds in the living units on a routine basis including nights and weekends. Davidson Correctional Center provided a daily log which includes PREA daily unannounced rounds of all living units. Compliance was confirmed by review of staffing plan for 2018, review of policies, log books, incident review team reports and interviews with superintendent, PREA compliance manager, two OICs, correctional staff and inmates.

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.

The 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.

North Carolina Department of Public Safety Prison Policy F. 0100 Operational Searches establishes the governance of searches at the facility. The facility policy requires all pat searches be conducted by staff of the same gender except in exigent circumstances and then with the approval of the OIC. Males will pat search only males and female staff may pat search males with prior approval with the OIC. Gender specific staff will conduct all strip searches with the exception of exigent and documented exigent circumstances and with the approval of the OIC. Any strip search by an opposite gender staff will be forwarded to the Department's OPUS Incident reporting system and will be forwarded for investigation. There have been no strip searches conducted by non-gender specific staff at Davidson during the last several years. The facility does not house female inmates.

The facility has shower partitioned to provide privacy. The partition allows for staff to observe the head and feet levels of each inmate while block view of the mid-section. All staff members are trained on gender specific guidelines. This training includes that all inmates are allowed to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy addresses requirements that staff of the opposite gender announce their presence when entering an inmate housing unit. There are posters located in the day room, officers' stations and other areas throughout the facility that state staff must announce their presence when entering an area of the facility that houses the gender different from the staff member.

Part of the training for initial and then yearly training also confirmed that staff are trained on the mandate that all staff of the opposite gender must announce their presence when entering a housing unit. North Carolina Department of Public Safety has issued a statement that is located in all the officers' stations and on bulletin boards that includes all areas of requirements for cross gender viewing and searches by facilities. Prior to taking over, the oncoming shift announce a female is working the building and then female staff announces their presence again when they enter the living area. Staff were observed making announcement prior to shift changes and when female staff entered any housing units.

Verification of the requirements was documented in the training logs, during interviews with staff and inmates and during tours throughout the facility. Facility Policy F.1600 mandates staff will receive training and will comply with Policy and that staff do not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. There are posters located in Correctional Officers station (POST) that display appropriate way to conduct pat down searches. Interviews with inmates confirmed that they had been pat-searched by officers properly and professionally. Staff training records, and staff interviews verified that they had received training which includes who may be searched and the professional manner to complete searches. Interviews with staff/inmates, personal observations and an examination of Policy and supporting documentation confirm compliance with this standard.

The showering area in unit E/F provides areas for inmate to shower and area to perform bodily functions, however, due to the showers being two shower heads, residents would have to go outside the shower to change clothing. When inmates have to go outside the private area in order to change clothing the

inmates inmate would be in an area that would be viewed by person of the other gender. The facility has since added a shower curtain in this open area that provides a private area for inmates to change clothing in private. Compliance was determined through review of policies, interviews with staff and inmates and pictures sent to auditor of corrective action plan request for additional shower curtain be installed in the area leading to showers to provide privacy while changing clothes.

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

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Agency Prison Policy F .3400 Inmate Sexual Abuse and Sexual Harassment, Prison policy E .1800, Non-English Speaking Inmate Program and Prison Policy E .2600 Reasonable Accommodations for Inmates with Disabilities addresses all requirements of the standard. Through Policy and practice, the facility ensures that inmates with all disabilities listed in §115.16 (a) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

Davidson Correctional Center training curriculum address implementation of Agency Mandates. All PREA related information, including posters, brochures and handouts are available in English and Spanish languages. Staff also may read information to inmates when necessary. Translation services for any language are available through a contracted language service for inmates who are not English proficient.

Interviewed with medical staff and program supervisor discussed the process to ensure inmates can understand and all requirements of PREA standards. Program supervisor interviews each inmate and considers responses to determine their ability to understand the PREA orientation program. The medical office is located adjacent to the program area and also conducts interviews with inmates during the intake process. Any medical observation that identifies inmate's disabilities is shared with program supervisor and mental health staff.

Communication services are available for inmates who use sign language. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. Interviews with staff and an examination of Policy and supporting documentation also confirmed compliance with this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency provided a number of documents that validate policy for all areas of this standard. These include New Hiring Prohibitions, Promotion Prohibitions, New Employee Hiring Policy, Hiring Process Manual, External Web Employee with DPS and several memos forwarded to the facility staff. Each of these documents require Pre-employment background checks, a minimum of background checks within five (5) years of initial employment and background checks for all promotions prior to being offered a promotion.

Fifteen (15) personnel files were examined by the Auditor to ensure compliance with all aspects of this standard. All staff who had been in employment for more than five (5) years did not background checks conducted as required by policy and PREA standard. The facility reviewed and updated all files of staff who had employed in the agency for more than five years. There were a total of twenty (20) staff who had background completed to comply with this standard. The facility provided the auditor with appropriate documentation to verify compliance with this standard. All employees who have contact with inmates have had a full field background.

Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. Volunteer and contractor background checks are repeated yearly. A review of the volunteers and contractor's file provided update background checks. The facility does not 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 who has engaged in any type of sexual abuse or sexual harassment (no exceptions). Employees have a duty to disclose such misconduct and material omissions regarding such misconduct may be grounds for termination.

Submission of false information by any applicant is grounds for not hiring the applicant. The Human Resource supervisor was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource supervisor also confirmed the agency provides 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. Policy provides that the facility notify appropriate licensing/certifying agencies when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment. A review of personnel and volunteer/contractor files and relevant supporting documentation and interview with human resources supervisor and volunteer/contractor were utilized to determine compliance with this standard. The facility provided emails, with dates self-audit was completed, date updated background check were performed, and background checks findings to establish compliance with this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility has not made any expansions since 8/20/2012 nor have any new video systems been installed since 8/20/2012.

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 evidentiary 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

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Agency Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment establishes the requirements for first responders, investigators and medical staff to secure the crime scene including the areas of the offense, the victim, and alleged abuser for the preservation of usable evidence. The Policy mandates that persons responsible for investigating allegations of sexual abuse follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.

Investigators are trained and follow appropriate curriculum for a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. North Carolina Public Safety Health Services policy and Procedure Manual Prison policy CP 18 References that this policy and procedure is based on Department of Justice "National Protocol for Sexual Assault Medical Forensic Examination, Adults / Adolescents.

The facility has developed and trained staff on a Coordinated Response Plan. The facility also has trained all PREA Support Person roles and responsibilities to assist in coordinated responses of sexual abuse. The facility uses the services at Thomasville Medical Center that maintains a Sexual Assault Nurse Examiner at all times. The facility also has a Memorandum of Understanding with Davidson County Family Services. Based on the MOU and interview with the Center representative, the Center provides a person to accompany the victim during the forensic examination. Further, Davidson County Family Services (DCFS) has a working relationship with Thomasville Medical Center to also assist victims during the investigation process.

DCFS also provides emotional support, crisis intervention, information, and referrals. All staff members providing services for the DCFS have educational and training qualification in order to provide the services as indicated in the MOU which mandates that the DCFS provide a certified rape crisis advocate to provide services as part of the response to a sexual abuse victim. The DCFS staff interviewed indicated they had not received any correspondence from the inmate population.

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

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The facility two (2) investigators that have completed investigator training offered by North Carolina Department of Public Safety. The investigators’ training is provided by the Department of Public Safety. The facility investigators also work with Lexington Police Department to provide any information requested by the Police Department investigators. The investigations staff interviewed indicated they meet on a regular basis to discuss investigations and involve the Police Department in informal training with facility investigators.

NCDPS issued a State wide memo to County Sheriff’s office that the agency has a policy of zero tolerance to sexual abuse and sexual harassment and the agency and facilities would cooperate with all law enforcement in conducting investigations and prosecutions of any criminal violations of this standard

Agency Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment mandates that facilities will immediately open a preliminary investigation when any allegation may meet the level of a PREA violation. Davidson PREA compliance manager indicates compliance with this policy. Davidson Correctional Center assigns an Investigator immediately when information is reported or discovered. This was confirmed in review of a preliminary investigation and interviews with the PREA Compliance Manager. Davidson Correctional Center utilizes Lexington Police Dept. to conduct criminal investigations. The agency publishes the State Law, on its website, which indicates that criminal offenses will be prosecuted. Compliance was confirmed by interviews with two investigators, review of policies, memos and lesson plan for sexual abuse or sexual harassment training. The investigators provided certification of completion of the training program.

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.

North Carolina Department of Public Safety (NCDPS) Prison policy F.3400 Inmate Sexual Abuse and Sexual Harassment addresses the requirements of the standard. The facility's training addresses all of the topics identified in the standard. Along with the Staff and Offender Relations training, new staff receives New Employee Orientation, and all staff receive PREA training annually during refresher training. The review of lesson plans, training logs and PREA power point presentations confirmed that the provided training also addresses all elements identified in the standard.

Employees have PREA information noted on posters available to them and located throughout the facility. They are provided a PREA Brochure developed by the NCDPS PREA office and all carry a PREA reference card. Staff annual training files were reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated they received the required PREA training initially and annually. The shift OICs provide daily briefing for correctional staff. The OIC provided pass on topics that included monthly reminders on PREA reporting and first responder responsibilities.

The agency maintains a Learning Management System for employees and it maintains all staff records. In order to show completion of the training, staff must first receive the training and pass a test. Staff members are required to use their personal information to enter the course and indicate they have received and meet the minimum test requirements. The extensive training provided and staff knowledge of PREA requirements confirmed that the facility is compliant with this standard. All staff members interviewed were aware of all aspects of the training and each interviewed indicated they had received training in the previous year. All staff members that attend the Basic Training Class received the training and yearly thereafter. Compliance was determined by review of training rosters, daily briefing journal, interviews with all levels of staff including correctional, non-correctional and support persons such as human resources supervisor.

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

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The Program Supervisor is assigned to provide the management of volunteers and contractors. Volunteers are managed in accordance with agency Prison policy F.0604, Community Volunteer Program. The volunteers, including one time visitors, and contractors receive PREA training and undergo a yearly background check prior to being allowed into the facility or supervise inmates. NCDPS has provided a poster that is located in the visitation room and a smaller copy is given to volunteers that provides PREA information and ways to report sexual abuse and sexual harassment.

A review of the PREA training rosters signed by contract staff, a review of the volunteer and contractor training sponsored by the Program Supervisor and the Program Supervisor's volunteer files confirmed all information required to document training. All background checks are maintained in the administrative offices and were reviewed and found up to date. All volunteer or contract staff receive copies of a PREA updates. These updates were noted in the file and were verified through an interview with one volunteer.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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NCDPS Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment mandates training for all inmates during their initial stay at a facility and anytime they move to another facility. Prior to being assigned to this facility each inmate goes through a diagnostic program or processing center.

During in-processing procedures, each inmate receives training on PREA and each inmate is provided a pamphlet describing the agency's PREA compliance program. The information identifies the key elements of the program and informs them of the zero-tolerance policy regarding sexual abuse and sexual harassment and multiple ways to report sexual abuse or sexual harassment. The information also informs the inmates they will be free from retaliation for reporting an incident and that both male and female staff members routinely work in and monitor the housing units. The information is available in English and Spanish languages. Inmate education is documented in inmate records and inmates are asked to sign a statement that they received the training.

A staff member conducts an education program regarding PREA for all inmates upon arrival at the facility within 30 days of their arrival at the facility. The PREA education program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. Inmates also view a comprehensive orientation video that explains the facilities zero-tolerance policy and covers the inmate's right to be free from sexual abuse, sexual harassment and retaliation. Telephonic translation services are available to inmates who are not proficient in English. Inmate education is documented in inmate records and inmates are asked to sign a statement that they received the training.

Inmate interviews confirmed that they received PREA information and they were aware of numerous reporting methods to include anonymous and third-party reporting, the zero tolerance policy and their right to be free from retaliation. The tour of the Facility confirmed that several PREA education posters were prominently displayed in all housing units, the visiting rooms and common/program areas. Each time an Inmate receives training it is documented in his institutional record and in the OPUS online Education Program Search Screen. Interviews with staff and inmates; visual observations of posters/notices; examination of Policy and other documentation; review of institutional files; and observation of intake procedures confirmed the facility is in compliance with 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

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NCDPS Prison policy F .3400, Inmate Sexual Abuse and Sexual Harassment, addresses this standard. The Davidson Correctional Center investigators have received training relevant to PREA. An investigator was interviewed and they were able to explain in detail the process and procedures required during a PREA-related investigation.

A review of the training curriculum included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. A review of the training records and interviews with investigators confirmed completion of required specialized training in conducting sexual abuse investigations in confinement settings.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NCDPS Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment mandates health services training along with the Health Services Policy and Procedure Manual. All health care persons receive specialized training through Prisons Administration Health Services. All staff have received training in Sexual Abuse and Sexual Harassment as mandated. A review of the training files indicated they have all received training within the last 12 months. Additionally all staff have received Support Services Training for persons used to continue monitoring persons who have been identified as having a history of sexual abuse or victims of sexual abuse or sexual harassment.

Medical and mental health staff members have received training supported by the PREA Resource Center for medical and mental health staff. This training included crime scene protocol. The mental health that support Davidson Correctional Center are assigned other regional correctional centers. These staff provided training records for training received including specialized training for Mental Health staff. The mental health staff members have participated in PREA specialized training and in updates for PREA training. The training was verified by review of specialized training plans, training records and interviews with medical staff.

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

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NCDPS Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment addresses all components of this standard for screening new and transferring inmates. The initial screening of inmates is conducted during their intake into the Department's Diagnostic Centers. The agency has developed a Correctional Procedural Manual for all new intakes into the system. The Manual requires that within three days diagnostic staff will administer the Mental Health Screening Inventory and Screening for Risk of Victimization and Abusiveness to all newly admitted inmates. Results of the screening will be entered into the OPUS system.

All diagnostic records are confidential and only available on a need to know basis. A review of the screening instrument contains all requirements identified in the standard. The system is pass word protected for need to know staff. When transferred to another facility, the inmate receives a screening review by the Case Manager within the first 72 hours of the inmate's arrival, but this activity ordinarily occurs within a few hours on the first day of arrival to the facility. The review of screening documents by the Auditor confirmed that inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates were referred to a mental health professional and all received further assessment (10 intake files were examined by the Auditor). Staff also reviews records or other information and information from other facilities.

The staff psychologist reviews and conducts additional screening on inmates. The facility screening instrument provides that the facility will review and/or reassess the intake screening within 30 days of the inmate arriving at the center based on additional information or inmate behavior. The facility's Program supervisor provided copy of the 30 day review that is utilized by all case managers within the first 30 days of inmate arriving to the center. This information is maintained in the computerized inmate files, the computerized system sends reminder within 25 days after the inmate arrived at the facility. The program supervisor and case managers interviewed confirmed that the screening instrument can be recompleted based on inmate behavior or receiving additional information. The inmate tracking system contains all

information in computerized inmate files. Information received during the screening process is confidential and only available to staff with a need to-know and never to other inmates. Staff and inmate interviews, a review of Policy/documentation (including screening documents and inmate tracking system) and observations of the intake process confirmed compliance with this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?
 Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NCDPS Agency Prison policy F.3400 Inmate Sexual Abuse and Sexual Harassment, and the Health Services Policy, Evaluation and Management of Disorders of Gender Dysphoria, address this standard. Risk screening information is used to determine housing, bed, work, education, and program assignments, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials. The agency working with Prison Administration health and mental health services and through a multi-disciplinary review panel decides whether to assign a transgender or intersex inmate to a facility for male or female inmates.

The agency has no dedicated facilities for transgender or intersex inmates. The facility determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, to include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. Policy states that a transgender or intersex inmate's own views, with respect to their own safety, are given serious consideration when making these assignments. Policy also mandates that transgender and intersex inmates are given the opportunity to shower, dress and use toilet facilities separately from other inmates.

The facility shower areas are modified to establish privacy from staff of the opposite gender. Inmate are also allowed to dress and complete bodily functions without being in view of person of the opposite gender. The facilities showers and restrooms are partitioned however would not provide the privacy required by inmates identified as transgender or intersex. The facility does have a plan that would be implemented to allow transgender or intersex inmates privacy to shower and dress.

Compliance of the standard was verified through review of policies, interviews with PREA Compliance Manager, Case Managers, Superintendent, Medical staff, Correctional staff, inmates, and tour of the facility.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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NCDPS Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment mandates inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: the opportunities that have been limited, the duration of the limitation; and the reasons for such limitations.

The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

The facility has a small segregation area to house inmate until they would transfer to another facility. There have been not inmates placed in segregation for PREA or for fear of risk or retaliation. Compliance was determined by review of the agency Policy, interviews with PREA compliance manager, superintendent, and OIC staff.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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NCDPS Prison policy F.3400, Inmate Sexual Abuse and Sexual Harassment, addresses this standard as well as NCDPS Prison policy D.0300 Inmate Use of Mail. Sexual abuse and sexual harassment can be reported in writing, anonymously, privately, and from a third party. Staff documents all allegations. Staff members are trained to immediately report and document any sexual abuse or sexual harassment allegation. There are bulletin board with posters and other documents on display throughout the facility that also explain reporting methods. The facility provides a posting explaining at least one way for inmates to report sexual abuse or sexual harassment to an entity that is not part of the agency.

NCDPS has developed a Memorandum of Understanding (MOU) with Forgiven Ministries to receive and immediately forward inmate reports of sexual abuse or sexual harassment to agency officials. The purpose of this MOU is to allow inmates to contact NCDPS through a third-party. Inmates may contact Forgiven Ministries by telephone and the contact may be made anonymously. There are phone numbers posted on all PREA posting areas and next to telephones for inmates to contact Forgiven Ministries without having to use inmate PIN or providing any other information about the reporting person. Staff members are encouraged to report anonymously through Office of Fraud, Waste, and Abuse. Additionally, NCDPS provides staff with a brochure that provides multiple ways for staff to report allegations of sexual abuse or sexual harassment. The agency also publishes a website for staff or third party reporting. (<http://www.ncdps.gov>) Interviews with staff and inmates; observations of posters

addressing reporting methods; and an examination of Policies, reviewing website and documentation, and the MOU confirm compliance with this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate

decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)

Yes No NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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NCDPS Prison policy E.0300 Administrative Remedy provides all areas indicated in the PREA standard for exhausting of administrative remedies. The policy also provides for Inmates to transfer grievances. Inmates are not required to use an informal grievance process or otherwise attempt to resolve an alleged incident of sexual abuse with staff. There are no time limits when sexual abuse allegations can be made. Inmates are able to submit grievances without giving the document to the staff person involved.

The standard requires a decision be made on the merits of any grievance alleging sexual abuse within 90 days. NCDPS Policy requires a response time of 30 days. Policy and procedures permits third parties to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse and are also permitted to file such requests on behalf of an inmate. Policy and procedures are in place that allow for an inmate to file an emergency grievance alleging that there is substantial risk of imminent sexual abuse. Any grievance received by staff alleging an inmate is subject to a substantial risk of imminent sexual abuse will be reported to the OIC (Officer in Charge) at which point immediate corrective action may be taken. The initial response is completed before the end of the shift of when the incident was reported and the final agency decision within five days. The center has grievance boxes located in each unit and in the dining room for inmates to provide unimpeded access to filing grievances. Interviews with

staff (including the Grievance Coordinator) and inmates and an examination of supporting Policy/documentation confirm compliance with this standard. There has been one allegation of sexual harassment provided utilizing the Agency Grievance System. The allegation initial response was within two (2) hours of receiving the grievance and was provided to the certified investigator on same date. The investigative report was completed within two (2) days of report and inmate was notified within 2 weeks of report. The investigation was unsubstantial. Compliance was confirmed through interviews with grievance coordinator, review of investigative report and related documents including retaliation monitoring and review of grievance and responses to grievance.

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*)

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The facility has a MOU with an advocacy group that provides services to the inmate population. Davidson County Family Service provides victim advocates for emotional support services related to sexual abuse and provide inmates mailing addresses and telephone numbers. Reasonable communication between inmates and the agency, in as confidential a manner as possible, is provided. The facility and advocacy group inform inmates of level of confidentiality, prior to giving them access. 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 is provided to each inmate. There were posting of services the Davidson County Family Services provides including an address and phone number of services. The majority of the inmate population had seen the posting and the information in the PREA resource Orientation program but were not sure of the services they provide.

The advocacy staff was interviewed utilizing the interview guideline provided to Auditor as part of working papers. The staff was very familiar with all of the aspects of services provided to the inmate population and also mandated reporting rules. Inmates are advised of requirements for reporting allegations. This was verified by review of the MOU, interviews with staff of advocacy agency, and PREA Compliance Manager. While the facility provides all requirements of the standard and the advocacy group provides all information to inmate population there is not a finding. However the PREA compliance manager and the Program supervisor were encouraged to highlight these services during orientation and PREA education.

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

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NCDPS (NCDPS) Policy F.3400 Inmate Sexual Abuse and Sexual Harassment 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. The agency website, <http://www.ncdps.gov>, includes a link for third party reporting through the Office of Fraud, Waste and Abuse. The link also provides a telephone number for third party reporting. The agency also provides an address for third party reporting. This information is reported directly to the State-wide PREA Director who will inform the Facility Superintendent. These reports will be investigated. The information on how to report is displayed throughout the facility including the visitation areas of the facility. Additionally, NCDPS provides staff with a brochure that provides multiple ways for staff to report allegations of sexual abuse or sexual harassment. All inmate interviews confirmed their awareness of reporting sexual abuse or 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.

Interviews with staff and inmates; observations of posters addressing reporting methods; and an examination of policies, documentation, and contacting the telephone number provided on the poster confirmed compliance with this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's 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

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Agency Prison policy F.3400 Inmate Sexual Abuse and Sexual Harassment mandates that all staff, contractors, and volunteers are required to report any information regarding sexual abuse or sexual harassment or any staff neglect, action or violation that may contribute to an incident or an act of retaliation. The reporting is ordinarily made to the OIC, but could also be made privately or to a third-party.

Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case to be shared with staff who need-to-know because of their involvement with the victim's welfare and/or the investigation of the incident. Medical and Mental Health staff were aware of their responsibilities to report allegation of sexual abuse or sexual harassment. Interviews with staff, and volunteers confirmed they were aware of their reporting duties. Additional compliance with all aspects of the standard was verified through documents and policy review. The facility does not house inmates under the age of 18. All staff and inmates interviewed provided ways to report sexual abuse or sexual harassment.

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

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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.

NCDPS Prison policy, Inmate Sexual Abuse and Sexual Harassment, states that when the agency learns an inmate is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. Staff interviewed stated their duties and responsibilities if they were aware of an inmate being subject to substantial risk. Staff stated they would act immediately to protect the inmate, including separating the inmates and alerting other staff of the situation. Additionally, staff provided steps they would take if they thought an inmate had been sexually abused such as separate inmates, secure the scene, protect possible evidence, not allow inmates to destroy possible evidence and contact their supervisor and medical staff. The facility does have a small segregation unit that is used as a holding room if needed to separate a victim of substantial risk from abuser(s).

In the previous 12 months there were no reported incidents of an inmate being subject to substantial risk of imminent sexual abuse. Many of the staff carry a small card with directions of managing inmates regarding sexual abuse. There has been one incident when an inmate claims to be coerces into sexual abuse but he did not request or claim to be at risk. Compliance with this standard was verified through review of Policy, and interview with staff and PREA Compliance Manager. There has been no inmate found to be at a substantial risk within the last 12 months.

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*)

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Prison policy F.3400 Inmate Sexual Abuse and Sexual Harassment states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Superintendent will notify the head of the facility or appropriate office of the agency or facility where the sexual abuse allegedly occurred. Policy requires such notification will occur as soon as possible and no later than 72 hours of receiving the allegation. Documentation is required of any such notification.

There has been no allegation of an inmate being sexually abused while confined at another facility during the initial intake at Davidson Correctional Center during the previous 12 months.

There was one report at another facility that an inmate made an allegation of being sexually abused or sexual harassed at Davidson Correctional Center. The allegation was an allegation that was originally reported at Davidson and was being investigated by the Lexington Police Department. The institution conducted a preliminary investigation and provided information to the receiving facility. The investigation was transferred to trained sexual abuse or sexual harassment investigator with the Agency Office of Special Investigations and Lexington PD. The final investigation was determined to be unfounded by Lexington Police Department due to inmate statements. The Lexington Police Department did forward the investigation to local prosecutors who declined to investigate. Compliance with this standard was verified by reviewing Policy and interviews with intake staff, investigators, and Davidson Correctional Center PREA compliance manager and superintendent.

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*)
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The facility operates under the Agency's Sexual Abuse and Sexual Harassment Prison policy. The Policy outlines duties, procedures and actions for first responders to an allegation of sexual abuse. The PREA training lesson plan outlines the duties and responsibilities for first responders and medical staff in the event an inmate is sexually abuse. Inmates may report acts of sexual abuse or sexual harassment to any employee, contract employee, or volunteer.

Upon learning of an allegation that an inmate was sexually abused, if the first responder is a correctional officer: 1) separate alleged victims and alleged abuser; 2) preserve and protect the crime scene; 3) if the time allows for the collection of physical evidence, make appropriate request for it; 4) if the abuse occurred within a time period that allows for physical evidence, ensure the alleged abuser does not destroy evidence. First responders interviewed were knowledgeable about their duties and responsibilities. All staff were carrying an embossed card as reference to direct them as to their responsibilities as a first responder to an allegation of a PREA incident.

During the last 12 months there have been one (1) allegation reporting to correctional staff. A review of the investigation determined that the staff separated the alleged victim and preserved (clothing) to protect the crime scene. The inmate was not sexual abused, however due to allegation of sexual intimidation to conduct oral sexual act the inmate was escorted to SANE hospital staff and asked to provide clothing. The inmate was also referred to community resource staff and removed from the area where he claimed the incident took place. Based on the preliminary incident investigation, law enforcement investigations and interviews with correctional (including first responder) staff it was determined that the staff implemented agency first responder plan. Compliance with this standard was based on first responder incident and interviews with first responders and non-correctional staff.

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*)

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North Carolina Department of Public Safety implemented a mandate that all facilities or centers shall develop and implement a Coordinated Response Plan and will review and update the plan as required but at least annually. Davidson Correctional Center implement the Coordinated Response Plan in 2015 and published the latest update in April, 2018. Staff interviewed were aware of their disciplines roles and responsibilities in cases of sexual abuse allegations. The following staff have specific roles in the coordinated response plan.

- Facility Superintendent
- Shift Supervisor
- Correctional Officers
- First Responders
- Nurse
- Mental Health
- PREA Compliance Manager
- PREA Support Person
- Davidson County Family Services
- SANE staff at Thomasville Medical Center

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

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

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Davidson Correctional Center has no collective bargaining agreements.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NCDPS Prison policy F.3400 Inmate Sexual Abuse and Sexual Harassment, addresses the requirements of this standard. The Policy specifically prohibits any type of retaliation to any inmate or staff member who has reported sexual abuse, sexual harassment or has cooperated with such investigations. The facility has designated PREA Support Persons (PSP) as the designated staff members that monitor the conduct or treatment of inmates who have reported sexual abuse to insure any type of retaliation does not occur.

NCDPS issued guidance to all Prisons and Juvenile facilities on monitoring retaliation for staff. PREA Sexual Abuse and Harassment Retaliation Report (STAFF). In accordance with PREA National Standards §115.67, §115.267, and §115.367, the North Carolina Department of Public Safety is mandated to protect all offenders/juveniles and staff from retaliation. The PREA Compliance Manager (PCM) will monitor retaliation against staff who either report allegations, or cooperate with investigations of sexual abuse or sexual harassment. Upon notification of a Sexual Abuse or Sexual Harassment allegation the PCM will initiate monitoring of staff who reported the allegation or cooperated with officials during the investigation. Monitoring will continue for a minimum of 90 days or beyond 90 days if the initial monitoring indicates a continuing need. Termination of monitoring prior to minimum of 90 days requires: allegation to be determined unfounded and approval by facility head to terminate monitoring. The facility will notify the PREA Agency Director when monitoring of staff is terminated.

When interviewed, several of the PSPs stated they would document and follow up on all potential cases to ensure Policy is being enforced. They will conduct periodic status checks on the frequency of incident reports, housing reassignments, program changes, any negative consequences for reporting abuse and negative performance reviews/staff job reassignments (all steps required of 115.67c). If there was a concern that there was the potential for possible retaliation, the PSP stated they would monitor the situation indefinitely. The monitoring of any type of retaliation will be done for at least 90 days or as long as needed to make sure the inmate is safe from retaliation or the inmate is transferred. The PREA compliance manager and superintendent interviewed stated that they would be responsible to monitor staff and would meet with staff and provide assurance that any retaliation for reporting or cooperating with a PREA incident would be monitored and appropriate action would take place.

Policy outlines the protection measures available and requires the prompt remediation of any type of retaliation. NCDPS has developed a designated form to be used when retaliation is being monitored. This document maintains all of the requirements established in the standard for agency protection against retaliation. Substantial compliance with this standard was determined by a review of Policy/documentation, and staff interviews with PSP, PREA compliance manager, and superintendent.

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

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Prison policy F.3400 Inmate Sexual Abuse and Sexual Harassment mandates that 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 completed the Request for Protective Custody and must document the reasons for the request. There were no instances where protective custody or restrictive housing were used at this facility. Voluntary or involuntary restrictive housing requires weekly reviews by the case manager. Compliance was confirmed by review of Policy, and interview with case manager, Program supervisor, and 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 h

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.

NCDPS F.3400 and Facility SOP 8.17 Inmate Sexual Abuse and Sexual Harassment of allegation of sexual abuse or sexual harassment are promptly, thoroughly and objectively investigated. The agency Policy requires that criminal investigations are conducted by outside law enforcement, therefore the facility investigators only conduct an initial investigation to determine if outside law enforcement is to be notified. When the facility conducts investigations, the agency uses investigators who have received specialized training in conducting sexual abuse investigations in a confinement setting.

Administrative investigations address staff actions, credibility and a review of fact and findings of the criminal investigation (if applicable). All interviews are conducted as approved by the Office of Special Investigations. Both criminal and administrative investigations are well documented and maintained in the files. Files reviewed included a copy of the law enforcement report, if they conducted a criminal investigation, statements of victim, alleged abuser (if identified) and witnesses, and statements by the PSP and Investigator as to the steps they took during the investigation.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators interview alleged victims, suspected perpetrators, and any other possible witnesses. Investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator. The agency only conducts compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation.

All administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations are 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. Criminal investigations are documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The agency does 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. When an outside entity investigates sexual abuse, the facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. There were three (3) investigations during the last 12 months. All investigations were reviewed. The findings were that cases were managed appropriately, completed promptly, thoroughly and in compliance with Policy. One investigation was transferred to local law enforcement for criminal investigations. The investigation was determined to be unsubstantiated. The local law enforcement forward copy of investigation to local prosecution office that declined to prosecute.

The second investigation was a complaint from a center that inmate involved in the criminal investigation was transferred (not related to incident). The facility completed preliminary investigation and forward to the receiving facility. The receiving facility transferred case of NCDPS Office of Special Investigations which coordinated investigation with Lexington Police Department. The third investigation was result of inmate grievance. This investigation was completed in two days and was determined to be founded. Compliance with this standard was determined by a review of Policy/documentation, investigations, police report, and interviews with investigator.

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

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NCDPS Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment and Davidson Correctional Center Prison policy .4600 Inmate Sexual Abuse and Sexual Harassment Investigator Training mandates 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. Compliance was confirmed by review of the policy, training curriculum and interviews with PREA compliance manager/facility investigator.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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NCDPS Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment addresses this standard. The PREA Support Person is responsible for the implementation of this Policy. NCDPS developed Form OPA -130A for providing information to inmates during and at the conclusion of investigations for sexual abuse or sexual harassment. Support services following an investigation into an inmate's allegation of sexual abuse or sexual harassment informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the agency did not conduct the investigation into an inmate's allegation of sexual abuse the agency or facility will request the relevant information from the investigative agency in order to inform the inmate.

Following an inmate's allegation that a staff member has committed sexual abuse against him, unless the agency has determined that the allegation is unfounded or unless the inmate has been released from custody, the agency subsequently informs the inmate whenever the staff member is no longer posted within the inmate's unit or the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility. Following an inmate's allegation that a staff member has committed sexual abuse, unless the agency has determined that the allegation is unfounded or unless the inmate has been

released from custody, the agency subsequently informs the inmate whenever the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation of sexual abuse by another inmate, the agency will 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. The agency documents all such notifications or attempted notifications through the use of NCDPS form OPA-130A. The facility advised the inmate involved in an administrative investigation. Lexington Police Department advised the inmate of criminal investigations. The facility support staff and facility PREA compliance manager provided a copy of document of notification to inmate of outcome of the investigations; Compliance with this standard was verified through the review of Policy, completed forms and interviews with PREA Support Staff and PREA compliance manager.

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

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NCDPS Prison policy A .0200 Conduct of Employee and NCDPS Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment mandate that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment Policy requires that termination is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) is 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. 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, will be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Compliance with the Standard was verified by review of appropriate policies, interviews with PREA Compliance Manager and Superintendent, and review of the Department’s website that includes related PREA information.

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

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NCDPS Prison policy F. 3400 Inmate Sexual Abuse and Sexual Harassment mandates that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. Any contractor or volunteer who engages in sexual abuse will be reported to law enforcement agencies (unless the activity was clearly not criminal). In the case of any other violation of agency sexual abuse and sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures, and consider whether to prohibit further contact with inmates. Further, this information is provided to volunteers and contractors through the Volunteer and Contractor Training modules.

Contractors and volunteers sign a NCDPS directive entitled Prison Rape Elimination Act of 2003 Acknowledgement Form. Compliance of this standard was confirmed through review of the policy, training records of volunteers and contractors, review of volunteer files containing acknowledgement statements, and interviews with volunteer and contractor.

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

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NCDPS Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment and NCDPS Prison policy B .0200. Inmate Disciplinary Procedures and the Inmate Handbook address the standard for compliance with PREA Disciplinary Sanctions for Inmates. Information on inmate disciplinary sanctions is provided as part of the orientation process upon entry into the facility.

Policy states inmates are subject to disciplinary sanctions following an administrative finding the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. The facility prohibits all sexual activity between inmates. Sanctions are commensurate with the nature and circumstances, subject's prior history, and sanctions imposed for comparable offenses. The inmate's mental health is also considered.

Inmates may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with investigators and review of Policy confirmed compliance with this standard. The facility has not had an allegation of sexual abuse or sexual harassment resulting in disciplinary hearing. Compliance was determined by NCDPS prison policy, inmate PREA orientation and inmate training, inmate handbook and interviews with staff and 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

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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.

NCDPS Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment establishes the agency's practices for Medical and Mental Health Screening. The Screening includes whether an inmate has experienced prior sexual victimization and whether it occurred in an institutional setting or in the community. Staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening where abuse was alleged.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is 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. 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. Secondary mental health/medical materials and consent documentation can be found in the medical area of the facility. The facility has a full time nurse and an on call psychologist. The nurse interviews can conducts a medical health assessment and a mental health screening during the initial intake to the facility, usually within four (4) hours of arriving to the facility. The psychologist does review all initial screening documents during and interviews any inmates that report any past history of sexual victimization. Compliance was determined by review of policy, intake documentation, five (5) medical files, mental health referral forms and interviews with intake staff and nurse.

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.

NCDPS Clinical Practice Guidelines Prison policy CP – 18 establishes the protocol for sexual abuse clinical guidelines for the assessment and treatment of inmates who allege sexual abuse. Prison policy and protocol mandates 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. The facility has medical staff on duty 8 hours per day five (5) days a week.

The security staff first responders will immediately notify the appropriate medical and mental health practitioners. Where medically appropriate the facility will ensure victims are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All treatment services will 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.

Davidson Correctional Center uses Thomasville Medical Center to provide a Sexual Assault Nurse Examiner for conducting the medical forensic examination and provide medical care as required. The MOU with the DCFS provides staff to report to the hospital as needed to provide support services. Verification was confirmed by review of Policy, NCDPS clinical practices, Facility's MOU with Davidson County Family Services (DCFS) and interviews with medical staff, and first responders.

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.

NCDPS Clinical Practice Guidelines Prison policy CP-18 establishes the protocol for sexual abuse clinical guidelines for the assessment and treatment of inmates who allege sexual abuse. The facility will provide sexually abused victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse will be offered tests for sexually transmitted infections as medically appropriate. All treatment services will be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The facility will 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. NCDPS Clinical Practice Guidelines Prison policy CP – 18 also establishes the protocols for mental health aftercare planning for inmate's mental health no later than 30 days prior to the anticipated date of release for inmates subjected to Sexual abuse. Compliance to the Standard was verified through review of Policy, interviews with nurse, and mental health staff.

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.

NCDPS Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment addresses this standard and requires that each facility conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility has a local SOP .4600 that also mandates and establishes members of the incident review team. The review is conducted within 30 days of the conclusion of the sexual abuse investigation.

The incident review team includes upper-level management officials, with input from line supervisors, investigators, and medical and/or mental health practitioners. The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse in each review. The review team also considers whether the incident or allegation was motivated by race; ethnicity; gender identity; gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility.

The area in the facility where an incident allegedly occurred is assessed by the incident review team as to whether physical barriers in the area may enable abuse. Additionally, the review team assesses the adequacy of staffing levels in the area of the facility where a sexual abuse incident allegedly occurred, during different shifts. The review team also assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff on each incident. A written report of the incident review team's findings, including any recommendations for improvement is developed and submitted to the Superintendent. The incident review team provided documentation of incident reviews, completed investigative information, findings of Incident reports and documentation supporting implementations or reasons for not implementing recommendations. The facility modified staffing supervision plan and restricted certain areas of the center where inmate claimed inmates tried to coerce him into conducting oral sexual activity. Compliance with this standard was determined through interviews with team members, a review of policy, and a review of incident review team report. The

facility provided a system wide yearly review of the incident reports completed by correctional facilities that had allegations of sexual abuse or sexual harassment.

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.

NCDPS Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment address the requirements of this standard. The PREA Office collects accurate, uniform data for every allegation of sexual abuse at facilities under the agency's direct control using a standardized instrument and set of definitions. The PREA Office aggregates the incident-based sexual abuse data annually. The incident-based data includes 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 PREA Office maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Office aggregated data from every other facility with which it contracts for the confinement of inmates. Upon request, the agency provides all such data from the previous calendar year to the Department of Justice. The facility PREA Compliance Manager provided copy of Annual PREA Report and information regarding the incident reporting computerized system OPUS Packet. Compliance with this standard was also determined by a review of Policy/documentation, annual report and staff interviews.

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.

NCDPS Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment provide guidelines for compliance with this standard. The PREA Office reviews data collected and aggregated in order to assess and improve the effectiveness of sexual abuse prevention, detection, policies, practices, and training. The review of data encompasses identifying problem areas and taking corrective action on an ongoing basis. The agency has an annual report, including corrective actions for the facilities.

The agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The agency's annual report is approved by the agency head and made readily available to the public through the agency's website. The agency identifies 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. Davidson Correctional Center provided a copy of the PREA Audit Report for 2016. Compliance with this standard was also determined by a review of Policy /documentation, and staff interviews.

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.

NCDPS Prison policy F .3400 Inmate Sexual Abuse and Sexual Harassment requires compliance with this standard. The agency ensures that data collected pursuant to § 115.87 is securely retained. The agency's PREA Office, is responsible for collecting and maintaining this data. The agency makes 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. The agency removes all personal identifiers before making aggregated sexual abuse data publicly available. The agency maintains 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. Compliance was confirmed by review of annual reports, agency policies, and interviews with facility superintendent and 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, residents, and detainees?
 Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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All North Carolina Correctional facilities have received at least one PREA audit since August 20, 2012. At least one-third of all North Carolina Correctional facilities were audited during the one year period after August 20, 2012. During the course of the facility audit, the Auditor toured the entire facility, was allowed to interview inmates and staff privately and was provided supporting documentation before and during the audit. Notifications of the audit were posted throughout the facility permitting inmates to send confidential letters to the Auditor prior to the audit. The facility provided a memo dated September 27, 2018.

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.

All PREA Audit Reports are maintained on the Agency's website. This was verified through reviewing the website. The website can be reviewed through <http://www.ncdps.gov>.

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.

Robert Manville

Auditor Signature

December 10, 2018

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6a216-6f4bf7c110> .

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