

**PREA AUDIT REPORT     Interim    Final**  
**ADULT PRISONS & JAILS**

**Date of report:** December 28, 2016

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> December 14-15, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Hyde Correctional Institution			
<b>Facility physical address:</b> 620 Prison Road, Swan Quarter, NC 27885			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 252-926-1810			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Joe Solano, Superintendent			
<b>Number of staff assigned to the facility in the last 12 months:</b> 227			
<b>Designed facility capacity:</b> 756			
<b>Current population of facility:</b> 527			
<b>Facility security levels/inmate custody levels:</b> Medium,Minimum			
<b>Age range of the population:</b> 21 +			
<b>Name of PREA Compliance Manager:</b> Chris Woods		<b>Title:</b> Assistant Superintendent	
<b>Email address:</b> Chris.Woods@ncdps.gov		<b>Telephone number:</b> 252-926-1810	
<b>Agency Information</b>			
<b>Name of agency:</b> North Carolina Department of Public Safety			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 512 N. Salisbury Street, Raleigh, NC 27604			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> Phone: 919-825-2754			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Frank L. Perry		<b>Title:</b> Director	
<b>Email address:</b> frank.perry@ncdps.gov		<b>Telephone number:</b> 919-825-2754	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Charlotte Williams		<b>Title:</b> PREA Director	
<b>Email address:</b> <a href="mailto:Charlotte.Williams@ncdps.gov">Charlotte.Williams@ncdps.gov</a>		<b>Telephone number:</b> 919-825-2754	

## AUDIT FINDINGS

### NARRATIVE

The PREA Audit of the Hyde Correctional Institution was conducted on December 14, 2016 through December 16, 2016. Notices of PREA Audit were posted six weeks prior to the on-site audit in areas accessible to staff, inmates, volunteers and visitors. There are no contractors at the facility. The auditor did not receive any communications from staff, inmates, volunteers or visitors. Thirty (30) days prior to the on-site audit the facility provided an external drive containing North Carolina Policies and Procedures, Facility Standard Operating Procedures and other documentation to support compliance with sub-standards and standards. Information was comprehensive and well organized. After reviewing the submitted information, the auditor requested additional documentation to demonstrate "practice" for review at the on-site audit. By prior agreement the auditor arrived at the facility at 5:00AM to interview staff from the overnight shift. The auditor was accompanied to the facility by the Regional Security Coordinator. Both the auditor and Regional Security Coordinator were met by the Assistant Superintendent who also serves as the Facility PREA Compliance Manager. Logistics were briefly discussed after which four (4) overnight shift staff were interviewed. Following those interviews, the auditor continued with interviews of randomly selected day shift staff. At approximately 0930 the auditor met with the Assistant Superintendent/PREA Compliance Manager, Regional Security Coordinator, Assistant Superintendent for Programs and with the Human Resources Staff person for introductions and to discuss the audit process and logistics.

After the "meet and greet" the PREA Compliance Manager, Captain and the Regional Security Coordinator escorted the auditor on a tour of the facility. Hyde Correctional Institution houses both medium and minimum custody inmates. Minimum custody inmates are housed in modular units outside the secured and fenced medium custody prison. The facility was observed to be clean, orderly and floors were shined. Bulletin Boards throughout the facility were very neatly arranged and contained multiple PREA related posters and information. Entry into the facility is controlled through a gatehouse where Correctional Officers man control rooms and process visitors and staff coming onto the facility grounds. Visitors go through the normal security procedures for entering, including providing identification, emptying pockets, going through a metal detector, and having all briefcases and other containers searched. The administrative building, houses a lobby, a number of administrative offices and a conference room. The administrative area was exceptionally bright, clean and neat. The facility consists of five living units; four general population dorms and segregation. Each living unit houses four open bay dormitories, each with a rated capacity of 54 inmates. Housing assignments are generally based on the inmates work assignments. Work assignments include road squads, labor, groundskeepers, food service workers, educational and vocational inmates, work release, vehicle maintenance, outside grounds and inmates who are presently unassigned. PREA related information is posted on every bulletin board. Showers are enclosed with built up walls enabling staff to view the upper torso only. Toilets are also single toilets separated from other toilets by half walls. From outside the dorms glass windows go up about  $\frac{3}{4}$  of the way up. To eliminate viewing of the first toilet in each dorm from the hall through those windows, the facility frosted a portion of the window from the bottom of the window up high enough to prevent direct view of the toilet but still enabling viewing into the dormitory for security purposes. Viewing from the raised security station is also obstructed with the frosting.

The facility did not have any video cameras inside the facility. In the absence of video viewing the facility has attempted to utilize mirrors in strategic locations staff had identified where viewing was obstructed. The administration also restricts keys to limit access to certain areas and doors. They have also placed signs on some solid doors restricting access. Doors that were supposed to be locked were found to be locked. During the tour of the facility however there were additional blind spot areas observed and needed minimally a mirror to enhance viewing. Mirrors are needed in the tool room, stock room and canteen in the warehouse. Restricted signs are needed on the doors of the General Maintenance/Boiler Room. A window needs to be installed in a canteen door. Prior to the exit briefing, the facility provided photos of the signs and mirrors that have been installed. The Assistant Superintendent stated the window in the canteen will be installed during the week of December 19-23, 2016. A photo will be provided to the auditor to confirm that corrective action has been completed.

The auditor continued interviews following the tour, reviewed additional documentation provided and clarified any outstanding issues with the Assistant Superintendent.

At the conclusion of the audit the auditor participated in an exit briefing. Attending were the Assistant Superintendent for Custody/PREA Compliance Manager, Assistant Superintendent for Programs, Regional Security Coordinator, Three Captains

PREA Audit Report

and the auditor. Preliminary findings were provided and the auditor informed the group that the facility was in compliance with all of the PREA Standards without additional corrective action required, apart from providing a photo of the window installed in the canteen door. The facility was congratulated on the work they have done in keeping inmates sexually safe and with the manner in which they have implemented PREA.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Hyde Correctional Institution is a medium/minimum security prison for adult males. Legislators provided for the prison as part of the \$87.5 million prison construction program authorized in 1993.

The design of the prison reflects improvements to the plans used in construction of the Lumberton Correctional Institution. By using prototype designs in this fashion, the department builds facilities with similar mechanical, electric and security systems.

The facility consists of five living units; four general population dorms and segregation. Each living unit houses four open bay dormitories, each with a rated capacity of 54 inmates. Housing assignments are generally based on the inmates work assignment. Work assignments include road squads, labor, groundskeepers, food service workers, educational and vocation inmates, work release, vehicle maintenance, outside grounds and inmates who are presently unassigned. Toilets are separated by half walls. Showers are likewise obscured by half walls. A phone is in each dorm and dorm bulletin boards contained a variety of PREA Related Posters and Information. There is a main control room in the facility as well as raised security stations in each living unit enabling the staff assigned to monitor all of the dorms in the living unit. Although the security station staff were able to look down into the restroom area, the facility had "frosted part of two of the windows to prevent staff from directly viewing an inmate using the restroom. Only one toilet had been in view prior to the "frosting".

The restricted housing area consists of twenty (20) single occupancy cells. Restricted housing consists of administrative segregation and disciplinary segregation. Each cell is furnished with a lavatory/commode. The shower in this unit is enclosed with bars and recessed between two walls. Viewing is possible from the front of the shower however this post is gender specific and the shower is located where staff would have to make a conscious effort to see the inmate showering.

The medical services area houses examining rooms, dental services, records rooms and other areas normally contained in medical areas. Viewing was enhanced by windows in doors and areas enabling observation from outside the office/room.

There are no cameras in the facility however staff have mitigated blindspots with mirrors, windows cut in some of the solid doors and signs restricting access.

The food service area is large and spacious and again blind spots were mitigated as best they could be through the installation of mirrors.

In 1999, a minimum custody satellite unit was added to Hyde Correctional Institution. Minimum custody inmates were moved into the satellite unit in April and are housed in two modular buildings.

Hyde Correctional Institution mans four medium custody road squad vans that service Hyde, Tyrrell, Beaufort, Martin and Washington counties.

## SUMMARY OF AUDIT FINDINGS

The audit process included reviewing all documentation contained on the external drive provided by the facility. Documentation included North Carolina Department of Public Safety Division of Prisons Policies and Procedures, Standard Operating Procedures, Memos from State Office Staff, training rosters and a host of other documents to support compliance. This information enabled the auditor to better understand the operational procedures of the facility related to PREA. The facility also provided a completed Pre-Audit Questionnaire documenting their compliance or non-compliance with each substandard. The PAQ referenced policies/procedures and page numbers. Where numbers were required they provided the numbers. Additional documentation, including samples of background clearances and PREA Questions, PREA Acknowledgement Forms indicating inmates were educated about PREA and training rosters documenting staff PREA Training was requested, provided and reviewed. On site, the auditor interviewed 15 randomly selected inmates representing inmates from every living unit, including segregation. There were no inmates identifying as gay, bisexual or transgender. There were not inmates who reported prior sexual victimization or sexual abuse while in the Hyde facility. Sixteen (16) randomly selected staff were interviewed. Additionally, nineteen (19) specialized staff interviews were conducted. A volunteer and the Director of the Local Advocacy organization, Hyde County Hotline, were interviewed. The facility has had seventeen (17) allegations of sexual abuse or sexual harassment during the past twelve months. Interviews with staff easily confirmed they have been trained in PREA. They were knowledgeable and were able to articulate appropriate responses consistently. All indicated they take sexual safety seriously and would accept any report or allegation of sexual abuse regardless of where the report or allegation came from. Inmates were, for the most part, respectful and well mannered. Every inmate selected elected to participate in the interviews. They consistently reported feeling sexually safe in the facility and all indicated they had staff they trusted and to whom they would report sexual abuse if it ever occurred. Inmates did not articulate multiple ways to report however with prompting they indicated they could report in a number of ways. Inmates were not generally aware of outside advocacy services. They indicated there probably were organizations "out there" they could contact should they need them however they have not needed them. When asked if they received that kind of information in their PREA Orientation Package, inmates stated they probably did. When asked if that information was on the bulletin boards, as I had seen during the tour, inmates said it could be on the board.

The auditor utilized information from all sources, including observation, and evaluated the information/documentation to determine if the minimum compliance was "met" for each standard. The auditor concluded that, based upon reviewed documentation, observation, interviews with inmates, as well as interviews with randomly selected staff, specialized staff, a volunteer and the Director of the Hyde County Hot Line, the local advocacy organization, 39 of 39 standards were rated as "meets" the requirements of the standard.

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.**

The PREA Policies of the North Carolina Department of Public Safety are comprehensive, well written and describe the agency's Zero Tolerance Policy for any form of sexual activity including sexual abuse, misconduct, sexual harassment and retaliation for reporting sexual abuse or sexual harassment. The agency has demonstrated its commitment to PREA by appointing an Agency PREA Director and a PREA Coordinator for secure facilities and by promulgating very detailed and comprehensive policies and procedures. The Agency's PREA Director's position on the agency organization chart indicates that she reports directly to the General Counsel. The agency's PREA Policy and other relevant DPS Policies describe a comprehensive and integrated approach to prevention, detection, responding to and reporting allegations of sexual abuse and actual sexual abuse. An earlier and brief interview with the PREA Coordinator indicated that he is a very motivated and knowledgeable individual who has been involved in implementing PREA for a number of years. He made himself available to secure any information for the auditor and to provide clarification, when requested. Additionally, the Agency's commitment to PREA and Sexual Safety is demonstrated by the Regional Office's Security Coordinator being on site throughout the audit to facilitate the audit and again, to secure any information the auditor requested or needed.

Additionally, the Superintendent has designated, by memo, the Assistant Superintendent for Custody as the PREA Compliance Manager. The PREA Compliance Manager is a veteran employee with years of experience in this facility. Too, he has served as the PREA Compliance Manager since 2013. He is a knowledgeable and highly motivated staff person who stated he has time to take care of his PREA related responsibilities. He also related he has the support of the Superintendent and is able to implement PREA with their full support. An interview with the PCM indicated that he reports directly to the Superintendent and has his complete support. Interviews with staff confirmed that they have been trained in and understand the agency and facility has a zero tolerance for all forms of sexual activity and sexual harassment. Interviews with 15 inmates and a volunteer also indicated that they are informed of and understand that there is a zero tolerance for all forms of sexual activity and sexual harassment. Reviewed acknowledgments also confirmed that staff and are trained in the Zero Tolerance policy. An interview with a volunteer at the facility indicated that he was aware of the Zero Tolerance Policy and how to report allegations, knowledge or reports of sexual abuse and sexual harassment. He described the training provided and indicated it was a power point presentation. He also stated he gets that training annually. Information on the agency's Zero Tolerance Policy is posted throughout the facility on bulletin boards, on acknowledgement forms and in the handbooks.

### **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 facility does not contract for the confinement of 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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The staffing plan for the facility is developed by the Superintendent and his administrative team and documented in the Division of Adult Correction-Prisons Post Chart. The post chart identifies the minimum requirements identified for staffing for all of the housing units, support services, operations and supervisory staff. The plan is based on the shift hours for positions, the numbers of days covered with a minimum number of staff for each shift and using a relief factor to determine the total numbers of staff needed for each post.

Additionally, the staffing plan identifies the “pull post levels” for each position. If the facility cannot meet the minimum, staffing posts are identified for “pulling” based on priority levels. The staffing plan is submitted to the DPS Division of Prisons Regional Office for approval. The plan is reviewed annually by the Regional Office and the Division Office. The plan considers the items required by the standards. The facility does not have video monitoring.

The facility has been proactive however by utilizing mirrors in an effort to mitigate blind spots. Solid doors out of view of mirrors often had signs restricting access to authorized staff only. Keys to these closets and rooms, according to staff, are restricted, providing another level of restriction to access. Some additional blind spots were discovered during the tour of the facility. Immediately the Assistant Superintendent had maintenance staff install mirrors and signs restricting access. A solid door to a canteen completely restricted viewing of activity inside the canteen that was manned by an inmate during normal hours. The Assistant Superintendent agreed to have maintenance cut a window in the solid door to enable viewing.

Supervision is enhanced further by unannounced rounds made each shift by the shift supervisors. Multiple examples of unannounced rounds were provided for the auditor to review. The Superintendent and Assistant Superintendent for Custody/Operations conduct unannounced rounds as well. These rounds include checking doors to ensure that locked areas are locked and that staff and inmates are where they are supposed to be. Additionally, headcounts throughout the day and night account for the whereabouts of inmates and staff. The facility provided multiple examples of documented “unannounced rounds” being conducted.

An interview with the Assistant Superintendent indicated the facility always meets the minimum staffing levels that have been determined to constitute adequate staffing. Minimums, he stated, are always maintained even if staff have to be “held over” , called in or through pulling posts based on post priorities. The facility has a number of vacancies at the present time but again the Assistant Superintendent stated the “minimum” staffing is always maintained. He said this is confirmed through monitoring shift reports and observation.

### 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 facility does not house youthful offenders.

### 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.**

North Carolina Department of Public Safety Division of Prisons, Policy and Procedures, Chapter F .0100, Operational Searches, requires that complete (strip) searches of inmates are conducted only by correctional officers of the same sex as the inmate, except in exigent circumstances as determined by the shift supervisor. After conducting a complete search in exigent circumstances the staff conducting the search is required to submit an Incident Report explaining the urgency justifying the search exception. The DPS policy also prohibits searching a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Correctional staff of either sex may conduct routine (pat/frisk) searches of male inmates. Interviewed staff indicated they were trained to conduct cross gender pat/frisk searches. Interviewed staff indicated that female staff are not allowed to do strip searches but may conduct pat/frisk searches. Interviewed staff and inmates confirmed that female staff never conduct strip searches and that females do pat/frisk searches but most of the interviewed inmates related that they have not been searched by female staff. Interviewed staff related they had been trained in conducting cross gender pat/frisk searches and in searching transgender and intersex inmates in a professional and respectful manner.

Views of inmates during the showering process are restricted/obscured by walls that prevent viewing of genitalia or the buttocks. Showers are recessed between walls and view from the front is also obstructed by walls enabling only the torso area of the body to be viewed. Toilets also have half walls without doors or curtains. One toilet was viewable through the outside windows and from the security station prior to the audit however the facility was proactive and frosted a portion of the outside windows to obscure the viewing. There are no cameras in the shower/restroom areas. Interviewed staff indicated that inmates are



not naked in full view of staff of the opposite gender. Inmates stated that females do not come into the area where the toilets and showers are when they are occupied. If it is “count” time, inmates related female staff announce that they are coming into the area. Some inmates stated that females never come in the area when inmates are in the showers or on the toilets. Viewing of inmates is incidental to staff performing essential security duties, including “counts”. inmates related they are not naked in full view of any cross-gender staff unless the inmate walks out of the shower completely naked.

The DPS “Cross Gender Announcement” requires staff of the opposite gender to announce their presence when entering a housing unit. Interviewed staff stated they always announce their presence. Interviewed inmates related that female staff announce their presence and that at the beginning of the shift it is announced over the intercom with female staff announcing when they enter into another unit housing males or when it is count time. Interviewed inmates consistently related they can dress, shower and use the restroom without being viewed by staff of the opposite gender. Every inmate reported that they have never had an occasion where they believed staff were looking at them inappropriately but only incidental, when conducting counts. Inmates are not supposed to be in the shower/toilet area during counts.

#### **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.**

North Carolina Department of Public Safety, Division of Prisons (NCDPS) Policy E.1800 (Non-English Speaking Inmate Program) and Policy E.2600 (Reasonable Accommodations for Inmate with Disabilities) describe procedures to ensure that inmates with disabilities or who are limited English proficient are provided ways to access the facility’s efforts to prevent, report and respond to sexual assault and sexual harassment. Inmates are not allowed to interpret for any inmate in making a report or allegation of sexual abuse except when a delay in obtaining interpretive services could jeopardize an inmate’s safety. Interviews with staff consistently indicated that staff would not rely on an inmate interpreter except in exigent circumstances. The Department utilizes a PREA Acknowledgment Form that requires staff to ask the inmate if they understand English. Randomly selected staff related they would not use an inmate to translate or interpret except in emergencies however they did not appear aware of the agency’s contract to provide interpretive services via phone. These staff were line staff who indicated they would report it immediately to their supervisor.

#### **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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North Carolina Department of Public Safety Division of Prisons Policy (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) and the Addendum to the Administrative Memorandum 10-2013, contained all the elements required by this standard and all background checks are conducted initially on new employees, when employees are promoted and every five years. The initial background checks include checking with the courts for charges/convictions, checks on criminal convictions and pending criminal charges including checks through the National Crime Information Center (NCIC). The agency prohibits hiring or promoting anyone who has engaged in sexual abuse in a confinement setting or other institution, convicted of engaging or attempting to engage in sexual activity in the community and/or civilly/administratively adjudicated for engaging in such acts. This information is provided on the agency’s website to enable potential applicants to see prior to making application.

As a part of the application and employment process, applicants are required to complete the form entitled, “Applicant Verification” and “DPS Employment Statements”. Both forms contain PREA Hiring and Promotions Prohibitions and applicants must respond to the following PREA Questions: 1) Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? 2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force or coercion, or if the victim did not consent or was unable to consent or refuse? And 3) Have you been civilly or administratively adjudicated to have engaged in the activities described? The applicant also has an affirmative duty to report if any of the above events occurred during the employee’s tenure. Also during the hiring process staff attempt to conduct professional reference checks that include the following statement: “The NC Department of Public Safety is required to complete background checks on all applicants and employees who may have direct contact with offender or resident populations as a requirement of PREA and Public Law 108—79” and the employer is asked to answer the following question: “ Are you aware of your employee being involved in any allegation of sexual abuse that was found to be true or resigning during a pending investigation or any allegation of sexual abuse before the investigation was finished?

An interview with the facility human resource staff confirmed a hiring process that included the elements required by the standards. Five- year background checks and background checks upon promotion are being done. A sample of twenty-five (25) personnel files were reviewed and each contained the required background check and the signed Applicant Verification Form. The Human Resource Staff reported that her facility is responsible for conducting background checks for non-certified employees and the DOC Regional Employment Office conducts them on all certified personnel. Additionally this office (Regional) interviews applicants for certified positions and is responsible for documenting the PREA Questions on the Applicant Verification Form.

**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 facility has not had any upgrades to the prison facilities since August 20, 2012 nor has video monitoring technology been installed. This was reported on the Pre-Audit questionnaire and confirmed during an interview with the Assistant Superintendent. The facility does not have any video cameras. The Assistant Superintendent, in an interview, related that if the Department was going to modify the facility physical plant, he and his staff would be involved and consulted about issues related to “sexual safety” and their input would be considered. The same would occur if the Department had plans for video monitoring technology.

### **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)

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North Carolina Department of Public Safety Division of Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) addressed all the requirements of the standard and requires that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency. The agency and facility have protocols for reporting, including reporting to local law enforcement and other investigative agencies. The facility reached out to the agency responsible for conducting criminal investigations, the Hyde County Sheriff’s Office to ask that they follow an acceptable protocol. They Sheriff responded with an email confirming receipt of the Facility’s email. The facility utilizes facility investigators for administrative investigations. Additionally, the Department’s Office of Special Investigations (OSI), conducts investigations involving staff. The Hyde County Sheriff’s Office will investigate any allegations that appear to be criminal. North Carolina Department of Public Safety Division of Prisons Policy, Health Services Policy and Procedures Manual (Sexual Abuse) requires that the Division of Adult Corrections provide all inmates who allege sexual abuse a prompt medical evaluation and to offer a referral to Mental Health Services. Under no circumstances are forensic specimens to be collected at the institution. Procedures require that when an inmate reports or is suspected of being the victim of recent sexual abuse he will be treated as an emergency patient and is to be examined by the Division of Adult Correction physician or physician extender, if on site. Protocols are described if a physician is on site and not on site. Following on site involvement of medical staff in response to a sexual abuse allegation the facility will transport the inmate to the local Emergency Department for examination, treatment, prophylactic treatment, counseling and collection of lab specimens for forensic purposes. These procedures also address the protocol for inmate alleged abusers. Interviews with an investigator at Hyde C I confirmed the investigative process and that process was consistent with DPS Policy.

All inmate victims are offered forensic exams and associated treatment at no cost to the inmate victim. Interviews with the facility medical staff (two Registered Nurses) confirmed that they are not trained, equipped or authorized to collect forensic exams at the facility. Their roles, in the event of a sexual abuse, would be to provide first aid and to protect the evidence insofar as possible. They also related the inmate would be transported to the local emergency room. Safes/Sanes will conduct the forensic exams if on site or available on call, however the facility reported that, in the absence of a SAFE OR PREA Audit Report

SANE, the forensic exam would be conducted by a qualified nurse at the ER. The ER staff would contact an advocate to accompany the inmate throughout the forensic exam. The facility has two MOUs with advocacy organizations. These are the Hyde County Hot Line and REAL Crisis Intervention, Incorporated. The Hyde County Hotline agreement is dated August 16, 2016 and includes an agreement that the Hyde County Hotline will provide 24/7 hotline services enabling inmates a way to contact the Hotline to report sexual assault and to provide an advocate. The advocate will most likely come from the REAL Crisis Intervention, Incorporated. The facility and the Hyde County Hotline have a MOU with REAL Crisis Intervention, Inc. to provide advocates who would meet the victim at the hospital and to be with the victim during the exam and through the investigation. REAL Crisis staff or volunteers would meet the victim at the Vidant Beaufort Hospital or Washington Hospital. The facility has trained staff called PREA Support Staff. PREA Support Staff are system based advocates who have been trained to perform those duties. The duties and responsibilities are described in the document entitled: "PREA Support Person Role and Responsibilities". The staff are available and will offer to accompany the victim to the hospital. An interview with a PREA Support Staff indicated they were screened for appropriateness to serve as a victim advocate, received specialized training and are not the facility's PREA Compliance Manager. A review of multiple investigation reports confirmed they were the result of a variety of reporting mechanisms including grievances, telling a staff or reports by other inmates. Each allegation was reported and investigated as required.

#### **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.**

North Carolina Department of Public Safety Policy (Inmate Sexual Abuse and Sexual Harassment Policy), F.3400, requires that the facility report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. If there is evidence or suspicion that criminal conduct may have occurred, local law enforcement must be notified. The local law enforcement agency responsible for criminal investigations at the facility is the Hyde County Sheriff's Office. Staff are required to report all allegations, knowledge, reports or suspicion of sexual abuse, sexual harassment, retaliation or staff conduct that may have contributed to an incident or retaliation. The facility has "in-house" PREA investigators who have been trained to conduct sexual assault investigations in confinement settings. An interview with one of the investigators indicated he has completed the specialized training for conducting sexual abuse investigations in confinement settings. He was able to explain the investigative process in great detail. Facility based investigators are responsible for conducting a preliminary investigation to determine if the incident was a PREA related case. If the incident involved a staff member the Department's Office of Special Investigations would be contacted and would conduct the administrative investigation. If the incident appeared criminal staff would contact the Hyde County Sheriff's Office. Reviewed investigative reports conducted by the facility investigators contained allegations made in a variety of ways including anonymously, via the grievance process and telling a friend, relative or staff.

Interviews with 16 staff, randomly selected, as well as specialized and administrative staff, indicated that the expectation at this facility is to report everything for investigation. They indicated this included "everything"; third party, anonymous, signed or unsigned "drop notes", reports from inmates or staff; and any suspicions or knowledge of sexual abuse or sexual harassment. Most of the staff indicated allegations would be investigated by the PREA Compliance Manager, an in-house investigator, and/or local law enforcement.

Seventeen investigation reports were reviewed. Most of the reports came from inmates reporting to staff. Most often the staff receiving the report from an inmate was either a sergeant, lieutenant or captain. Inmates also used the grievance process to report and several reports were made through third parties, including a family member. One of the seventeen reports or allegations was the result of an anonymous letter received by a Captain.

The investigation process is comprehensive and results in several layers of review. These include a review by the superintendent and then the regional office. Reviewed reports also confirmed that reports involving staff are also referred to the DPS Division of Prisons Office of Special Investigations. Their reports are then reviewed by their director. Criminal investigations are investigated by the Hyde County Sheriff's Office. Multiple referrals were made to them however in each one reviewed, the law enforcement declined to investigate, at times asking the facility investigator to get back with them if the case was substantiated or more information was available.

### **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.**

North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate and Sexual Abuse and Sexual Harassment) requires PREA Training initially, upon becoming an employee with refresher training annually. All ten (10) topics that are covered during the PREA Training are consistent with the requirements of the PREA Standards and are tailored to the inmate population. Training is provided either in a classroom setting or through the Learning Management System on-line. The facility provided multiple automated Learning Management System (LMS) rosters to confirm staff are receiving their training as required. Additionally, staff are given PREA information during shift briefings and through posters throughout the facility. Staff receive the "Daily Dozen" that provides staff with a variety of topics to consider related to PREA including things like the Zero Tolerance Policy and professional boundaries and others. The PREA Posters cover items including Zero Tolerance, employee responsibilities, reporting, the NC General Statute and sanctions. Another poster identifies 'red flags' for staff to remain aware of in the facility's prevention, detection, reporting and responding efforts. Staff reported, in interviews, that they receive PREA Training when they are first employed. Staff also related they receive PREA training during annual re-certification training. They indicated that this training consists of the power point slides covering, yet again, all of the ten PREA topics. Staff also receive refresher through information provided during the daily shift briefings. Staff were able to respond to the questions asked during their interviews for the most part without hesitation. Occasionally with prompting they were able to relate more of what they knew. They were knowledgeable of the Zero Tolerance Policy, signs and symptoms, rights of inmates, ways to privately report sexual abuse of an inmate, and first responding. Their responses to first responding was impressive and each one described with detail and specifics, the continuum of activities and responses they would employ upon receiving a report or knowledge of sexual abuse. They also had First Responder Cards enumerating their roles and responses to an allegation of sexual abuse. Samples of training rosters were provided to confirm staff completing PREA 101, the Department's PREA Training for employees. An interview with the Facility Training Coordinator indicated staff receive PREA Training during basic training as a newly hired employee and through annual in-service training. Documentation in the form of a computerized training report was provided to

indicate that staff were receiving the training as required and interviewed staff stated they had been trained in each topic enumerated in the PREA Standards.

### **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.**

North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) as well as Policy F.0604 (Community Volunteer Program), requires volunteers and contractors who have contact with inmates to receive PREA Training. Training provided to volunteers and contractors is the same training provided to staff. That training consists of power point slides covering each of the topics required by the PREA Standards. Documentation was provided to indicate that volunteers and contractors are receiving the training required. Volunteers are also provided a brochure that includes information including their duty to report, how to report and to whom, red flags, undue familiarity, what sexual abuse is, as well as additional information about the PREA and NC DPS response to PREA in preventing, detecting, responding and reporting. An interview with a volunteer who had provided services for approximately 14 years confirmed the process for educating volunteers or contractors. Multiple acknowledgement forms were provided to confirm training.

Acknowledgment forms address Zero Tolerance, the intent of PREA, maintaining clear boundaries with inmates, duty to report and methods of reporting. The volunteer or contractor then sign an acknowledgment form indicating that they have been oriented on and understand the PREA Act of 2003, NC General Statute and the NCDPS zero tolerance standard for sexual abuse as well as acknowledging their agreement to report any findings of sexual abuse immediately. Additionally, an interview with a facility volunteer via phone indicated that he had received the on-line “PREA 101” training.

### **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.**

North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) requires inmates to receive appropriate education information regarding safety, their rights to be free from sexual abuse,

sexual harassment, retaliation, reporting and the agency's response to allegations. In addition to providing PREA Information during orientation, inmates are provided a package of information related to PREA, including a brochure providing essential information on a variety of PREA Topics. The brochure entitled "Sexual Abuse Awareness For the Inmate" provides the definitions of sexual abuse and sexual harassment, preventing sexual abuse, what to do if an inmate is sexually abused, facts about sexual abuse and facts for the inmate who sexually abuses another inmate. PREA Posters were observed on bulletin boards throughout the facility. Inmates sign an acknowledgment form that addresses zero tolerance and affirms that the inmate has received PREA Education and was given an opportunity to ask questions related to the material presented and that the inmate understands that he has a duty to report any threat or occurrences of Undue Familiarity or Offender Sexual Abuse and Harassment to Department of Public Safety staff. Hyde Correctional Institute also uses a form entitled, "Inmate's Rights to be Free from Sexual Abuse and Sexual Harassment". This is a really effective form documenting the inmate's right to be free from sexual abuse and sexual harassment, the agency's policies and procedures for responding to incidents and ways to report sexual abuse and sexual harassment. Inmates sign and date this form as an acknowledgment of understanding in addition to the PREA Acknowledgement. Multiple acknowledgment forms were provided for review.

An interview with the staff responsible for conducting orientation indicated that they provide the PREA Education generally not later than the day following admission. This information includes PREA information contained on posters, PREA information contained in the Inmate Handbook and the PREA Brochure. Inmates are then asked to acknowledge they have received PREA Education and that they understand it. Inmates who were interviewed were generally knowledgeable of PREA. Most of the interviewed inmates said they have received PREA information at every prison they have been in and those coming from the Processing Center stated they also received PREA information at the Processing Center. All of the inmates stated they were aware of their rights to be free from sexual abuse and sexual harassment in this facility. They also were aware of their right to report it if it occurred and to be free from retaliation for reporting it. Inmates consistently stated they would tell a staff member if they became a victim. Inmates stated they knew that there were outside agencies or organizations for dealing with sexual abuse if they ever needed it but said they did not know about the Hyde County Hotline Advocacy Organization. Some of the inmates stated they did not receive any PREA information upon admission or during orientation at this facility. The auditor requested and received the orientation forms, including the acknowledgment statements, for these inmates to determine if they had been provided PREA information during orientation. The facility provided the auditor documentation for every interviewed inmate acknowledging that the inmates had received that information during their orientations.

#### **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.**

North Carolina Department of Public Safety Division of Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) requires an investigation for all allegations of sexual abuse or sexual harassment. The facility has in house PREA Investigators who have also been trained to conduct sexual abuse investigations in confinement settings. The facility provided the curriculum for the training. The curriculum, developed by the North Carolina Department of Public Safety Staff Development and Training, was comprehensive and involved eight hours of training. The facility provided documentation from the Learning Management System to confirm the investigators received the training as required. This training, as required, is in addition to the PREA training for all employees (PREA 101). Provided documentation also confirmed the PREA Audit Report

investigators have received their PREA 101 training as required and that it is in addition to the specialized training. One facility investigator was interviewed. This staff was knowledgeable of the investigative process. The description of how an investigation should be conducted included all of the elements that are found in a competent report and all the elements required by the standards. The investigator related that if an investigation involved staff in any manner, the DPS OSI investigator would be contacted to conduct and administrative investigation. If the allegations was criminal, OSI would still be involved if staff was involved. They would work alongside law enforcement and assist in any way possible and would generate an administrative report while the criminal investigatgor would conduct and document the criminal investigation. The agency responsible for conducting criminal investigations at this facility is the Hyde County Sheriff's Office. The facility provided documentation of reaching out to the sheriff's office to agree to support each other and provide any needed services. The Sheriff acknowledged the email and agreed to provide services. Reviewed investigations confirmed that the Hyde County Sheriff's Office was notified each time an allegation was received.

### **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.**

North Carolina Department of Public Safety Policy (Inmate Sexual Abuse and Sexual Harassment Policy) requires mental health practitioners to complete mandated training. It also requires all full time, part time medical and mental health care practitioners who work regularly in its facilities to be trained in: detecting and assessing signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Training is documented in the DPS Learning Management System. Interviews with the Nurse Supervisor and a Registered Nurse at the facility confirmed that they all have received their PREA 201 and Specialized Training as required. The facility does not have any on-site mental health employees. Mental Health Services are essentially provided by video link with a DPS Mental Health Professional.

### **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.**



North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) requires that prior to placement each inmate is screened with an objective screening instrument for risk of victimization and sexual abusiveness. This is accomplished through the OPUS Mental Health Screening Inventory. Policy requires that all inmates and safekeepers are to receive a mental health screening (MHSI) administered via the web based OPUS intake system, within 72 hours after admission to prisons. Diagnostic Services staff are required to conduct the screening to determine an inmate's risk of being sexually abused by other inmates or their risk for being sexually abusive towards other inmates.

The following information is considered and obtained: 1) Whether the inmate has a mental, physical, or developmental disability 2) Age of the inmate 3) Physical build of the inmate 4) Whether the inmate has previously been incarcerated 5) Whether the inmate's criminal history is exclusively nonviolent 6) Whether the inmate has prior convictions for a sex offense non-conforming 6) Whether the inmate has previously experienced sexual victimization 7) the inmate's own perception of vulnerability 8) whether the inmate is detained solely for civil immigration purposes and 9) considers prior acts of sexual abuse, prior convictions for violent offense and history of prior institutional violence or sexual abuse as known to the agency, in assessing inmates for risk of being sexually abusive. Policy requires that within a set time, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional and relevant information received by the facility since the intake screening. Upon transfer to another facility, during the initial contact, the case manager will reassess the inmates' own perception of risk since the initial intake screening. Interviews with staff who conduct the screening indicated that screenings are conducted as required.

Staff indicated, during interviews, that victimization screening is done at the Processing Center prior to the inmate's arrival at the facility and the facility's responsibility is to ask the inmate upon arrival if there have been any assaults or threats of assaults against the inmate that upset the inmate and if he would like to speak with someone in mental health. Designated staff pulls a report weekly from OPUS that identifies inmates who are at risk of victimization and for abusiveness. This is to ensure the inmates are not housed with potential perpetrators, or placed on the same job assignment or program placement.

#### **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.**

North Carolina Department of Public Safety Division of Prisons Policy (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) and Health Services Policy and Procedure TX 1-13 (Evaluation and Management of Disorders of Gender Dysphoria) precludes gay, bi-sexual, transgender and intersex inmates being placed in a particular housing unit, beds or other assignments based solely on their identification or status. Policy requires that information from the screening for risk of victimization and abusiveness is used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually active. Based upon information derived from the screening the following procedures are required: Inmates identified as a high-risk abuser will be restricted from double housing. Lists of high risk abusers as well as potential victims are generated and used to make individualized determinations for bed assignment based on facility housing designs to ensure the safety of each

inmate. In making work assignments, facilities are required to consider amounts of staff supervision in the area, presence or absence of surveillance equipment and whether the job is in an isolated area prior to making assignments for high risk abusers.

Program and education assignments are monitored to ensure all program assignments are appropriate for high risk abusers. An interview with the Assistant Superintendent indicated that lists are generated weekly to identify inmates who were screened for potential for victimization and abusiveness. These individuals are reviewed to ensure that they appropriately housed, bedded and are placed in appropriate programming and work assignments.

Interviewed inmates were inconsistent in remembering whether the questions associated with the screening instrument were asked during the admission process or any time after that however a number of those interviewed had been in the prison for long periods of time. Some said the questions were asked of them at the processing center. An interview with the staff who conducts screening for risk of victimization confirmed that she asks the PREA related question when inmates arrive at the facility from the processing center.

### **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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) prohibits the use of involuntary restricted housing unless there is no other option for keeping an inmate who is vulnerable to victimization separate from aggressive inmates. Policy also requires review every thirty (30) days for continued restriction/placement. An inmate's participation in programs, privileges, education and work opportunities may be restricted due to facility security issues however all efforts will be made to provide certain programming within the restricted housing. Placement of an inmate in involuntary restrictive housing and any type of restrictions are documented.

The facility did not have any inmates placed in involuntary protective custody in the past 12 months who were still at the facility. Interviews with line staff and administrative staff, including the Superintendent, indicated that inmates are not automatically placed in restricted housing as a first response. Inmates may request voluntary protective custody however involuntary protective custody is not the first option considered.

The Assistant Superintendent was interviewed as the Superintendent's designee. The Superintendent was on a previously scheduled vacation. The Assistant Superintendent related that involuntary protective custody would be used only as a last measure and then only until he could find appropriate housing, even if at another facility. He indicated that in the event of a sexual assault he would place the inmate aggressor in restricted housing and if a staff, on no contact status and he would leave the inmate victim in the general population housing if the inmate would feel safe with that option. He indicated that he fully understood the need not to "revictimize" a victim. If the abuser had not been identified or if an inmate was alleging imminent sexual abuse, the potential victim might be placed in restricted housing until other arrangements were made. He also related that if he had to put an inmate in involuntary administrative segregation the inmate would be there for not more than 24 hours while the initial investigation was being conducted. He related they would receive programming while

lin segregation like the general population unless there were reasons they could not be provided, in which case, the reasons would be documented.

A review of seventeen investigation packages indicated that none of the inmate “reporters” making allegations of either sexual abuse or sexual harassment were involuntarily placed in restrictive housing. There was documentation that several of the reporting inmates requested protective custody. There was also documentation that an aggressor was placed in restrictive housing and an alleged inmate victim, in that same case, was placed in another dorm for protection from other inmates in his previous dorm as a result of the 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.**

North Carolina Department of Public Safety Division of Prisons (NCDPS) (Inmate Sexual Abuse and Sexual Harassment Policy), Reporting and Investigation of Sexual Abuse and Sexual Harassment, Inmate Reporting, provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment and staff neglect or violations of responsibility that may have contributed to such incidents. The agency also requires the facility to provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency and is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials allowing the inmate to remain anonymous upon request. The following ways to report are provided in policy: 1) To any Department of Public Safety employee 2) Administrative remedy process 3) PREA/Grievance locked box where applicable and 4) the toll free PREA telephone number for reporting directly to the PREA Office, incidents of sexual abuse and sexual harassment (where applicable) and 5) Third Party reports via email, phone or letter. Inmates are provided information on ways to report during orientation and via posters throughout the facility reminding inmates of how to report. After their PREA Orientation, inmates sign an acknowledgment form indicating that they have been informed of multiple ways of reporting.

Fifteen (15) inmates representing every housing unit and restricted housing stated that it’s not going to happen to them. When pressed for ways others could report they reluctantly responded. The majority of those interviewed related they would tell the Sergeant or the Officer in Charge. When asked if they had staff they would trust to report it to, again, the majority said yes and it would be the Sergeant and OIC. Inmates did state that although none of them had reported sexual abuse or sexual harassment they believed the staff would take all reports seriously and would take action to protect the inmate. When prompted they did agree they could report it in writing by a grievance or by “dropping a note” or “flying a kite” and not signing it. When asked if a relative would be able to report for them, inmates said yes and several said that is the way they would report it. Some of the inmates stated they were told how to report at the Processing Center and here and that posters were all over bulletin boards informing them how they could report. Interestingly enough the inmates consistently stated that sexual activity in this facility, if it occurs, is consensual and not “sexual assault”.

Reviewed investigation reports indicated reports of sexual abuse and/or sexual harassment came through a variety of forms including telling a staff, telling the Sergeant, writing a grievance and dropping an anonymous note. Inmates frequently walked into or were taken to the sergeant’s or lieutenant’s office to make reports. One allegation was made via the

grievance process and two allegations reported through third parties. Reviewed investigation reports indicated that staff take allegations from any sources seriously.

#### **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.**

North Carolina Department of Public Safety Division of Prisons (NCDPS) Policy G.0300 (Administrative Remedy Procedure) provides that inmates get instructed, during orientation at the Diagnostic Center, in how and where to obtain a grievance form. During their orientation, the inmates also get an oral explanation of the procedures and are given the opportunity to ask questions. Policy provides for third party assistance from fellow inmates, staff members, family members, attorneys and outside advocates in submitting a grievance on behalf of the inmate. If a third party submits a grievance on behalf of an inmate, the facility may require, as a condition of processing the grievance, that the alleged victim agree to have the grievance submitted on his behalf and may require the alleged victim personally pursue any subsequent steps in the grievance process. If the inmate declines to have the grievance processed on his behalf, the facility will document the inmate's decision.

Time limits are established in policy. All grievances are required to be processed within 90 days from filing to final disposition. Anytime an inmate is subject to a substantial risk for imminent sexual abuse, the facility will treat the grievance as an emergency grievance and the facility will forward the grievance to a level of review at which immediate corrective action can be taken. An initial response is required within 48 hours with a final agency decision within 5 calendar days. Several of the fifteen (15) interviewed inmates related they could use the grievance process to report sexual abuse or sexual harassment. Inmates related they would ask the officer for a grievance form and that they would give them one.

Reviewed investigations confirmed that inmates do use the grievance process to report allegations of sexual abuse.

#### **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.**

North Carolina Department of Public Safety Division of Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) requires that inmates have access to outside confidential support services, PREA Support Persons and legal counsel. The Assistant Superintendent related that inmates have access to the Hyde County Hot Line. The number is posted in the living units. The Hyde County Organization provides education, information related to sexual abuse, crisis intervention and advocates who can meet the victim inmate at the hospital where the inmate will be taken for a forensic examination. An interview with the Director of the Hyde County Hotline confirmed the services described. She also related that she and the facility have a MOU with REAL Crisis Intervention, Incorporated, an organization providing advocacy services, including providing an advocate to meet the inmate at the hospital to offer services. The MOU indicates that REAL Crisis Intervention Incorporated will provide an advocate to meet the inmate at the Vidan Beaufort Hospital or Washington County Hospital to provide information on their services. Interviewed inmates indicated they knew there were organizations outside in the community for dealing with sexual abuse if ever needed however they were not sure of who they were. They did indicate that the facility probably gave them that information. They stated that the facility gave them a lot of PREA information that they do not read. They also related the information could be on the bulletin boards. Reviewed orientation/acknowledgment forms indicated the inmates were provided information related to the outside advocacy organization. Inmates told the auditor they were sure they could access that information if they ever needed it.

#### **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.**

Third party reporting is addressed in Department of Public Safety Policy (NCDPS) F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy). It states that Third Party Reporting can be made via email, phone or letter. Inmates may write to the State-wide PREA Director or send an email through the link provided. Some of the interviewed staff included third parties as a means for inmates to report sexual abuse and sexual harassment. Other staff, when asked if they would take a report from a “girlfriend” , another inmate, a family member or perhaps a volunteer stated they would take a report from any of them and also from any other source, including an anonymous report. They related they would take that report and report them just as they would any other report. Inmates included third parties as way they could report sexual abuse or sexual harassment however, most often, they reported they would tell a staff. When asked if they could tell another inmate they stated they could but they would not. When asked if they would report sexual abuse of an inmate that they had knowledge of, they often said they would stay out of it. The auditor asked if they had a way to report it anonymously, since they believed reporting what happened to someone else would be “snitching”? Several said they would not report another inmate’s sexual assault personally but would send an anonymous note to the staff. The agency’s website provides a way for anyone to report the sexual abuse of an inmate. The report would go directly to the statewide PREA Coordinator who would report to the facility so the incident could be investigated. Third party reports may also be made through the Fraud, Waste, Abuse and Misconduct Hotline with information provided on the web site. Reviewed investigations contained

documentation to confirm that reports had been made by third parties, including other inmates and an inmate's brother.

#### **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.**

North Carolina Department of Public Safety Policy (NCDPS) F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) P.16-17, (C) Staff and Agency Reporting Duties requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. The Agency requires that staff report allegations that inmates are having sexual relationships with other inmates or with staff. The Policy provides the following ways for staff to report: 1) The PREA Office by email or phone 2) Anonymously by contacting the Fraud, Waste, Abuse and Misconduct Hotline or Local Law Enforcement. Reports are to be forwarded to the Facility and the PREA Office. It requires reporting of third party and anonymous reports to facility investigators. If there is evidence or suspicion that criminal conduct may have occurred local law enforcement (Hyde County Sheriff's Office) is called to investigate. Policy requires that failure to report will subject the nonreporting staff to disciplinary action. Allegations of abuse that an inmate was abused at another facility are required to be reported as well.

Randomly selected staff and specialized staff confirmed that staff not only are required to report allegations of sexual abuse or sexual harassment but that they do report those allegations. This is documented in the investigations that were conducted during the past 12 months. Staff reported allegations of sexual abuse based on reports from inmates to them, both in person and anonymously, but also through grievances. When inmates requested to be taken to the Sergeant's and/or OIC's offices to talk, documentation demonstrated that they took the allegations seriously and the requests to see the Sergeant and/or OIC, staff took them there. Staff were knowledgeable of ways to privately report and that included signed or unsigned letters to the PREA Director, Superintendent or other administrators. Staff related they will be disciplined if they did not report. All of them stated they would report all allegations and knowledge of sexual abuse or sexual harassment. They also indicated that even a suspicion would result in a report. Staff stated they are required to immediately make a verbal report to their supervisor followed by either a witness statement or an incident report.

#### **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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) requires that staff take immediate action to protect the inmate after learning that an inmate is subject to a substantial risk of imminent sexual abuse. Staff consistently reported they would take any allegation that an inmate was subject to a substantial risk of imminent sexual abuse seriously and take immediate action to protect the inmate.

Sixteen (16) randomly selected staff were interviewed. Consistently, when posed with the question of what action they would take if an inmate alleged being at substantial risk of imminent sexual abuse, staff consistently stated they would separate the inmate from the alleged potential perpetrator. All of them stated they would take the inmate’s allegations seriously and take immediate action. They differed in actions they would take however. Some staff stated they would immediately separate the inmate from the potential perpetrator and take the inmate to the Sergeant’s Office to talk with him to decide what to do and where to place the inmate. Some said the inmate would be placed in administrative protective custody for not more than 24 hours while attempts are made to investigate. Most stated they would keep the inmate either with them or directly in view or place them in the Sergeant’s Office until a decision could be made but they thought the inmate might go to administrative protective custody. They all stated, upon receiving a report, they would immediately take action and not wait until later. The Superintendent’s designee related that placing an inmate in restricted housing would be a last “measure” and then only until the staff could find appropriate housing or in another facility. He indicated if the aggressor was a staff, the staff member would be placed on “no contact” status while the investigation took place. If an inmate requested protective custody the facility would place them in restrictive housing. There were no inmates in the facility who had alleged sexual abuse, sexual harassment or who alleged being in substantial risk of imminent sexual abuse. Interviews with staff who supervise segregation and the Assistant Superintendent related if an inmate was placed in involuntary segregation for protection, he would receive the same programs he would normally have received in the general population. If any programs were denied the justifications for denying or restricting them would have to be documented. Seventeen investigation files were reviewed. The only occasions where inmates were placed in protective custody was at the inmate’s request. Documentation was provided to indicate that an alleged inmate victim was placed in another dorm for protection with the alleged aggressor placed in administrative restricted housing.

#### **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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation is required to notify the head of the facility where the alleged incident occurred. This

notification must be provided as soon as possible, but not later than 72 hours and the notification is documented by a memo to the file or uploading into the correspondence tracking system (CTS). Additionally, the Facility Correctional Administrator is to immediately report the incident for investigation and complete an incident report.

An interview with the Superintendent's designee confirmed that he is knowledgeable of this requirement and he could articulate a response that was consistent with the NCDPS Policy and with the PREA Standard 115.63. He related that in 2015 Hyde Correctional Institute received a report from another facility that an inmate who was now in another facility reported alleged oral sexual activity while he was at Hyde. The facility took the report and sent one of their investigators to initiate the investigation. The Hyde investigator went to the inmates current facility to initialte that investigation that later was found to be unsubstantiated. The facility received the report and immediately took action to send an investigator and to cooperate fully with any ancillary investigation related to the alleged incident.

### **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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) enumerates the duties of staff first responders upon learning that an inmate was sexually abused. These steps include: Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; Request that the alleged victim and abuser from taking any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Reviewed documentation and investigation packages confirmed that staff performed their first responder duties as required and that they separated the victims from alleged abusers upon receiving an allegation of sexual abuse or sexual harassment. Staff at this facility described their responsibilities as first responders with great specificity and detail. It was readily apparent that they have been trained in their roles as first responder. Staff reported they would separate the victim and take him away from the alleged abuser, keeping him safe. They said they would immediately report it verbally to their immediate supervisor and treat the area where the alleged abuse occurred as a crime scene. Every interviewed staff spificied that they would request the victim take no action to degrade or eliminate potential evidence. That included not using the bathroom to defecate or urinate, not to change their clothing or remove them, not to comb their hair, brush their teeth or drink water. They indicated they would require the alleged perpetrator not take any of those actions as well. They stated they would get the victim to medical and make a report of the incident. The facility has a site specific coordinated response plan delenating the duties of each party/unit in responding to an allegation of sexual abuse. Additionally staff carried First Responder Cards for ready reference. This enables them to have a step by step guide at a time when staff, in the moment of an emergency situation, when following procedures is vital to ensuring protection of the alleged victim, securing medical assistance as needed and in protecting potential evidence from being compromised.



### 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 facility has a documented site specific coordinated response plan to ensure that every entity at the facility understands their roles in responding to allegations of sexual abuse. The agency provided the documented Coordinated Response Plan as well as a first responder plan in a flow chart identifying each step to take following an allegation or an incident of sexual abuse. Interviews with staff confirmed that they, both custody and non-custody, understand their roles following a report or allegation of sexual abuse. The facility also has trained advocates (PREA Support Persons) who are a part of the response plan. Staff who were interviewed, including line staff and specialized staff, were able to articulate their specific roles in responding to an allegation or actual sexual assault. Staff also carry first responder cards to give them step by step guidance in responding to a sexual assault or an allegation of sexual assault.

### 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.**

The employees of Hyde Correctional Institution are state employees and not members of a union. The facility is not engaged in any form of collective bargaining and can remove staff from contact with inmates when investigating an allegation of sexual abuse.

### 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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) provides a process for monitoring retaliation of inmates or staff for making a report of sexual abuse or sexual harassment or for cooperating with an investigation related to a PREA Incident. Policy requires the facility PREA Support Person monitor retaliation against the victim and the inmate who either report allegations, or cooperate with investigations, of sexual abuse or sexual harassment. Upon receiving notification of an allegation, the PREA Support Person will initiate monitoring the alleged victim and inmate who reported the allegation or cooperated with officials during the investigation. Monitoring will include periodic status checks of inmates. Monitoring will continue for 90 days or beyond 90 days if the initial monitoring indicates a continuing need. Upon completion of the monitoring period, staff are required to complete and document the results which is forwarded then to the PREA Compliance Manager.

An interview with the Retaliation monitor indicated that she has been trained to perform retaliation monitoring in compliance with agency policy. She advised that immediately following an allegation or incident she would make contact with the victim immediately to explain her role, using the PREA Support Form as the guideline, and offer PREA Support Services which include monitoring the inmate for retaliation. Inmates at this facility are consulted at least monthly even if they do not want to be monitored for retaliation purposes. For inmates requesting PREA Support Services, including monitoring for retaliation, she indicated her role would be to see the inmate at least monthly to see if the inmate felt safe or felt the need for continuing monitorings and what to do if he felt intimidated. Seventeen investigation files were reviewed. Every file contained the Retaliation monitoring form documenting contact with the inmate at least monthly even if the inmate did not ask for monitoring or support services. Multiple PREA Support Forms documenting the PREA Support Staff offering monitoring and PREA Support Services were reviewed. Monthly contacts were consistently documented. The Retaliation Forms often documented checking for DRs, Job Assignments and other indicators of potential retaliation.

#### **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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires that inmates at high risk for sexual victimization are not to be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be made immediately the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. Policy also requires that inmates may be assigned to involuntary housing only until an alternative means of separation from likely abusers can be arranged and this period shall not exceed a period of 30 days. In the event an inmate is placed in involuntary segregated housing the facility is required to clearly document the basis for the facility’s concern for the inmate’s safety and the reason why no alternative means of separation can be arranged. Evaluation for the continued need for involuntary segregated

housing is documented every 30 days.

Interviews with the Assistant Superintendent indicated that when an inmate needs post-allegation protective custody the facility would not use “restricted housing” except as a last resort. If the abuser was identified, the abuser would be placed in restricted housing while an investigation is being conducted. The victim may be placed in another dorm if needed for protection or may be transferred to another facility. Again, if the abuser is known the abuser may be placed in restricted housing and/or transferred to another facility. If the victim fears some sort of retaliation preventing him from being returned to the general population, the victim may also be transferred to another facility for protection however the administration reiterated that the abuser will be the one most likely placed in restricted housing and transferred. If an inmate is placed in involuntary segregated housing staff related the inmate is required to have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education and/or work opportunities, the facility is required to document the opportunities that have been limited, the duration of the limitation and the reason for such limitations. Administrative staff, in their interviews, indicated that inmates in involuntary segregated housing would receive programs and opportunities to the extent possible. Interviewed staff indicated inmates in involuntary segregated housing would be seen by medical and mental health and would have access to education and exercise insofar as possible. There have been no inmates placed in involuntary segregated housing in the past 12 months. Seventeen investigations were reviewed. In none of the cases was involuntary administrative restricted housing documented. In some of the cases, the inmate making the allegation requested protective custody. Documentation was provided in an investigation report that the inmate aggressor was placed in restricted housing while the alleged victim was moved to another dormitory for safety concerns among the remaining dormitory population. Retaliation monitoring indicated that some inmates were placed on different work assignments.

#### **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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires all staff to report any knowledge, reports, allegations or suspicions for investigation. Agency policy requires investigations into all allegations of sexual abuse and sexual harassment and that these investigations are conducted promptly, thoroughly and objectively and including third party and anonymous reports. Sexual abuse and sexual harassment investigations are conducted by staff that have received special training in sexual abuse investigations. Investigations are conducted by the PREA Compliance Manager, facility based investigators, the Office of Special Investigations and/or the Hyde County Sheriff’s Department. If an alleged act of sexual abuse or sexual harassment is reported or discovered, an immediate preliminary investigation shall be conducted to determine if the incident meets the standards of PREA. Seventeen investigation packages were reviewed. All of them documented an expeditious preliminary investigation to determine if the allegation was PREA related. All of the seventeen packages were PREA related.

Investigators are trained to and are required to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data including video and/or audio recordings and interview alleged victims, suspected perpetrators and witnesses. Reported allegations shall be documented in OPUS on PREA Audit Report

the PREA Incident Report within 72 hours of receiving the report. Sexual abuse and sexual harassment investigation reports are submitted to the facility head. PREA Investigations must be completed and approved by the Region Director within 30 days of the initial PREA Report. An extension of 30 days' maximum may be granted by the Region Director to allow additional time to collect evidence or to determine validity. Some of the reviewed investigative reports contained approved requests for extensions of time to allow staff to secure evidence such as telephone transcripts. The departure of an alleged abuser or victim from employment or control of the facility will not cause the investigation to be terminated. Written reports are retained for as long as the alleged abuser is incarcerated or employed by the agency plus 5 years. Interviews with a facility investigator confirmed that he is an intelligent and extremely competent individual. He described a detailed and specific investigation process consistent with agency policy and with the PREA Standards. Criminal investigations are conducted by the Hyde County Sheriff's Office and in tandem with the DPS Office of Special Investigations, who will be investigating allegations of staff involvement for personnel reasons. Interviews with several facility investigators indicated that they have been trained to conduct sexual abuse investigations inside the facility. If the allegation was or appeared to be criminal, the Hyde County Sheriff's Office would investigate and again, that would be in tandem with the DPS OSI if the allegation involved a staff member. The facility reached out to the sheriff's office to secure an agreement/understanding of cooperation between agencies. The Sheriff confirmed receipt of the agreement and indicated he would continue to support the facility through mutual cooperation. Investigators appeared to be well trained and knowledgeable of the investigative process. They both articulated steps and processes specified and required in the PREA Standards and DPS Division of Prisons Policies. Multiple investigation reports were reviewed. These were detailed and included multiple witness statements and details. There are no video cameras in the facility so video is not a part of investigations in this facility. Transcriptions of telephone conversations were included as evidence where applicable.

The auditor reviewed 17 investigative files provided by the facility. The investigation documentation process is consistent and comprehensive. Reports included the following in the same format: Basic Information-Facility, date, investigator, who reported the allegation; Incident Information; Statement of Facts; PREA Participants Involved, Notifications made by the staff/investigator; Medical; Review by the Superintendent; Requests for extensions; Witness Statements; PREA Support; PREA Retaliation Monitoring and Periodic Status Checks; Notification to the inmate of the results of the investigation and the POST Incident Reviews, if applicable. Each of the files consistently contained this information. The completed investigation is forwarded to the Regional Office for Review. Additionally, if the Office of Special Investigations was called in to investigate as well, the OSI report is included in the file. Their report format includes the following; Allegations; Relevant Policies and Procedures; Summary of Investigation; Investigative Findings; Interview Summaries; Investigative Activity; Evidence and Case Review and Approval by the OSI Director.

### **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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires that the standard for determining if allegations are substantiated or not is a preponderance of the evidence or a lower standard of proof. Interviews with facility investigators indicated that the investigations that they are responsible for are administrative in nature and that their investigation is a fact-finding investigation after which the facility administrator in

consultation with legal, supervisory staff and HR determine what if any disciplinary actions are to be imposed. The standard they would use is the preponderance of the evidence. Although Office of Special Investigations Investigators were not interviewed, documentation was provided in their investigations confirming that their standard of proof to substantiate an allegation of sexual abuse is also the preponderance of the evidence.

### **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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires that following an investigation into an inmate’s allegation that he or she suffered sexual abuse in a facility, the PREA Support Person informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. These notifications are documented on the PREA Support Person Services Form. Policy requires that following an inmate’s allegation that a staff member committed sexual abuse against the inmate (unless the allegation is unfounded) the inmate will be advised whenever the staff member is no longer posted within the inmates unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Also, following an inmate’s allegation that he or she has been sexually abused by another inmate the agency will inform the alleged victim whenever the agency learns that alleged abuser has been indicted on a charge related to sexual abuse within the facility or the.

The agency’s obligation to report terminates if the inmate is released from the NC DPS custody. An interview with the PREA Support Staff confirmed their roles in providing notification to the inmate of the results of the investigation. An interview with a PREA Support Staff indicated that she would utilize the PREA Support Form to notify the inmate at the conclusion of an investigation.

Hyde Correctional Institution PREA Support Staff have the responsibility to notify an inmate of the results of an investigation at the conclusion of the investigation. The facility provided files for 17 allegations made during the past 12 months. Every case requiring notification contained PREA Support Form OPA-I30, documenting that the inmate was notified of the investigation. If the allegation involved staff, the PREA Support Staff utilized the PREA Support Status Notification, OPA-I30-A to notify the inmate when an employee was no longer employed at the facility.

### **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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies and termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Sanctions for violations other than actually engaging in sexual abuse are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. Terminations or resignations by staff who would have been terminated if not for their resignation are reported to law enforcement agencies unless the activity was clearly not criminal and to any relevant licensing bodies. An interview with the facility administration confirmed the process for disciplinary sanctions for staff and the process described was consistent with the standard. There was one case involving a staff alleged to have committed sexual misconduct with inmates. That staff resigned. The allegations of sexual abuse were found to be substantiated. Local law enforcement was notified at each allegation however they declined to investigate. This was documented in the investigative report.

**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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires that any contractor or volunteer who engages in sexual abuse is immediately prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. Policy also requires if an allegation is substantiated the volunteer or contracting agent will be terminated from the relationship with the NCDPS. An interview with the Assistant Superintendent indicated that he would, upon receiving an allegation of sexual abuse, stop all contact with inmates and have the volunteer or contractor removed from the prison and not allowed back until the conclusion of an investigation. The Assistant Superintendent indicated that if the allegations are substantiated, the volunteer or contractor would be permanently banned from the facility and referred for prosecution. There have been no allegations made against any volunteer or contractor during 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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires that following an administrative finding that an inmate has engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse the inmate is subject to disciplinary sanctions. The sanctions to be imposed must be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Also required to be considered are the following: whether an inmate’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. An interview with the Assistant Superintendent indicated that inmates would be sanctioned in accordance with the inmate disciplinary process. His explanation was consistent with the requirements of the DPS Policy and PREA Standard. Inmates alleged to have engaged in criminal behavior could be referred for prosecution depending upon the outcome of the investigation

**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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires that if the screening for risk of victimization and abusiveness indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff must ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The same is required for inmates who disclose that they have previously perpetrated sexual abuse. Information from the intake screening is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law. North Carolina Department of Public Safety Prisons, 305, Psychological and Psychiatric Referral, requires that within three days of admission diagnostic staff will administer the OPUS Mental Health Screening Inventory (MHSI) to all newly admitted inmates. Because of a “yes” response to specific questions on the instrument, a referral is automatically generated to ensure the inmates are offered a follow-up with mental health. The PAQ and interviews with staff indicated there were no inmates reporting prior sexual abuse or abusive sexual behavior. Mental health staff are not on-site in this facility but available through video conference and on-site visits by a DOC mental health person.

### **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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy, Diagnostic Procedures Manual Policy 305.03 (Psychological and Psychiatric Referral), Health Services Policy and Procedure CP 18 (Clinical Guidelines) and Memo 11-2013 Case Manager PREA Requirement, require medical and mental health evaluation and, as appropriate treatment, is offered to all inmates victimized by sexual abuse. The Agency Coordinated Response Plan addresses the actions taken from the time an allegation is made. CP-18, Clinical Practice Guidelines, Sexual Abuse, provides very detailed and specific actions to take upon learning that an inmate is the victim of sexual abuse, including actions taken on site and treatment and forensic exams at the emergency room of the local hospital. Policies indicate that victims of sexual abuse are offered timely information and access to emergency contraception (FEMALE INMATES) and sexually transmitted disease prophylaxis in accordance with professionally accepted standards of care and where medically appropriate and crisis intervention services. Services are offered without financial cost. An interview with the facility nurse indicated the Hospital the facility would use is the Vidant Washington Hospital. She related that this hospital has no safe/sanes but rather utilize “qualified” medical practitioners in the absence of a safe/sane. Interestingly, she related that the facility also has access on weekends and holidays to a nurse at another DOC Facility who would triage over the phone and advise the staff at the prison actions to take as needed.

A review of 17 investigation files indicated that once an allegation is made inmates making reports or allegations of sexual abuse or sexual harassment are offered medical and mental health services. If they decline medical and mental health services inmates sign an acknowledgment that they have been offered those services.

PREA Support Staff, who are trained in advocacy services, are also available to accompany an inmate to the hospital for treatment and a forensic exam. DPS Policies and Procedures require that an inmate reporting prior victimization or sexual abusiveness is offered a followed up with mental health within 14 days of the disclosure. The interviewed facility nurse indicated that there have been no disclosures of prior victimization requiring a follow up with mental health staff. She indicated that the facility would respond immediately to any incident of sexual abuse and provide first aid as needed and arrange to have the inmate transferred immediately to the Vidant Hospital for treatment and a forensic exam. The facility does not have mental health staff but has access to a mental health professional who works for DOC and who comes to the facility on a regular basis and is accessible via phone. The facility has a MOU with Hyde County Hotline who will coordinate with REAL Crisis Intervention (an outside advocacy organization) to provide an advocate for the victim. The advocate will meet the inmate at the hospital and explain the services they offer and stay with the inmate through the forensic exam and investigation is requested.

### **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.**

Health Services Policy and Procedure CP 18 (Clinical Practice Guidelines) and CC 8 (Aftercare Planning for Inmates in Healthcare Services) requires ongoing medical and mental health care for sexual abuse victims and abusers. Policies also require the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to the Vidant Hospital where they would receive treatment and a forensic exam and evidence collection by either a SANE or a qualified staff person. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused. Interviewed staff confirmed they would offer on-going medical and mental health services as required. Interviewed medical staff indicated they would provide services to an inmate following release from the hospital in accordance with any discharge orders. The Nurse Supervisor also related that the facility would also refer the inmate for psychological or psychiatric services that are available through the Division of Prisons.

**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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy), Post Incident Review (PIR), requires a Post Incident Review be completed for all substantiated and unsubstantiated allegations of sexual abuse and documented on the Form OPA-110 Post Incident Review. The review team; also considers whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identify, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status; or gang affiliation; or motivated by other group dynamics in the facility; examine the area where the incident allegedly occurred to assess whether physical barriers in the area that may enable abuse; assess the adequacy of staffing levels in that area during the different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of its findings pursuant to standards, and any recommendation for improvement.

PIRs are sent to the PREA Compliance Manager, who is also a team member, and to the facility head. An interview with the PREA Audit Report

PCM who is a member of the team indicated that the following staff are a part of the Incident Review Team: Facility Head, PREA Investigator, PREA Support Staff and Medical or Mental Health Staff. The PCM articulated a process consistent with the PREA Standards and DOC Policy. The PIR should be completed within 30 days of the conclusion of the sexual abuse investigation for all investigations except those that are determined to be “unfounded”. Upon completion, the PIR is forwarded through the chain of command to the Regional Director and a copy to the DPS PREA Office for data collection and analysis. Interviewed members of the Incident Review Team confirmed that they review the incidents to determine, what, if anything, could have been done differently; to determine if housing is appropriate, to determine if a policy or SOP needs to be modified, to assess the need for video or monitoring technology, to keep a door locked, to review the status of the inmate involved, to determine if a mirror or other maintenance modification was needed, if the staffing plan needed adjusting and other corrective actions needed. A total of 17 investigations were reviewed by the auditor. Four of those are not yet completed. Thirteen investigations were completed. All of the reviewed investigation packages requiring a Post Incident Review (PIR) contained documentation of POST Incident Review. The team documented reviewing and considering every factor required by the standards. The facility does not have video cameras or other video monitoring technology. The PIR also includes the names and signatures of each team member participating in the review. Interviews with team members confirmed they are very professional and knowledgeable of the requirements of an incident review team.

### **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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy), Post Incident Review (PIR), requires a Post Incident Review be completed for all substantiated and unsubstantiated allegations of sexual abuse and documented on the Form OPA-110 Post Incident Review. The review team; also considers whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identify, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status; or gang affiliation; or motivated by other group dynamics in the facility; examine the area where the incident allegedly occurred to assess whether physical barriers in the area that may enable abuse; assess the adequacy of staffing levels in that area during the different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of its findings pursuant to standards, and any recommendation for improvement.

PIRs are sent to the PREA Compliance Manager, who is also a team member, and to the facility head. The PIR should be completed within 30 days of the conclusion of the sexual abuse investigation. Upon completion, the PIR is forwarded through the chain of command to the Regional Director and a copy to the DPS PREA Office for data collection and analysis. Interviews with the PREA Compliance Manager indicated that Post Incident Reviews are conducted after all sexual abuse investigations unless unfounded. Staff who were interviewed however are knowledgeable of the Incident Review Process.

### 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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy), requires collection of accurate, uniform data for every allegation of sexual assault. The NCDSP PREA Coordinator implemented a data collection protocol and collects all data relating to PREA. NCDPS has a data collection instrument to answer all questions for the US Department of Justice Survey on Sexual Abuse Violence. A review of the annual report conformed it was completed according to the PREA Standard.

### 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.**

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires the review of data for corrective action to improve the effectiveness of the facility and agency's prevention, protection and response policies, practices and training. The Agency's 2015 Annual Report is posted on the NCDPS website for review. The facility monitors collected data to determine and assess the need for any corrective actions. Interviews with staff indicated that although the facility does not have many PREA related incidents, and hardly any substantiated cases, the available data as well as information gleaned from the Post Incident Reviews, is used to improve the facility's sexual safety program.

### 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.

Robert Lanier

12/28/2016

Auditor Signature

Date