

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: April 15, 2016

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
Address: PO Box 4068, Deerfield Beach, FL 33442-4068			
Email: bobbi.pohlman@us.g4s.com			
Telephone number: 954-818-5131			
Date of facility visit: 12/07/2015			
Facility Information			
Facility name: Carteret Correctional Center			
Facility physical address: 1084 Orange Street, Newport, NC 28570			
Facility mailing address: (if different from above) PO Box 220, Newport, NC 28570			
Facility telephone number: 252-223-5100			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Janet Bundy, Superintendent II			
Number of staff assigned to the facility in the last 12 months: 74			
Designed facility capacity: 303			
Current population of facility: 281			
Facility security levels/inmate custody levels: Minimum Custody			
Age range of the population: 20 +			
Name of PREA Compliance Manager: Bryan Conway		Title: Correctional Sergeant	
Email address: bryan.conway@ncdps.gov		Telephone number: 252-223-5100	
Agency Information			
Name of agency: North Carolina Department of Public Safety			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 512 N Salisbury Street, Raleigh, NC 27604			
Mailing address: (if different from above) Click here to enter text.			
Telephone number: 919-825-2739			
Agency Chief Executive Officer			
Name: Frank L. Perry		Title: Secretary, NCDPS	
Email address: frank.perry@ncdps.gov		Telephone number: 919-733-2126	
Agency-Wide PREA Coordinator			
Name: Charlotte Williams		Title: PREA Director	
Email address: charlotte.williams@ncdps.gov		Telephone number: 919-825-2754	

AUDIT FINDINGS

NARRATIVE

Carteret Correctional Center received an on-site PREA audit on December 7 and December 8, 2015 by DOJ Certified PREA Auditor Bobbi Pohlman-Rodgers. Prior to the on-site visit, the facility provided a completed PREA Questionnaire and a flash-drive with required documents. The auditor reviewed these documents prior to the on-site visit. The auditor also contacted the facility 1 week prior to the scheduled on-site date to review the audit process, time lines, and request additional documents to be ready at the on-site visit.

The on-site audit opened with a meeting between the auditor and facility staff. Present at this meeting were Auditor Bobbi Pohlman-Rodgers, Superintendent Bundy, PREA Manager Sgt. Conway, Region Operations Manager Sapper, PREA Investigator Sgt. Long, Registered Nurse Clark, Program Supervisor Morrison-Green, Assistant Superintendent Morton, Administrative Assistant Hatcher, and a staff from the Rape Crisis Center.

A facility tour was conducted. The auditor observed PREA notices posted in areas where both staff and inmate have access. Additionally, sexual assault material was found posted in areas available to inmates. The tour included the following areas: Administration, Chapel, 10 housing units, outside recreation areas, Kitchen, Dining Hall, Activity Building, Barber shop, Storage Trailer, Canteen, other outside storage building, and Masonry/Horticulture area. PREA grievance box was noted in the Activity Building. The control room contains the OIC office and video displays for the nine cameras on the facility property.

Interviewees were randomly selected for inmates and staff. There were a total of 11 random inmates interviewed, 10 random staff from both shifts, and 8 specialized interviews conducted. The Agency head and PREA Coordinator were interviewed prior to this audit by DOJ Certified Auditor Kevin Maurer, and the information was provided to this auditor.

There were 3 allegations of sexual abuse or sexual harassment in the past 12 months. Of these, one received a criminal investigation and all received an administrative investigation.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Carteret Correctional Center is a minimum security facility for male inmates that is run under North Carolina Department of Public Safety. The NCDPS – OPA mission is to promote the elimination of undue familiarity and sexual abuse amongst the offender population.

The facility capacity is 300. Opened in 1937, the facility has had new buildings erected since this time to accommodate additional inmates and programming through Emergency Prison Facilities Development program and additional funding from the prison construction program. Inmates are housed in dormitory style housing. There are 10 separate housing units. Segregation cells have been renovated to special housing for inmates who have earned the right to a more private housing setting.

There are a total of 27 buildings on the property. These include the administrative building, 5 housing buildings, Canteen, Kitchen/Dining, Medical/Clothing/Programs, Weight area, CWP Shop, Chapel, Classroom, Greenhouse, Gardeners Shed, Control Room, Kitchen Cooler/Freezers, and the remaining buildings are for storage.

Educational, vocational and work opportunities are provided at the facility. GED and ABE are available for inmates to obtain their educational diplomas. Horticulture and Masonry vocational training is available as well and there is an area set aside on the property for this purpose. Work release opportunities include Highway Litter crews, DOT road crews, and other community work programs. In house work is available as well in the areas of maintenance or kitchen duties. This facility also offers substance abuse programming and pre-release programming (Bridge to Freedom).

While there are no mental health staff assigned to the program, they are available through agency staff. Medical staff are on site 5 days a week, along with an outreach staff for Infectious Disease Control.

SUMMARY OF AUDIT FINDINGS

During the audit, it was determined that the agency is only identifying inmates who are sexually aggressive based on the completed Risk Assessment. They are gathering all information for identification of Vulnerable to Victimization Inmates; however, this information is not used to determine housing and programming. The agency's current system is to provide appropriate protections from all inmates from those identified as sexually aggressive. A conversation with the PREA Coordinator, and e-mail correspondence with the PREA Resource Center (PRC), confirmed that the standards require both populations to be identified in order to provide appropriate protections. The agency has been responsive to this information and is currently working towards the creation of an objective tool to be implemented in the next 6 months as well as systems for identification and inclusion into the housing/programming/work assignment determination process.

The facility has a Sexual Assault Response Team (SART) and PREA Support Persons (PSP). Both are activated when an allegation of sexual assault is made. The PSP is an intricate part of the response team in assisting the victim through the various examinations (medical and investigative) as well as assisting with the provision of internal and external support services.

Computerized Incident Reports are well written and contain documentation of medical/mental health services provided as required. Additionally, outside law enforcement investigations are noted, where appropriate, and the outcome is documented.

During the corrective action period, the facility provided the necessary documents for this auditor to determine a rating of compliance with the outstanding non-compliant standards.

The facility staff were extremely helpful, very professional, and well versed in PREA activities at the facility level. They were well prepared for the audit. It was a pleasure to work with this staff.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 4

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400, Policy A.0200, NC State Statute 14-27.7, and NCDPS Memo dated 10/27/15, that identified the PREA Compliance Manager were reviewed. The Superintendent and PREA Compliance Manager were interviewed. The agency has a policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy, along with additional policies, outlines the prevention, detecting, reporting, and response to sexual abuse and sexual harassment allegations. Definitions that mirror the PREA Standards are included in the policy. All parties interviewed showed knowledge of the strategies and responses towards PREA allegations. The PREA Compliance Manager reported sufficient time to attend to PREA duties. The agency also has a PREA Coordinator, Charlotte Williams, who reports to general counsel, and who has reported sufficient time to attend to PREA duties. She currently has 140 PREA Compliance Managers that report indirectly to her.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- 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 standard is Not Applicable as the agency does not contract for the housing of its’ inmates.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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Carolina General Statute 143B-709 were reviewed. Additionally, interviews were conducted to further determine compliance. While state statute requires a staffing analysis every 3 years, the agency policy requires an annual review of the staffing plan, including a review of all required components of the standard, which was completed in June 2015. There is currently one gender specific post. Deviations from the staffing plan are documented on the Daily Shift Narrative. Unannounced rounds are conducted daily on each shift and are documented in the Dorm Log and on the Daily Shift Narrative. These are conducted by the Superintendent or the Assistant Superintendent.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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This standards is Not Applicable as this facility does not house any inmates under 20 years of age.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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Policy F1600, F0100, TX I-13, SOP 9.13, SOP 8.26, Safe Search Practices Training, NCDPS New Employee Orientation (revised 1/1/15), Cross Gender Announcement & Acknowledgement for staff, and Cross Gender Bulletin Board Poster Memo (Dated 4/22/13) were reviewed. Interviews were also conducted to assist with the determination of compliance.

The agency has fully embraced ensuring that all staff are trained on cross-gender viewing and searches. Cross gender staff entering the housing areas are required by policy to announce their presence as observed during the tour. Policy requires documentation of any cross gender searches. There is a system to assess gender dysphoria in inmates who report transgender or intersex, and a plan is put into place regarding the provisions of a safe environment. Training documents indicate that more than 65% of the facility staff are currently certified to conduct searches, and training includes how to search a transgender/intersex inmate. However, the interviews with random staff found that many could not articulate conducting a search on a transgender/intersex inmates. In response, the agency conducted training with all staff within 30 days of the on-site audit and provided documentation of this training. The agency does provide privacy for inmates while showering, changing clothing and performing bodily functions. This was verified during the tour.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy E1800, Policy E2600 and Telephonic Interpreter Services Contract were reviewed. Facility documents in both English and Spanish were observed during the tour. PREA documents in Spanish, the most common second language, were noted on the tour. The agency has established policy to provide for educational services for inmates with disabilities to be provided information and assistance on PREA allegations, including reporting. Agency policy also addresses the provision of interpreters to those inmates with a non-English primary language. There is a contract in effect with a Telephonic Interpreter Services Company that was effective on 5/21/2014 and is in effect for a 1 year period, with 2-1 year extensions, for a total of 3 years. Policy prohibits the use of inmate interpreters except in emergent circumstances.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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Form HR005, Form HR0008, Form HR013, Memo regarding PREA Hiring and Promotions (dated October 2013), Addendum to the Memorandum, List of Disqualifying Factors, 2013 Employee Statement, and PREA Employee Statement were reviewed. Interviews were conducted to assist with determining compliance.

The agency policy prohibits the hiring or promotion of individuals who have engaged in sexual abuse, or attempting to engage in sexual abuse in a detention facility or in the community, or who have been civilly or administratively adjudicated for the same. The agency requires all staff to annually sign a statement that they have not engaged in the aforementioned activities (PREA Hiring & Promotion Prohibitions and HR005). This information was reviewed through the LMS (Learning Management System) and copies were provided to the auditor. While not required by policy, 8 of the 10 files reviewed indicated that a background check was completed within the past 5 years as well. The agency also requires all employees to self report any such misconduct. Criminal background check are required for contractors, and material omissions regarding misconduct or false information are grounds for termination. The agency does respond to requests from other institutions where a former employee has applied to work.

On March 17, 2016, the agency has updated their systems to include a 5-year background screening for all staff. Proof of these screenings was provided to this auditor by the Agency PREA Coordinator.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The standard is Not Applicable as the facility has reported no substantial expansions, modifications or updating of any video/electronic monitoring system has occurred in the past 12 months.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400, Policy CP18, Form OPA-A18, Form OPA-I21, Form OPA-I30, PREA Support Person (PSP) Training Lesson Plan, PREA Support Person Roles and Responsibilities, and NCCASA were reviewed. Interviews also provided information in the determination of compliance. The agency conducts only administrative investigations. Carteret County Sheriff's Office completes all criminal investigations. Uniform Evidence Protocols are in policy and are appropriate. The Agency has a PREA Support Person (PSP) who is trained for victim advocacy services, and acts as the link to assist victims with the investigative process, professional resources, community based advocates, and mental health professionals. The agency is currently working with the North Carolina Coalition Against Sexual Assault (NCCASA) to create a state-wide system for community based services. While there is no MOU at this time with NCCASA, the facility has an MOU in place with the Carteret County Rape Crisis Program, dated 1/30/15, that provides services as requested and employs 3 certified advocacy staff. Careteret General Hospital provides for medical exams by a SANE/SAFE staff.

The agency has not reached out to local law enforcement to request their compliance with PREA standard 115.21 (a) through (3) subsections.

During the corrective action period, the agency sent out a letter to all law enforcement for their compliance with PREA standards in the event of a criminal investigation of sexual abuse.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400 was reviewed. Interviews were conducted.

All allegations of sexual abuse or sexual harassment are classified as a major incident. Policy requires that all major incidents receive an PREA Audit Report

investigation. Policy requires that allegations be referred to an inhouse trained investigator for the administrative portion and to the Carteret County Sheriff's Office for criminal investigations. Policies are available through the website.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400, Training Curriculum's SAH 101 04/08/13 and 07/01/15, Staff and Offender Relations Training, New Employee Orientation, Form OPA-T10, Employee Training Files, and other documents were reviewed. Interviews with staff were also conducted. The agency policies require annual training for all staff in all areas identified within the standard. Interviews with staff confirmed they complete annual training and understand the material presented. Training documentation is kept in LMS (Learning Management System). Employee training documentation found that all staff had completed their annual training (PREA: Sexual Abuse and Sexual Harrassment 101). However, staff could not articulate their responsibility regarding the reporting of Vulnerable Adult Laws as per State Statute. The facility Assistant Superintendent conducted refresher training at shift lineups beginning 12/16/15 to ensure that all staff are aware of mandated state law and reporting in the facility.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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Policy F3400, Policy F0604; Training Curriculum's SAH 101 04/08/13 and 07/01/15, Staff and Offender Relations Training, New Employee Orientation, Form OPA-T10, Volunteer Brochure, and other documents were reviewed. Volunteer interview also confirmed training.

The agency requires all volunteers to complete the same training as a staff, with minor deviations. There is also a Volunteer Brochure specifically for volunteers to receive PREA information. This facility reports in excess of 250 volunteers that provide services to inmates. The file review showed training along with a signed Acknowledgement form.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy F3400, Diagnostic Procedural Manual Section 201 & 417, Offender PREA Education Acknowledgement Form T100, PREA Inmate Brochure, Interpreter Services Contract, Carteret Correctional Center Orientation Booklet, and assorted posters were reviewed. Inmate interviews were conducted.

The agency provides initial and comprehensive PREA education at the reception center. Once an inmate is transferred to this facility, the staff provide facility specific PREA information through the Carteret Correctional Center Orientation Booklet and the Inmate Brochure. Inmates sign an Acknowledgement Form that is maintained in their file. All PREA education is available in any language through written documents or through the Interpreter Services Agency, as well as special services for those inmates identified as disabled.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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Policy F3400, Training Curriculums: Investigator, PPT and Mock Interview; Investigator Understanding Sexual Violence & PPT; and Incident Reporting, OPUS (Offender Population Unified System) Incident Reporting Pamphlet, and Coordinated Response Overview Flowchart were reviewed. Investigator Interview was also conducted.

The agency has designated investigators who have completed specialized training for this purpose. The training meets the requirements of the standard. Interview with an investigator found that they could articulate material within the training. Only those who have completed this training have access to the electronic incident report system to allow for the review of investigations and updating the system with new information. The agency only completes administrative investigations. All criminal investigations are conducted by the Carteret County Sheriff's Office. The auditor reviewed training of identified investigators.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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Policy F3400, and Training Curriculum: PPT, CE Nursing and OSDT Roser were reviewed. Training files for medical staff and mental health staff were reviewed. Interviews were completed. The agency policy requires that all medical and mental health staff receive PREA 101 and specialized medical and mental health training. Interviews with medical staff confirmed knowledge of information. Staff file reviews indicated that medical staff have received both trainings. Mental health staff is not present full-time at the facility. However, when services are needed, the agency sends in a mental health staff to provide services. A review of the training for the mental health staff who are frequent service providers found that they have completed the appropriate training.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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Policy F3400, Diagnostic Procedural Manual 305, and memo dated 08/14/15 were reviewed. A selection of inmate files were also reviewed. Interviews were conducted.

The agency conducts a risk assessment at the Reception Center upon the initial intake of inmates into the state system. As an inmate is transferred, this document is reviewed and all inmates are asked about prior victimization in order to update the file. If the inmate reports a victimization, the medical department is notified, to begin services, and the Superintendent and PREA Manager are notified to initiate mental health services. This is required to be completed, by policy, within 72 hours of intake and reviewed 30 days after intake. The policy prohibits inmates from being disciplined for refusing to answer questions from the screening. Only those staff with appropriate credentials have access to this electronic information.

A review of documents found that the current system only identified sexually aggressive inmates (High Risk Abuse Report). While information is gathered referencing vulnerability, there is not objective tool for the identification of inmates who are vulnerable to victimization.

On March 17, 2016, the agency PREA Coordinator provided to this auditor documentation that the agency now produces a High Risk for Victimization List (HRV) that is reviewed alongside the High Risk for Abusive List (HRA) to ensure that all housing, work, and programming services are assigned with the protection of the inmates as a key factor. Upon intake at a reception center, the inmate and staff complete the Mental Health Screening Inventory. This tool identifies all required components of the standard. From this document, two lists are produced – the HRV and HRA (see above). These lists are protected from viewing by staff who do not have an immediate need to know and access is only provided to the Facility Head, PREA Compliance Manager, Asst. Superintendent for Custody and Operations, Asst. Superintendent for Programs, and the Inmate Assignment Coordinators, or IAC. It is the responsibility for the PREA Compliance Manager to run these lists weekly to review for appropriate placement. This facility was then required, and has completed as of March 17, 2016, a review of all inmates on the HRV and HRA list as well as changes made to ensure the safety of inmates.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy F3400, Policy TX-I-13, Screening tool, Learning Management System (LMS) Material, and the Instructions to access the High Risk Abuse Report were reviewed. Interviews were conducted.

The policy addresses clear guidelines, including limits, for housing and work assignments based on the safety of all inmates. The policy requires a bi-annual review of housing for transgender and intersex inmates. Per policy, all transgender and intersex inmates are provided the opportunity to shower separately from all other inmates, and are assessed for their own perception of risk at the facility. While the agency has identified those inmates deemed at high risk for sexual aggression, and have implemented methods of reviewing all housing, programs, and work assignments to ensure the safety of all other inmates, the agency does not currently have a system in place for those inmates who are identified as vulnerable to victimization.

On March 17, 2016, the agency updated their current system to now include a review of the High Risk Victimization (HRV) and the High Risk of Aggressive (HRA) list at the facility on a weekly basis, or more often if needed, to ensure that inmates are placed in educational, vocational, and housing that ensures their safety. Inmates who are identified as HRV are now placed in closer proximity to the staff in the housing units. This information was provided to the auditor to show that on March 17, 2016, Carteret Correctional Center completed the first run of this new system and made changes in order to protect inmates. Based on a review, one inmate was reassigned to a bed that was closer to security staff direct supervision. No other changes were necessary as it was identified that direct security supervision in the programming areas provides appropriate safety.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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Policy F3400 has been reviewed. Interviews were conducted.

There have been no instances where protective custody has been used at this facility in the past 12 months. Policy and interviews confirm that services for an inmate who may be placed in protective custody are continued as normal unless there is a specific documented reason for restriction. Policy dictates documentation of the use of protective custody when required and 30 day reviews of such placement.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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Policy F3400, Inmate PREA brochure and Inmate Handbook were reviewed and a tour of the facility was completed. Interviews were also conducted.

The agency has numerous ways for an inmate to internally report sexual abuse or sexual harassment. Methods of reporting include telling a staff, writing a grievance or letter to the PREA Coordinator and third-party reporting. Externally, the agency provides the address of the North Carolina Prison Legal Services (PLS). It was confirmed with administration that mail being sent to either Legal Prison Services (PLS) or to the PREA Coordinator are treated as legal mail and are not read at the facility level. The posters in the facility provided the address for PLS, but the narrative did not include that inmates could report allegations of sexual abuse or sexual harassment to this agency. Prior to this report, all inmates were provided a memo dated 12/28/15 with appropriate information for additional reporting of sexual assault to PLS. Additionally, the PREA brochure was updated to reflect this external method of reporting. Staff at the program are aware that they may report privately through the Fraud/Waste/Abuse Hotline or through email with the PREA Coordinator if they do not wish to report through the Chain of Command.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F0300 and the Inmate Rule Book were reviewed. Interviews were also conducted.

The agency policy confirms that grievance complaints of sexual abuse or sexual harassment require an immediate notification to the North Carolina Department of Public Safety PREA office preventing a response from the subject of the complaint. A box is used by inmates to deposit their grievance. The box at this facility is located in the activity center. There is no requirement to use a less formal method of reporting prior to a written grievance. There is no disciplinary action if the report is made in good faith. A final response is due within 90 days, as well as notification to the inmate that it has been accepted within 5 days. Grievances are allowed to be prepared by the victim or other third party person who assists the victim. Emergency grievances, those defined as matters that present a substantial risk of physical injury or irreparable harm may be presented directly to the Office in Charge, are forwarded immediately to the appropriate person, and require an initial response from the facility within 48 hours and a final determination within 5 days. There were 2 grievances in the past 12 months and both were resolved within 90 days.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

reviewed. Inmate interviews confirmed findings.

The facility has a MOU for the provision of outside support services for inmates. This contract provides for telephonic victim support services. The PREA Support Persons are aware of the services through this MOU. Inmates are provided notification of the PREA Support Services through Form 130, which documents the PREA Support Persons role during the investigation and thereafter to assist in providing support services to the victim. This name of the local rape crisis agency and the address were noted posted in the facility where inmates were able to view. However, it was determined through interviews that inmates were not aware of the services that were available. Prior to this report, the agency obtained the rape crisis brochures and posted these throughout the facility in appropriate places for inmate viewing. They have also implemented a system to ensure that this information is provided at inmate orientation.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The North Carolina Department of Public Safety (NCDPS) offers opportunities for third party reporting and accepts third party reports. Information on how to report to the NCDPS is provided on their agency website. Those concerned will find two separate methods of reporting to the agency. They may write to the PREA Coordinator or send an e-mail through the link provided. Both options will result in the PREA Coordinator receiving the complaint. The PREA Coordinator will then generate an incident report and inform the Superintendent.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400, PREA 101 Staff Training, and Coordinate Response Overview were reviewed. Staff interviews confirmed findings. The agency policy requires all staff, volunteers and contractors to immediately report any knowledge, information or suspicion of sexual abuse or sexual harassment, and any violation or neglect of responsibility, to administration. Policy and interviews confirmed that staff are not allowed to share information with anyone who does not have a need to know. All allegations are reported to both the facility investigators and the PREA Coordinator. Both staff training and the Coordinated Response Overview detail the notification to the state agency regarding vulnerable adults.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy 3400 was reviewed. Interviews confirmed findings.

The agency requires immediate action to protect inmates who report sexual abuse. All staff, contractors and volunteers are required to report this to the facility investigators who will assist with taking appropriate steps for protection. Staff were able to articulate this requirement during the interviews. There were no allegations of this type in the past 12 months.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 3400 was reviewed. Staff interviews confirmed findings.

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

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400 and PREA training curriculum were reviewed. Staff interviews confirmed findings.

The agency requires all staff to separate, protect physical evidence and the crime scene, and to report to administration when an allegation of sexual abuse is received. All staff could clearly articulate these steps. It is noted that staff PREA training identifies all staff as first responders. Contractors and volunteers are required to protect the victim and report the information to a security staff.

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The NCDPS has created a template that includes all PREA related requirements for a proper Coordinated Response Plan. Each facility is provided this draft template, which directs that their facility specific information be included in the plan and thereafter published to facility staff. This plan addresses first responder duties, leadership duties, investigator duties, PREA manager duties, PREA Support Persons duties, SART (Sexual Assault Response Team) duties, Mental Health and aftercare duties, and retaliation duties. The plan reviewed was facility specific.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

This standard is Not Applicable as Carteret Correctional Center does not enter into collective bargaining agreements.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400, Form OPA-I22 and Form OPA-I24 were reviewed. Interviews confirmed findings.

The agency policy addresses practices to protect both staff and inmates from retaliation as a result of reporting sexual abuse or sexual harassment information. Various protection methods for inmates are identified in policy. There is a form that is used to document the retaliation monitoring at the 90 day mark. Facility documents confirmed that retaliation monitoring is conducted. While periodic status

checks are conducted, they are not well documented. The agency updated their form to include spaces for documenting the date and information of these status checks and has implemented this agency wide.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400 was reviewed. Staff interviews confirm findings.

The agency policy addresses the use of protective custody only if no other alternative means of protection is available, or if inmates request this level of protection. Inmates requesting this level of protection may completed the Request for Protective Custody and must documents the reasons for the request. Inmates who are placed in involuntary protective custody are seen every seven days by a counselor who documents this check. Unless documented, all inmates are provided the same programs and services as prior to their placement. Additionally, the Classification team reviews all placements in Administrative Segregation.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400 and the Coordinated Response Overview F3400 were reviewed. Investigation files were reviewed. Staff interviews confirmed findings.

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

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy F3400 was reviewed. Interviews confirmed findings.

The agency policy imposes no standard greater than a preponderance of the evidence in determining the outcome of an investigation.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 3400 and Form OPA-I30 were reviewed. Investigation files were reviewed. Interviews confirm findings.

The agency utilizes Form OPA-I30 to document notification to the victim of the outcome of the investigation. These forms were found in the files reviewed along with the inmates signature, signature of the staff making the notification, and the outcome of the investigation.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400, Policy A200, New Employee Orientation, and NCDPS internal webpage were reviewed. Interviews confirmed findings.

The agency policy provides for disciplinary action towards staff who violate the zero-tolerance policy, up to and including termination. All disciplinary actions are reviewed individually based on the nature and circumstances of the allegation. Comparable offenses by other staff are also considered in a final determination of disciplinary action. All staff terminations are required to be reported to the state licensing body. There were no allegations in the past 12 months that resulted in disciplinary actions against a staff member.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 3400 and Form OPA-T10 were reviewed. Interviews confirmed findings.

The agency policy confirms that any contractor or volunteer who violate the zero-tolerance policy will be prohibited from contact with inmates. Outcome of an investigation that is substantiated and involve a licensed contractor or volunteer is reported to the appropriate licensing body, if appropriate. There have been no allegations of violations of the zero-tolerance policy by volunteers or contractors in the past 12 months.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400, Policy B0200 and the Inmate Rule and Policies Booklet were reviewed. Staff interviews confirmed findings.

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

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400, Policy CP-18, Diagnostic Manual 305, Memos dated 10/09/13 and 11/14/12, and Learning Management System (LMS) were reviewed. Interviews confirmed findings.

The agency policy requires immediate referral to medical and mental health services after information of prior sexual victimization or sexual aggressive behaviors is discovered during the screening process. Interviews confirmed informed consent is obtained. Mental Health services are provided by an agency staff who respond to the facility as requested through the Mental Health social worker.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy CP-18 and the Coordinated Response Overview were reviewed. Interviews confirm findings.

The agency requires that all inmates who report sexual abuse shall be immediately taken for medical services. Mental Health professionals are notified by the mental health social worker and respond to the facility as required. Additional counseling services are available as identified and as requested by the victim. Provisions for STD testing and treatment are provided at the facility level based on physician orders and/or victim request. All treatment related to sexual abuse is offered without financial cost to the victim regardless if they name the perpetrator or not.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400, Policy CP-18, Policy CC-8 and the Coordinated Response Overview were reviewed. Interviews confirm findings.

The agency provides on-going medical and mental health services for victims of sexual abuse, whether the incident occurred within an institution or in the community. All care is provided and consistent with the community level of care. Follow-up care is provided within two weeks, as well as can be requested by the victim. STD testing and treatment is offered. Again, all services are provided to the victim without financial compensation. The agency also offers evaluations to sexual aggressive inmates when information is present.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400, Form OPA-I10, and Coordinated Response Overview were reviewed. Completed OPA-I10 forms were reviewed. Interviews confirmed findings.

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

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400, Incident Reporting – OPUS (Offender Population Unified System), and PREA Incident Reports were reviewed. Interviews confirmed findings.

The agency maintains records and data on all allegations of sexual abuse and sexual harassment from all facilities that captures information as identified by the DOJ-SSV. Aggregated annually, this information is included in the annual report.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400, Form OPA-I10, 2015 Sexual Abuse Annual Report, and Coordinated Response Overview were reviewed. Interviews confirmed findings.

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

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy F3400 and the 2015 Sexual Abuse Annual Report were reviewed. Interviews confirmed findings. The agency publishes the annual report on its website. The report contains no personal identifiers. Agency policy requires the maintenance of records that meets the PREA standard.

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.

Bobbi Pohlman-Rodgers

April 15, 2016

Auditor Signature

Date