

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: November 30, 2016

Auditor Information			
Auditor name: Robert Lanier			
Address: P.O. Box 452, Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 9122811525			
Date of facility visit: November 3, 2016			
Facility Information			
Facility name: Johnston Correctional Institution			
Facility physical address: 510 Turnage rd, Smithfield NC 27577			
Facility mailing address: <i>(if different from above)</i> 2465 US 70 West Smithfield, NC 27577			
Facility telephone number: 919 934-8386			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Drew Stanley (Superintendent)			
Number of staff assigned to the facility in the last 12 months: 180			
Designed facility capacity: 640			
Current population of facility: 612			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 21-78			
Name of PREA Compliance Manager: Douglas Hoskins		Title: Correctional Lieutenant	
Email address: Douglas.Hoskins@ncdps.gov		Telephone number: 919 934-8386	
Agency Information			
Name of agency: Division of Prisons			
Governing authority or parent agency: <i>(if applicable)</i> Department of Public Safety			
Physical address: 831 West Morgan Street Raleigh, NC 27699			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: Phone: 919-838-4000			
Agency Chief Executive Officer			
Name: George Solomon		Title: Director	
Email address: George.Solomon@ncdps.gov		Telephone number: 919 838-4000	
Agency-Wide PREA Coordinator			
Name: Charlotte Jordan Williams		Title: Corr. Programs Director III	
Email address: Charlotte.Williams@ncdps.gov		Telephone number: 919-733-4080	

AUDIT FINDINGS

NARRATIVE

The on-site audit of the Johnston Correctional Institution was conducted on November 3rd through November 4th, 2016. Six weeks prior to the audit the Notice of PREA Audit was posted throughout the facility in areas accessible to staff, inmates, visitors, interns, contractors and volunteers. The auditor did not receive any communications from inmates, staff, volunteers or contractors. Thirty days prior to the on-site audit the facility provided the facility's Pre-Audit Questionnaire and flash drive containing Department of Public Safety policies and procedures and supporting documentation. Prior to the audit the auditor requested specific items to be available for review during the on-site audit.

The facility operates with two, 12 hours shifts. The day shift is from 6:00AM to 6:00PM and the overnight shift operates from 6:00PM to 6:00AM. By prior agreement the auditor arrived at the facility at 4:45AM to begin interviewing overnight shift staff. The auditor was greeted by the PREA Compliance Manager and later the Superintendent and the Assistant Superintendent of Custody, both of whom arrived very early to meet with the auditor.

Following a brief meet and greet the auditor continued interviewing randomly selected staff as well as specialized staff. A total of Fourteen (14) randomly selected staff and twenty (20) specialized staff were interviewed. Twenty inmates representing all housing units, were interviewed and an additional two inmates refused to participate in the interview after the auditor attempted to explain the process and how the inmates could potentially help other inmates by answering the questions for the auditor. One gay inmate who had also reported an incident of sexual harassment at the facility was interviewed as well as an inmate who was in restricted housing. The facility does not house youthful inmates.

A complete tour of the facility was conducted by the PREA Auditor accompanied by the PREA Compliance Manager. This facility consists of six similarly constructed living units. All of them contained showers with half walls and toilets with half walls and a shower curtain to afford privacy. Cameras were observed in the facility, however there are a limited number of cameras.

The auditor, along with the PREA Compliance Manager, reviewed documentation and requested additional documentation to be forwarded to the auditor after the on-site PREA Audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Johnston Correctional Center was established in 1938 when the State Highway Department operated the prison system. In 1966, Johnston Correctional Center converted to a Youth Center for minimum security males under the age of 21. At that time, some of the inmates continued to work on road crews, but agreements were reached with Johnston Community College to begin providing vocational programs. In 1979, Johnston Correctional Center became a medium security prison for adult males. Originally, Johnston Correctional Center housed inmates in two dorms with a capacity of 100 to 200. In 1981, inmates built a 28-cell unit for housing inmates in administrative and disciplinary segregation.

In 1988, lawmakers provided two dorms for Johnston Correctional Center as part of a \$17.4 million prison construction program. In 1989, another dorm was added as part of a \$55 million prison construction program. In 1993, another dorm was added as part of an \$87.5 million prison construction program. In 1990, construction was completed of two dorms, a food services section, recreation building, administrative building, multi-purpose building, and chapel. In 1991, a third dorm and vocational building were completed. In April 1995, a fourth dorm was added increasing operating capacity to 644. Other inmates work in the prison as maintenance workers, food services workers, janitors, canteen operators, clothes house operators, barbers, library clerks, teacher's aides, and chaplain clerk.

In 1998, a modular food service building was added with classroom and fully equipped kitchen. In 1999 Johnston Correctional Center was reclassified as an institution. In May 2000, inmates housed at Johnston Correctional Institution began work on a 208-person dorm at N.C. Correctional Institution for Women. Special security measures were implemented to address the uniqueness of having male inmates working at a female facility. The state saved \$880,000 in the \$4 million project by using inmate labor. Johnston Correctional Institution was approved to house an additional 12 inmates as part of the construction project increasing operating capacity to 652. After the construction project was completed, a study was conducted in the 100 building which resulted in the removal of 12 beds leaving our operating capacity at 640 inmates. During the 2013 legislative session Johnston Correctional Institution was reclassified as a minimum-security facility housing adult male offenders.

Johnston Correctional Institution, near Smithfield is an adult male minimum security prison housing approximately 600 inmates in dormitory style housing. Johnston Community College (JCC) works with the prison to provide vocational classes in masonry, horticulture, and food service technology. JCC also provides academic classes in Adult Basic Education and General Equivalency Diploma (ABE/GED). GED testing is available. Human Resource Development (HRD) is also offered. College correspondence courses are also available.

Inmates may also take part in self-help programs such as Alcoholics Anonymous, Narcotics Anonymous, and DART aftercare. Substance abuse treatment is provided through NCDPS alcohol and chemical dependency programs (ACDP) and other substance abuse programs including "Big Book Study" and "Twelve-Step Program" are available for inmates. Cognitive behavior programs include "Thinking for a Change". Inmates may also participate in the Men's Service Club. Various religious services are also available.

SUMMARY OF AUDIT FINDINGS

The on-site PREA Audit of the Johnston Correctional Institution was conducted on November 4th and 5th, 2016. Six weeks prior to the audit Notices of PREA Audit were posted throughout the facility accessible to staff, inmates, visitors, contractors and volunteers. The auditor did not receive any letters from inmates, staff, volunteers or contractors. Six weeks prior to the audit the PREA Compliance Manager forwarded the North Carolina Department of Public Safety Policies and Procedures and other supporting documentation for review. The information provided enabled the auditor to understand the agency's policy's and operational procedures of the facility. The auditor reviewed all the provided information and made a list of subsequent documents needed for the on-site audit.

The audit process consisted of reviewing all the information and documents provided on the facility's PREA flash drive to become familiar with the agency's and facility's processes. Based on this review, additional documentation to support compliance was requested. The information was provided at the on-site audit.

Fourteen (14) randomly selected staff and all the specialized staff were interviewed to assess their knowledge of PREA in response to standardized questions provided by the PREA Resource Center. Interviewed staff included those randomly selected representing all shifts and living units, including restrictive housing. Additionally, the Warden, Human Resource Manager, PREA Compliance Manager, an Investigator, Intake staff, staff who perform victimization screening, staff who monitor retaliation and provide notification of the results of a PREA Investigation, staff who conduct unannounced rounds, classification staff, a training staff and staff who supervise inmates in restrictive housing. Interviews with staff indicated they have been trained in PREA at the academy for newly hired employees and refresher training annually as well as information being provided during shift briefings and through PREA Posters throughout the facility. Staff were especially knowledgeable of reporting and first responder expectations.

Twenty (20) inmates, representing every living unit were interviewed. Inmates were knowledgeable of the Zero Tolerance Policy for all forms of sexual activity and sexual harassment and retaliation for reporting. Inmates were generally "upbeat" and personable. They were aware of some ways to report however they were limited in being able to name much more than telling a staff. When prompted, they indicated they could report to staff, other inmates or family, through a phone call to relatives, at visitation, by "dropping a note", writing a letter or filing a grievance. It was recommended that refresher training be given to the inmates in multiple internal ways to report. Most said that although they have other ways to report they would just tell a staff, including the OIC or a Case Manager. Inmates also were not aware of the local outside advocacy program. They did say the case manager responsible for conducting orientation read the PREA related information to them and asked if they had any questions. They also said they were given a PREA Package at intake but had not read the information in it and that the information for accessing an outside advocacy program was probably available but they had not needed it therefore they knew almost nothing about it. One inmate reported being sexually harassed at the facility. He stated he reported it and staff acted immediately and removed the alleged perpetrator to another living unit to separate them and then the perpetrator was moved to another facility. The reporting inmate had identified as being gay on admission. He related he has not been treated any differently from anyone else and that he lived in general population with other inmates in a dormitory style living unit. He indicated that staff took his report seriously and acted immediately.

During the tour of the facility inmates were observed being supervised. The facility was clean and well maintained. Cameras were observed in a variety of locations. There were no cameras in any sleeping area. Inmate showers had half walls enabling viewing of the upper portion of the inmate's body but not his buttocks or genital area. Toilets are in stalls separated by half wall partitions. A curtain taking the place of a door, can be pulled to prevent viewing while an inmate is using the toilet. Several solid doors out of view of cameras were observed. It was suggested that signs restricting access to authorized staff only be placed on these doors and that these doors be checked during unannounced rounds. Several places were identified where a mirror might enhance viewing. The facility has a new digital video monitoring system awaiting installation. Staff and inmates were briefly interviewed during the tour to inquire about their PREA Training, understanding of Zero Tolerance, and ways to report. Staff were responsive and could answer the questions posed to them. The food services area has some video cameras however there were a number of blind spots and it is recommended that staff working in the kitchen move about the area on an unpredictable basis and check doors that should be locked to ensure they are locked and to check storage

areas, including the coolers, to deter any sexual activity or boundary issues. PREA posters were observed in each dormitory and throughout the facility.

Each PREA Standard was reviewed. Documentation to support compliance with policies and procedures as well as to determine practice was reviewed. Consideration of responses during interviews and observations made during the tour and over the audit period were also included in evaluation compliance.

41 Standards were reviewed and 41 standards were determined to meet the requirements of the standards. Corrective action was discussed to ensure inmates are provided refresher training in how to report as well as services provided by an outside advocacy organization and how to contact them. The facility provided documentation to confirm the corrective actions were completed.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

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 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 Policy and other relevant DPS Policies describe a comprehensive and integrated approach to prevention, detection, responding and reporting to allegations of sexual abuse and actual sexual abuse. An earlier and brief interview with the PREA Coordinator indicated that he is a very knowledgeable individual who has been involved in implementing PREA for a number of years.

Additionally, the Superintendent has designated a Lieutenant as the PREA Compliance Manager and the Assistant Superintendent for Custody/Operations as the secondary PREA Compliance Manager. The PREA Compliance Manager is a knowledgeable 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 the Assistant Superintendent for Custody. Commitment to PREA is further confirmed by the PREA Compliance Manager's position on the organization chart. An interview with the PCM indicated that he reports directly to the Assistant Superintendent for Custody and has her 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 20 inmates 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, inmates and volunteers are trained in the Zero Tolerance policy.

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 with any outside entity for the confinement or inmates.

Standard 115.13 Supervision and monitoring

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

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

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 the six 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”. Additionally, staff may be pulled from support services or staff may be held over to meet the minimum staffing. The staffing plan is submitted to the DPS 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 and video monitoring is always a part of the planning process to supplement direct supervision. The superintendent can view the cameras in housing units from his office. He also related plans to upgrade the existing camera system with a digital system. Supervision is enhanced further by unannounced rounds made each shift by the shift supervisors. 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.

Standard 115.14 Youthful inmates

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

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

Johnston Correctional Institution does not house youthful inmates.

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.

Views of inmates during the showering process are restricted/obscured by half walls. The toilets also have half walls and curtains that can be attached across the front to prevent viewing. There are no cameras in the shower/restroom areas. Interviewed staff indicated that inmates are never naked in full view of staff of the opposite gender. Interviewed 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 most of the time and that some are better at announcing than others. Interviewed inmates consistently related they can dress, shower and use the restroom without being viewed by staff of the opposite gender. A few said there were occasions when they came out of the shower unclothed and were viewed by female security staff performing their duties and that they viewing was incidental and none felt they were viewing them intentionally.

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. The facility has access to staff who may provide interpretive services, including the Assistant Superintendent for Custody/Operations. In the absence of staff interpreters staff are aware of the professional interpretive services provided by the Department of Public Safety. Detailed instructions for accessing and working effectively with interpreters is provided as well. Interviews with staff consistently indicated that staff would not rely on an inmate interpreter except in exigent circumstances. Most of the staff stated they would use a staff interpreter and most were aware of the telephonically professional interpretive services available via phone. None of the inmates interviewed were limited English proficient or disabled.

Standard 115.17 Hiring and promotion decisions

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

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

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 are being done. A sample of personnel files were reviewed and each contained the required background check, the signed Applicant Verification Form and the DPS Employment Statement.

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 there been any updating of video monitoring technology or other surveillance systems. The facility does have a video camera system with a limited number of cameras and viewing. Cameras may be monitored in the operations office. The Superintendent also is able to view the cameras from his office.

An interview with the Superintendent indicated that the facility is scheduled to have an upgrade from analog to digital cameras. He also stated that he and his staff would have input into and be involved in any decisions related to the design or modification to the facility or decisions and plans for the installation or upgrading video monitoring technology. The use of video technology, although limited, does not replace the need for staff supervision but it does supplement staff supervision and viewing.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

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. 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.

All inmate victims are offered forensic medical exams at no cost to the inmate. Interviews with two medical staff indicated that 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 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 and in the absence of an advocate, 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).

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. 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 two investigators indicated they would expect staff to report all knowledge, reports, suspicions or allegations of sexual abuse, sexual harassment, retaliation or staff neglect or conduct that may have contributed to an incident or retaliation.

They also indicated that if the allegation or incident involved staff, the DPS Office of Special Investigations investigators would be called in and if the incident appeared or was criminal in nature, the local law enforcement (Johnston County Sheriff's Office) would conduct the criminal investigation in tandem with the OSI who would be conducting a parallel investigation involving any staff. Interviews with 20 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. Several mentioned OSI would also investigate. The facility conducted 9 investigations of 9 allegations from a variety of sources. The nature and scope of these investigations indicated that this facility takes allegations seriously and refers them for investigation without fail. Staff also

related they would report any “undue familiarization”.

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. They also consistently reported they receive annual training during annual re-certification training and through information provided through the daily dozen and shift briefings. Staff were knowledgeable of the Zero Tolerance Policy, signs and symptoms, rights of inmates and staff related to PREA issues and first responding.

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. 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, PREA Audit Report

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 the Volunteer Coordinator also 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 and was actually knowledgeable about a wide variety of PREA topics above and beyond the Zero Tolerance Policy and reporting. He discussed the importance of telling inmates not to do anything that would affect the evidence. He related that he also receives the training annually and that if he did not complete it, the facility would not allow him to continue in his role as a volunteer.

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. 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. Multiple acknowledgment forms were reviewed indicating that inmates are receiving the required information.

They are also acknowledging that they have a duty to report any threat or occurrence of Undue Familiarity or Offender Sexual Abuse and Harassment to DPS Staff. They also acknowledge having received the brochure entitled, "Sexual Abuse Awareness for the Offender." An interview with the staff responsible for conducting orientation indicated that she provides the PREA Education generally not later than the day following admission and that she reads every word of the PREA Brochure and provides information orally and in writing to incoming inmates. That staff also related that she gives inmates the opportunity to ask any questions they may have to ensure they fully understand the information. Inmates consistently related during interviews that they received an orientation that included PREA Education, that they received a packet containing PREA related information including the PREA Brochure and that the staff read the information and encouraged inmates to ask questions about anything they did not understand or that they needed clarification on.

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). Documentation also confirmed the investigators have received their PREA 101 training as required and that it is in addition to the specialized training. Interviewed investigators could articulate the steps they would take in an investigation. They indicated that if an investigation involved staff in any manner, the DPS OSI investigator would be contacted to conduct the interview. If the allegation or act appeared to be criminal, the local law enforcement would conduct the investigation in tandem with the OSI.

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 health services administrator and one of her staff confirmed that they all have received their PREA 101 training and Specialized Training as required. The facility’s training staff provided documentation from the LMS to confirm specialized training.

Standard 115.41 Screening for risk of victimization and abusiveness

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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 on admission 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 against an adult or child 7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming 8) Whether the inmate has previously experienced sexual victimization 9) the inmate's own perception of vulnerability 10) whether the inmate is detained solely for civil immigration purposes and 11) 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.

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 PREA Compliance Manager and the Facility's Assistant Superintendent indicated that the operations staff make living unit assignments as all housing areas are designated as general population with the exception of restricted housing which has 28 individual cells. Lists are generated weekly to identify inmates who were screened for potential for victimization and abusiveness. These individuals are discussed at each weekly multidisciplinary team meeting 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.

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. Interviews with staff and administrative staff, including the Superintendent indicated that inmates are not automatically placed in restricted housing as a first response. They may request restricted housing.

An interview with the Superintendent indicated that involuntary protective custody would not be used unless there were no other options available to keep the inmate safe. He indicated that the abuser, if known, would be placed in restrictive housing. If the abuser was named and could be removed from the housing units to restricted housing or to another facility, the victim would remain in general population living units. 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.

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.

Inmates were not well versed in multiple ways they could report. They consistently stated they would tell a staff, either a Correctional Officer, Sergeant or Officer in Charge. They indicated they might tell a family member or drop a note but before being able to describe any additional ways to report they had to be prompted. They were not aware of an outside way to report although they did say they were probably provided that information. They stated the staff person giving them orientation read the PREA information and gave them a packet containing the PREA Brochure with ways to report and they all stated that she probably told them how to report but that they may not have listened and did not read the information in the orientation package. Some said they had already received that information in other facilities.

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 gets an oral explanation of the procedures and is 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. Very few inmates identified the grievance process as a way to report sexual abuse, sexual harassment or retaliation but when asked if they had access to a grievance process they stated they could and that they could access a grievance form from an officer and that they would give them the form.

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 facility has an Agreement for Assistance with Harbor, Inc, Johnston County Rape Crisis Center, to provide support services/advocacy services for inmates who are sexually assaulted/abused who request the services. Interviews with inmates indicated they are not aware of outside support services. They were aware of the internal PREA support staff. Inmates indicated that they felt sure that there were services "out there" and thought that these organizations would probably provide counseling services. They also related they were probably given that information when they arrived at the facility but that because they have not needed it they have not become aware of it or how to access it. The facility provided documentation that the inmates have been given information on the outside advocacy organization.

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. Staff consistently stated, in interviews, that they were aware that third parties could make reports for inmates. They also stated they would take every report, including those from third parties, seriously and report them just as they would any other report. When discussing ways inmates could report sexual abuse and sexual harassment, inmates stated they could tell their families or other inmates who could then make reports for them. They also stated they would be able to report for any other inmate who had been sexually abused. 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.

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 (Johnston 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. Interviews with staff, including line staff and specialized staff, confirmed they are aware of their duty to report. Some staff stated they are required to report ‘everything’. 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. Medical and mental health staff stated they make inmates aware of their duty to report prior to initiating services.

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. Interviews with staff indicated that they would take an allegation that an inmate was subject to a substantial risk of imminent sexual abuse seriously and take immediate action to protect the inmate. Interviewed staff related they would take immediate action to separate the inmate from the potential risk and keep the inmate with them until their supervisors could decide about what to do with the inmate. An interview with the Superintendent indicated that if the potential aggressor had been identified the aggressor could be placed in restricted housing while the allegation was investigated and if, necessary, transferred to another facility. If the potential aggressor was a staff, that staff could be placed at the “gatehouse” with no contact with inmates while the investigation was being conducted. Additional options to protect the inmate could be to place him in another housing unit if he felt safe. If the inmate requested restricted housing for protective custody, that could be arranged however restricted housing would not be the “default” option to protect the inmate. It was evident from the interview that the Superintendent would not place an inmate in involuntary restricted housing unless there were no other means available at the time to protect the inmate and that he would be released into the population as soon as the potential threat was removed. There were no cases during the past twelve months in which an inmate alleging imminent sexual abuse was placed in restricted housing for protection.

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 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. There have been no allegations received during the past twelve months requiring notification and investigation.

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 consistently articulated the steps they would take as first responders. Their responses addressed the steps required by the agency's policy and the PREA Standard 115.64. Staff reported they would separate the victim and take him away from the alleged abuser. They said they would immediately report it verbally to their immediate supervisor and then treat the area where the alleged abuse occurred as a crime scene as well as requesting that the alleged victim not take any actions to degrade or contaminate potential evidence, including not changing clothing, brushing their teeth, bathing or defecating. An interview with an inmate who reported being the victim of sexual harassment by another inmate stated he reported it and staff immediately moved the alleged perpetrator to another living unit where they would not have contact with each other and later moved the alleged perpetrator to another facility. The inmate stated staff took his report seriously and acted immediately to protect him from further harassment.

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 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 first responder plan in a flow chart identify 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.

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 Johnston 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 PREA Support Staff indicated that they have been trained to perform PREA Support services, including retaliation monitoring. Staff related their responsibility after an allegation is to explain to the inmate that they are there as support persons and of their responsibility to monitor for retaliation. After explaining the purpose of the PREA Support Person, the inmate has the right to refuse if he believes services are not needed or he is not fearing retaliation. PREA Support Staff indicated they meet weekly with the inmates to inquire about retaliation. Monitoring would continue for at least 90 days and beyond if needed. There have been no cases of retaliation during the past 12 months.

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 administrative staff indicated that when an inmate needs post-allegation protective custody the facility would not use “restricted housing” as the “default” response. Restricted housing would be 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 he 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.

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 Johnston 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.

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, interview alleged victims, suspected perpetrators and witnesses. Reported allegations shall be documented in OPUS on the PIR (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. 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 two facility investigators confirmed an investigation process consistent with agency policy. Criminal investigations are conducted by the Johnston 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 two 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 Johnston County Sheriff's Office would investigate and again, that would be in tandem with the DPS OSI if the allegation involved a staff member.

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.

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 role in providing notification to the inmate of the results of the investigation. The PREA Compliance Manager provided samples of investigations containing the PREA Support Person Services Form containing documentation that the inmates were notified of the outcome of the investigation as required.

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. The facility has not had any substantiated allegations of sexual assault involving a staff member.

Standard 115.77 Corrective action for contractors and volunteers

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

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

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 Superintendent indicated that upon receiving an allegation of sexual abuse, the volunteer or contractor would immediately be removed from the prison and not allowed back until the conclusion of an investigation. The 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 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. Interviews with mental health staff indicated a process consistent with the policies and standards.

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 PREA Audit Report

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. The Johnston County Hospital provides emergency services. The facility has mental health professionals who can offer routine and emergency mental health services.

PREA Support Staff 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. Medical and Mental health staff, indicated that there have been no disclosures of prior victimization requiring a follow up with mental health. Interviews with two medical staff 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 Johnston County Hospital for treatment and a forensic exam. Mental health staff, who were interviewed, related they would provide crisis intervention counseling and the PREA Support Staff would provide support services within the facility.

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 Johnston County 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.

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. 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 Superintendent and the PREA Compliance Manager indicated that Post Incident Reviews are being conducted after all sexual abuse investigations unless unfounded. Reviewed PIRs documented Incident Review as well as consideration of the items required in the standards.

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), 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 115.88 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 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.

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.

DPS policy (North Carolina Department of Public Safety, F.3400, Inmate Sexual Abuse and Sexual Harassment) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

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 Lainer

November 30, 2016

Auditor Signature

Date