

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 04/15/2016

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: February 8-9, 2016			
Facility Information			
Facility name: Gaston Correctional Center			
Facility physical address: 520 Justice Court, Dallas, NC			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 704-922-3861			
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: Correctional Superintendent I Harold Reep			
Number of staff assigned to the facility in the last 12 months: 52			
Designed facility capacity: 242			
Current population of facility: 238			
Facility security levels/inmate custody levels: Minimum Custody			
Age range of the population: 20 and over			
Name of PREA Compliance Manager: James Lowery		Title: Correctional Sergeant I	
Email address: james.lowery@ncdps.gov		Telephone number: 704-992-3861	
Agency Information			
Name of agency: North Carolina Department of Public Safety			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 512 N Salisbury Street, Raleigh, NC 27604			
Mailing address: <i>(if different from above)</i> 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: 919-828-2754	

AUDIT FINDINGS

NARRATIVE

Gaston Correctional Center received an on-site PREA audit on February 8, 2016 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 the requested documents. The auditor reviewed the same documents prior to the on-site visit. One week prior to the audit, the auditor contacted the facility to review the on-site audit process, time lines, and to request additional information be made available on the first day of the audit. These documents included the inmate roster and staff assignments for the two day visit.

On February 8, the auditor met with Superintendent Reep, Correctional Sergeant/PREA Compliance Manager Lowery, PDI Crisp, Regional Operational Manager Jardon and Assistant Superintendent Humphrey. The discussion focused on the audit process, the interim/final 30 day report, Corrective Action Plan period, and the final report. Additionally, it was discussed the need for any additional information in standard determination prior to the 30 day report would be needed within 21 days. It was also noted that three of the standards were currently being discussed with the NC Agency PREA Coordinator Charlotte Williams. The meeting was followed by a tour of the facility, selection of interviewees, a review of additional documents, and an exit meeting with clarification of what standards required further documentation.

During the tour of the facility, the auditor observed PREA notices and Zero Tolerance posters in the areas of the facility that were visible to both inmates and staff. There was also contact information available about local rape crisis services through the Rape Crisis Center of Catawaba County. The tour included the administration offices in the White House, Education, programming trailer, Search Building, Chapel/multi-purpose area, canteen, kitchen, dining area, outside visitation yard, music, food storage area, clothes house, wash house, human resource development area, and 8 housing units. During the tour, the auditor noted some areas of concern. These areas included a blind spot in the clothes house, curtains on windows that hindered supervision, and windows in the shower area that allowed the auditor to potentially observe body parts of inmates in a state of undress. It is noted that administration immediately responded to these concerns, and all areas were addressed prior to the writing of this report.

Interviewees were randomly selected for both inmates and staff. There were a total of 10 inmates interviewed, including one inmate who reported a prior victimization. There were no inmates who were identified as LGBTI, disabled or limited English Proficient. A total of 10 random staff were interviewed, as well as 12 specialized interviews were conducted. The Agency head and Agency-wide PREA Coordinator were interviewed prior to this audit by DOJ Certified Auditor Kevin Maurer, and the information was provided to this auditor.

There were two allegations of sexual abuse received in the past 12 months. Both allegations of sexual abuse received an administrative investigation. There was no criminal investigation as the reports were not criminal in nature. The inmates were notified of the outcome of their investigation.

DESCRIPTION OF FACILITY CHARACTERISTICS

Gaston Correctional Center is a minimum level secure facility for male inmates run under the North Carolina Department of Public Safety (NCDPS). The NCDPS Mission is to promote the elimination of undue familiarity and sexual abuse amongst the offender population.

This facility is located in Dallas, NC, in Catawba County and houses 242 inmates. Opened in 1930 as a county prison, this facility was renovated to house inmates who worked for the NC Department of Transportation. Many of the older buildings are still in use at the facility today and therefore account for a part of the 20 buildings on the property. This facility also operates using the Unit Management concept. This concept involves breaking down a large population in to smaller and more manageable groups. There are approximately 52 staff supporting this facility.

There are a total of eight housing units. Units A-F house general population, while Unit G houses work release inmates. There is a 5 cell restricted housing area for short-term holding (24-72 hours). The facility is clear that this restrictive housing unit is used to temporarily and immediately separate inmates pending transport to another facility. The facility does not provide for long-term protective housing, and those requesting or requiring protective housing will be transferred to another facility that is able to accommodate. Housing units A-D offer inmate privacy through large bathrooms and shower areas that provide privacy through painted windows and curtains. This auditor noted the current use of painting windows to a certain height to prevent observation of inmates in the shower was an excellent method to resolve any privacy issues; however, this auditor felt that the paint line needed to be extended. The administration took the auditors comments into consideration and immediately rectified her concerns by increasing the height of the painted area by an additional 2". Housing Units E-F offer inmate privacy through large bathrooms and showers that have doors and curtains. A check from the central areas ensure that inmate privacy is maintained. Restricted housing provides for single occupancy wet-cells that allow for privacy.

There are also additional buildings that include the Chapel, search building, outdoor recreation area, music room, wash house, clothes house and outside visitation yard.

Gaston Correctional Center provides educational services to inmates through Gaston Community College. Adult Basic Education focuses on improving reading, writing, math and basic computer skills. Inmates are also able to test for their General Education Diploma (GED). In 2015 there were eight inmates who were awarded their GED. Career Readiness Training is also offered. Through this two week program, inmates are able to be assessed for workplace skills. Upon completion, inmates are given a certificate. Human Resource Development is also available for inmates. This program offers inmates an opportunity to build self-esteem, improve attitudes, good choice making skills, and helps to prepare inmates for the employment.

Gaston Correctional Center is a work release program. With 10 active employers in Gaston County, Lincoln County and Mecklenburg County, approximately 248 inmates are currently employed. Employers are encouraged to continue this relationship due to inmate's job performance, attitude and attendance. Inmates are then able to meet their financial obligations – such as child support, restitution, and transportation – as well as save for their release. Inmates work with both North Carolina Department of Transportation and as municipal workers in nearby towns. Internal work opportunities include laundry and food service.

Gaston Correctional Center also offers additional inmate services. Substance Abuse services are offered through NA/AA, and is offered twice weekly. Celebrate Recovery – a religious based substance abuse program – assists inmates transitioning back into the community through identification of local substance abuse meetings and follow up meetings. Mutual Agreement Parole Program (MAPP) allows inmates to be active in the community in projects such as volunteer and work release programs, as well as in the home leave program, prior to their release. Think Smart, Library resources, and Father Accountability are other services provided for inmates.

Medical staff are available at the program 2 days per week. There is currently a contract in review for a full-time position at this facility. Sexual assault Forensic Examinations are conducted at the Caromont Medical Center. Mental Health staff are not located on site, but respond as needed. Additionally, the facility has created a SART (Sexual Assault Response Team) to respond when needed. This includes the PREA Compliance Manager, PREA Investigators, and the PREA Support Persons. PREA Support Persons respond as necessary and have received specific training to assist victims through all processes, including providing assistance in obtaining outside support services.

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.

During the corrective action period, the agency provided information that allowed this auditor to find compliance with the three (3) standards originally identified as Not Met.

The facility staff were extremely professional, friendly, and helpful during the audit process. The facility response to privacy concerns were immediately addressed and that confirms the facility commitment to ensuring the safety of all inmates. It was a pleasure to work with them during this tedious process.

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 A2000, SOP 05.09 (a-g), Form OPA-A16, NCDPS Organizational Chart, NC State Statute 14-27.7, and NCDPS Memo dated 10/27/15, that identified the PREA Manager, were reviewed. The Administrator 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 and standard operating procedures, outlines the prevention, detecting, reporting, and response to sexual abuse and sexual harassment allegations. Definitions that mirror the PREA Standards are included in the policy, as well as sanctions for those who violate policy. All interviewed shared their knowledge of the strategies and responses towards PREA allegations.

The PREA Compliance Manager/Correctional Sgt. reported some difficulty meeting the needs at the program due to recent staffing changes, but a secondary PREA Compliance Manager has been identified and provides assistance as needed. This position reports directly to the Superintendent, and indirectly to the Agency PREA Coordinator. The agency also has a PREA Coordinator, Charlotte Jordan-Williams, who reports to general counsel, and who has reported sufficient time to attend to PREA duties. She currently has 140 PREA managers that indirectly report 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)

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 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)

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 F1600, SOP 5.32, Staffing Plan Report dated January 2015, Approved Facility Posting Chart/Staffing Plan approved 06/08/15, OIC Round Documentation, Unannounced staff rounds documentation for 3 housing buildings, and North Carolina State 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 January 2015. Deviations from the staffing plan are documented on the Daily Shift Narrative/Security Roster as per policy. The most common deviations include staff call-ins, staff training Emergency Response Team call outs, staff on medical leave, facility needs, and emergency or non-schedule transportation issues. Unannounced rounds are clearly documented in the area log book. These are conducted by the Superintendent and documentation is made in red. The Superintendent confirmed his random visits to the program for this purpose during the interview.

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)

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 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)

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 F1600, Policy F0100, Policy TX I-13, SOP 5.19, Safe Search Practices Training, NCDPS New Employee Orientation (revised 1/1/15), Cross Gender Announcement & Acknowledgement for staff, Staff Training Log, 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 trained all staff on cross-gender viewing and searches. Facility procedures prevent female staff from conducting strip searches, unless in exigent circumstances. 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 were no reported cross gender searches conducted. Training documents reviewed indicated that staff have completed appropriate training and staff were able to articulate the training when interviewed. During the tour it was discovered that some areas required minor adjustments to prevent staff from seeing inmates while showering. The facility staff were quick to make these adjustments and many were completed prior to the end of the second on-site audit day. At the time of the writing of this report, the facility had corrected all areas of limited visibility and provided photos to the auditor of their efforts.

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)
- 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 World-Wide Interpreters Telephonic Interpreter Services Contract were reviewed. Facility documents in both English and Spanish were observed during the tour.

The agency has established policy to provide for educational services for inmates with disabilities to be provided information at intake and assistance on PREA allegations, including reporting. Case managers would arrange for education in formats for those inmates identified as disabled. Agency policy also addresses the provision of interpreters to those inmates with a non-English primary language. There is a contract in effect with World-Wide Interpreters Telephonic Interpreter Services Company that was signed 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 exigent circumstances. There is PREA material in both English and Spanish at the facility; however no LEP inmates are housed at this facility.

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)

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.

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.

5-year background screenings have not been completed on all staff.

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. A review of the LMS documentation indicated that all staff have completed this form. 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. A sample of background screenings showed that backgrounds had been

completed between 2013 and 2016.

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 – I20, OPA-I21, Form OPA-I30, PREA Support Person (PSP) Training Lesson Plan, Chain of Custody Form, Incident Scene Tracking Log, PREA Support Person Roles and Responsibilities, MOU with Esther House of Stanly County, and NCCASA were reviewed. Interviews also provided information in the determination of compliance. The agency conducts only administrative investigations. Gaston County Sheriff's Office completes all criminal investigations. Uniform Evidence Protocols are in policy and are appropriate. The Agency has three PREA Support Persons (PSP) who are trained for victim advocacy services, and acts as the link to assist victims with the investigative process, professional resources, community based advocates, and mental health professionals. The agency is currently working with the North Carolina Coalition Against Sexual Assault (NCCASA) to create a state-wide system for community based services and documents were provided. The agency has reached out to the Rape Crisis Center of Catawba County, a local rape crisis agency in the meantime to secure services for inmates. The facility PSP (PREA Support Person) will assist the inmate in contacting this crisis center. Forensic examinations are conducted at the Caromont Medical Center. The agency has constructed a letter to all Sheriff's regarding the request of the investigating agency to comply with PREA standards. This letter was mailed on March 17, 2016.

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 and SOP 05.09 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 investigation, both administrative and criminal (if criminal in nature). Policy requires that allegations be referred to an in house trained investigator (4 at this facility) for the administrative portion and to the Gaston County Sheriff’s Office for criminal investigations. Policies are available through the NCDPS 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, brochures, handbooks, 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). Staff were able to articulate the training they had received during the interviews.

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)

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 F0604; Training Curriculum’s SAH 101 04/08/13 and 07/01/15, Staff and Offender Relations Training, New Employee Orientation, Form OPA-T10, “Ways to Report” Poster, 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 90 volunteers that provide services to inmates. There is also a “Ways to Report” poster to remind volunteers and contractors of the various ways to report. An interview with one of the volunteers confirmed that the training was completed and the volunteer understood how to report. The file review contained 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, PREA Inmate Brocher (English/Spanish), Offender PREA Education Acknowledgement Form T100, Facilitator Talking Points (Education upon Transfer), Education Upon Transfer E-mail, Interpreter Services DOC150623, PREA OPUS (Offender Population Unified System) Training Roster, and assorted posters were reviewed. Inmate interviews were conducted.

Agency policy requires all inmates entering into the system to receive intake and comprehensive training at the reception and diagnostic center. Comprehensive education was reviewed at the Craven Correctional Center – one of the reception and diagnostic centers – and it meets the requirements of the standards. Upon transfer, all Gaston Correctional Center inmates will receive information that is specific to the facility. Inmates, at intake, receive an agency PREA Brochure and the Inmate Handbook. Both of these contain information regarding the Zero Tolerance Policy and how to report sexual abuse/harassment. An inmate signs that they have received these items. Additionally, inmate education is maintained in OPUS (Offender Population Unified System) and the auditor reviewed the information. Interviews with inmates confirmed that they have received both the brochure and the handbook. Informational posters regarding sexual abuse reporting were observed around the facility for inmate and staff viewing.

It was noted that the facility had not yet begun distributing the new agency PREA Brochure. As a result, the auditor recommended that all inmates receive the new brochure and that their receipt was documented. The facility provided documentation that a Town Hall meeting was held and all inmate were provided new information. Additionally, the facility posted the PREA:How to Report Bulletin in areas around the facility for inmate review.

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)

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

The agency has four designated investigators who have completed specialized training for this purpose. The training meets the requirements of the standard. Interviews with an investigator found that he was well versed in administrative investigations. Only staff 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 Gaston County Sheriff's Office. The auditor reviewed training documentation 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)

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 Training Curriculum: PPT, CE Nursing and OSDT Roster 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. The specialized training meets all requirements of the standard. There is currently one medical staff who works part-time two days a week. The agency is currently training a full-time nurse. The mental health staff is not permanently located at this facility. He comes as requested by the agency staff. A prior audit provided this mental health staff's training records. Interviews with medical staff confirmed knowledge of both PREA 101 and specialized training. Forensic examinations are not conducted at this facility and therefore no training was provided.

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)

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 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 and diagnostic center upon the initial intake of inmates into the state system. This is completed within 72 hours of arrival. The risk assessment contains all elements of the standard. However, the current system allows only for the identification of sexually aggressive inmates (High Risk Abuse Report). While information is obtained regarding vulnerability, there is not an objective tool for the identification of inmates who are vulnerable to victimization. This assessment is required to be reviewed within 30 days of intake. If the inmate reports a victimization or identifies as sexually aggressive, notification is made to medical, the Administrator and the PREA Manager to begin services as required by policy. 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 electronically maintained information.

On March 17, 2016, the agency PREA Coordinator provided to this auditor documentation that the agency now produces a High Risk for PREA Audit Report

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 designated staff to run these lists weekly to review for appropriate placement. This facility was then required, and has completed as of March 18, 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)

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 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. The policy also provides for all transgender and intersex inmates 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 18, 2016, Gaston Correctional Center completed the first run of this new system and made changes in order to protect inmates. There were three (3) inmates who were identified as HRV. Housing, programming and work assignments for each HRV were reviewed. A narrative of the review was provided to this auditor for review. It is clear that provisions are in place for the safety of the inmate.

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)

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 SOP 4.54 have been reviewed. Interviews were conducted.

There have been no instances where protective custody has been used at this facility in the past 12 months. Agency policy prohibits the involuntary placement of inmates in segregated housing unless there are no available alternatives. Policy and interviews confirm that services for an inmate who may be placed in protective custody are continued as normal unless there is a specific documented reason for restriction. Policy dictates documentation of the use of protective custody when necessary and 30 day reviews of such placement. The Gaston Correctional Center has restricted housing that is used strictly to arrange transportation for an inmate. The average length of stay is less than 72 hours before an inmate is removed from the facility and transported to a facility that can provide the services needed. Interviews confirmed that no victim is placed in the housing due to an allegation.

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)

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 D0300, Form OPA-T10, Fraud, Waster, Abuse & Misconduct reporting website page, PREA Internal & External webpage for reporting, Staff Brochure, Offender acknowledgement Form (English/Spanish), Inmate Rule Book, 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). The posters in the facility provided the address for PLS, and inmate brochures detailed this as a method of reporting sexual abuse or sexual harassment. Interviews with inmates confirmed that many are unaware of all reporting methods. Interviews confirmed that 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.

During the 30-day interim period, the facility conducted Town Hall meetings with the inmate population to provide new brochures and reiterate the various methods of reporting. The facility provided sign-in sheets for all housing units.

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, Policy G0300, and the Inmate Rule Book were reviewed. Interviews were also conducted.

The agency policy confirms that grievances of sexual abuse or sexual harassment require an immediate notification to the North Carolina Department of Public Safety PREA office preventing a response from the subject of the complaint. 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 Officer 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 was 1 grievance in the past 12 months that alleged sexual harassment. This grievance was completed within 90 days. Interviews with inmates confirm that the grievance system is a method of reporting sexual abuse/harassment. There was no indication during the interviews that the staff would not respond appropriately to an inmates grievance.

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.

PREA – The North Carolina Approach was reviewed. Inmate interviews confirmed findings. The Agency is in the process of working with the North Carolina CASA for the provision of services under this standard. While this is in progress, the facility has reached out to the Rape Crisis Center of Catawba County, Inc. to provide services. Contact information was observed posted in each unit for inmates. However, when the information was posted, there was no explanation as to what this contact information could be used for. Inmates confirmed a lack of knowledge on who this agency is and why the information was posted in their housing areas. During the 30-day interim period, the facility conducted Town Hall meetings with the inmate population. Topics included the availability of outside support services and how to access the same. The facility provided inmate sign-in sheets to provide proof of the meetings.

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 NCDPS website and posters were reviewed. Interviews were conducted. The North Carolina Department of Public Safety (NCDPS) offers opportunities for third party reporting and accepts third party reports. 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.

This information is also available at the facility for visitors.

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, SOP 4.54, SOP 4.54A, and PREA 101 Staff Training 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. Contractor contracts, and volunteer Acknowledgement Forms, include a requirement for reporting any information regarding sexual abuse. 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. Agency staff training details 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, as well as provide examples of alternative placement to keep inmates safe. 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. There were no allegations that were reported about another facility in the past 12 months.

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. There were 4 instances in this facility where the first responder was first on the scene. A document review shows that appropriate steps were taken, including appropriate notifications.

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.

SOP 05.09, Coordinated Reponse Plan and Coordinated Response Overview were reviewed. Interviews were conducted and confirm findings.

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 and included specific tasks for each member. There is a flowchart that helps staff to comply with the plan. Additionally, the

facility provided the medical protocol to compliment their Coordinated Response Plan.

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 Gaston 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-122 and Form OPA 124 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. Interviews with staff confirm that retaliation monitoring begins when the allegation is made and following through for a minimum of 90 days.

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 document the reasons for the request. Inmates who request protective custody are transferred from the facility, as the facility does not provide this service. Restricted housing is used solely as a waiting place for transportation to another facility. Log book reviews showed that no inmate was there longer than 24 hours. Log books also document unannounced rounds whether there are inmates present or not. There were no instances of the use of protective custody as a result of a sexual abuse allegation in the past 12 months.

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 were reviewed. Investigation files were reviewed. Staff interviews confirmed findings.

The agency policy requires that criminal investigations are conducted by Gaston County Sheriff’s Office, therefore the facility investigators only conduct an initial investigation to determine if outside law enforcement is to be notified and administrative investigations. All four 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. The 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. There were no allegations that were referred for criminal investigation.

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)
- 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. Interview confirmed the 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, Form OPA I30, Form OPA-I30A, Coordinated Response Overview and sample forms 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, and include specific mention of the status of the alleged offender. Interviews confirmed that inmates would be advised of the outcome of an investigation. There were two allegations of sexual harassment that note within the narrative that the inmate would be made aware of the outcome. There were no allegations of sexual abuse in the past 12 months to review the files for a completed OPA-I30.

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, Investigation File, 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 of sexual abuse or sexual harassment by an employee of the agency.

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, Policy F-0604, 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, as identified. There were no allegation where a contractor or volunteer was referred to local law enforcement for a violation of the agency zero-tolerance policy.

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. There were no inmate-on-inmate sexual abuse incident that were reported in the program in the past 12 months. 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, North Carolina Authorization for Release of Information, Mental Health Screening Referral system, and Learning Management System (LMS) were reviewed. Interviews confirmed findings.

The agency policy requires immediate referral to medical and mental health services after information of prior sexual victimization or sexual aggressive behaviors is discovered during the screening process. Sexual Abuse Nursing Protocol requires an immediate referral to mental health for an evaluation within 14 days or less. Interviews confirmed informed consent is obtained before information is shared regarding a victimization that may have occurred prior to incarceration. Inmates are provided the Mental Health Services Confidentiality and Privileged Information form to sign that includes narrative of sexual abuse or inappropriate relationships with staff.

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)

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, North Carolina Authorization for Release of Information, Mental Health Screening Referral system, 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 as per the Sexual Abuse Nursing Protocol, or through the PSP (PREA Support Persons). Mental Health staff confirm notification. Additional counseling services are available as identified and as requested by the victim through the PSP (PREA Support Person). 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. As there were no allegations of sexual abuse, a PIR was not available for review.

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 Repsonse 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

04/15/2016

Auditor Signature

Date