

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 3/29/2016

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: February 22-23, 2016			
Facility Information			
Facility name: Nash Correctional Institution			
Facility physical address: 2869 US Highway 64, Nashville, NC 27856			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 252-459-4455			
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: Superintendent III Johnny Hawkins			
Number of staff assigned to the facility in the last 12 months: 324			
Designed facility capacity: 654			
Current population of facility: 650			
Facility security levels/inmate custody levels: Medium Custody			
Age range of the population: 21-100			
Name of PREA Compliance Manager: Wendy Hardy		Title: Correctional Captain	
Email address: Wendy.hardy@ncdps.gov		Telephone number: 252-459-4455	
Agency Information			
Name of agency: North Carolina Department of Public Safety			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 512 N Salisbury Street, Raleigh, NC 27604			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 919-825-2739			
Agency Chief Executive Officer			
Name: Frank L. Perry		Title: Secretary, NCDPS	
Email address: frank.perry@ncdps.gov		Telephone number: 919-733-2126	
Agency-Wide PREA Coordinator			
Name: Charlotte Williams		Title: PREA Director	
Email address: charlotte.williams@ncdps.gov		Telephone number: 919-828-2754	

AUDIT FINDINGS

NARRATIVE

Nash Correctional Institution received an on-site PREA audit on February 22, 2016 by DOJ Certified PREA Auditor Bobbi Pohlman-Rodgers. Prior to the on-site visits, the facility provided a completed PREA Questionnaire and a flash drive with the requested documents. The auditor reviewed the same documents prior to the on-site visit. One week prior to the audit, the auditor contacted the facility to review the on-site audit process, time lines, and to request additional information be made available on the first day of the audit. These documents included the inmate roster and staff assignments for the two day visit.

On February 22, 2016, the auditor met with Superintendent Hawkins, Assistant Superintendent for Custody & Operations Barnes, Assistant Superintendent of Programs Brake, PREA Compliance Manager/Correctional Captain Hardy, Administrative Officer III Green, and Facility Maintenance Manager Perry. This meeting focused on the two day audit process, the interim/final 30 day report, Corrective Action Plan period, and the final report. It was also shared by this auditor that there were three standards that were currently being discussed with the North Carolina Department of Public Safety PREA Coordinator Charlotte Williams. The meeting concluded and a tour of the facility was conducted. Once the tour was completed, this auditor reviewed the inmate roster and staff assignments to select those specialized and random staff and random inmate interviewees.

During the tour, this auditor noted PREA posters and available outside support services information; however, neither of these had contact information. During the two day on-site visit, the facility updated the information posted in the units. It is noted that reporting information was available to inmates through their inmate handbook and brochures they received upon intake. The auditor also noted that the Notice of the PREA Audit was posted in units and available to both inmates and staff. One letter was received by the auditor prior to the on-site visit.

The tour of the facility included the Administrative, Educational, Medical and Vocational areas. The tour also included the Restricted Housing Unit, eight Housing Units, the gymnasium, operations center, chapel, warehouse, dining hall, kitchen, intake, and visitation. Housing units are single man, wet cells, as well as dorm style living. Doors on the toilets allow for privacy. Curtains in the shower area provide a sight barrier between staff and inmates. During the tour of the intake area the auditor noted that there were two cells for holding inmates while processing. While there is a barrier in place to provide privacy while strip searching, both toilets were open to viewing by any staff in the area. This was corrected before the auditor left the facility the next day. It was noted that supervision of education and vocational areas included windows in all rooms.

Outside of the secure area, the auditor toured the Cooperative Generator Plant, gatehouse, Optical Plant, Print Plant, and Inmate Construction program trailer. The Optical Plant has an inmate bathroom that allows for privacy with the exception of the first toilet. A brief conversation with inmates found that they do not use this first toilet. The Print Plant was noted to have containers on the back deck that were stacked two high. These containers blocked the view of the camera. The Construction trailer had three bathrooms, two of which were covered for privacy. The third did not offer privacy. These too were fixed quickly by the administrative team.

Interviewees were randomly selected for both inmates and staff. There were a total of 10 random inmates interviewed. Of these 10, one was identified as disabled, one had made an allegation of a PREA violation, and one was limited English proficient. There were no inmates identified as LGBTI, having a prior victimization, or placed in segregation for a PREA allegation. There were 10 random security staff interviews and 12 specialized position interviews conducted. The Agency head and Agency-wide PREA Coordinator were interviewed prior to this audit by DOJ Certified Auditor Kevin Maurer, and the information was provided to this auditor.

Currently there are three investigators for PREA allegations at this facility. Forensic sexual assault medical exams are conducted at the local Emergency Room. In the past 12 months, there were 2 allegations of sexual abuse and 9 allegations of sexual harassment that were received. Of these, none rose to the level of a criminal investigation and all received an administrative investigation. There were no reports of sexual abuse or sexual harassment received from another facility.

On February 23, 2016, an exit meeting was held to discuss additional documentation that would be needed to conclude the audit. During this meeting the facility identified the steps already completed regarding privacy issues in bathroom areas that were identified. Additionally, the facility administration took into consideration the concerns regarding the stacking of containers and promptly had these rearranged.

DESCRIPTION OF FACILITY CHARACTERISTICS

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

This facility is located in Nashville, NC, in Nash County. The facility has an inmate capacity of 654 inmates who are the age of 21 – 100 years of age. The facility does not house youthful offenders. Opened in 1938 this facility underwent physical changes in 1992 to allow for an increase in inmate population. There are nine housing units, including a restricted housing unit. Each unit offers single man, wet cells and dayroom beds. Internal vocational jobs available for inmates include Electronics, HVAC, Graphic design and Commercial Cleaning. External jobs available are through Enterprise Industries.

Nash Correctional Institution offers two unique Enterprise Industries for inmate work. The Optical Plant employs approximately 50 inmates. Inmates make prescription eyewear for DPS inmates and Medicaid patients. Staff too are able to have their eyewear made at this facility. Due to laws, there is no apprenticeship offered through this program. The Print Plant offers employment for 120 inmates daily on two shifts. This is a printing site for the state agency. Both of these plants offer inmate supervision through Enterprise Industries staff and prison security staff.

The facility also houses a Cooperative Generator Plant. One of only two in the state, the plant puts power back into the grid. Inmates are not provided work opportunities here with the exception of cleaning floors.

Additional programming includes educational and vocational opportunities. Educational services offered include Adult Basic Education and General Education Diploma testing. Vocational opportunities for inmates include Electronics, HVAC, Graphic design, and Commercial Cleaning. Other services offered include Crossroads, Living on the Outside, Career Readiness, and Life Skill Preparation. Unique to this program is the New Leash on Life program. Three dogs at a time are brought into the facility for a 6-month training program by inmates to assist with social skills and basic dog commands.

There are a total of 9 housing units. Each unit offers single man, wet cells and dayroom beds. General toilets are afforded privacy with doors. Showers have curtains to allow for privacy from other inmates and staff. With the exception of the restricted housing, each unit offers a day room that contains phones and a grievance box. There are 4 cameras in each of the housing units to allow for additional supervision. Additionally, in each building there are a variety of offices or spaces to provide additional services for both inmates and staff. These may include a break room for staff, staff bathrooms, classrooms, case manager offices, Sergeants Office, canteen, library, barber shop, and medical care.

There are 118 cameras throughout the facility. The Operations Center has viewing capability that allows for inmate privacy in the shower and while using the toilets. The facility is able to maintain recordings for 30 days. Additional spaces or areas at the facility include the chapel, gymnasium, warehouse, dining hall and kitchen.

Medical staff are available at the program 24/7. The physician is available 3 days per week. The mental health staff is not located on site, but is available on-call for immediate response, as needed. The facility does have a SART (Sexual Assault Response Team) to respond as needed. PREA Support Person program is in place and there are six trained staff. These persons respond as necessary and have received specific training to assist victims through all processes, including providing assistance in obtaining outside support services. The Superintendent has identified both a PREA Compliance Manager (PCM) and a secondary person as well.

SUMMARY OF AUDIT FINDINGS

Prior to the audit, it was determined that the agency is only identifying inmates who are sexually aggressive based on the completed Risk Assessment. They are gathering all information for identification of Vulnerable to Victimization Inmates; however, this information is not used to determine housing and programming. The agency's current system is to provide appropriate protections from all inmates from those identified as sexually aggressive. A conversation with the PREA Coordinator, and e-mail correspondence with the PREA Resource Center (PRC), confirmed that the standards require both populations to be identified in order to provide appropriate protections. The agency has been responsive to this information and is currently working towards the creation of an objective tool to be implemented in the next 6 months as well as systems for identification and inclusion into the housing/programming/work assignment determination process. During this audit, the PREA Coordinator provided information that the system to identify inmates at high risk for both vulnerability and abusiveness has been put into place. The internal data system will identify those at risk based on the objective screening tool that is conducted at intake. Weekly, the facility will print both lists and ensure that placement in housing, programming, and work opportunities includes protections based on their identification as vulnerable or abusive. Each facility will document changes that were made as a result of the weekly checks.

This auditor was pleased to see the dedication of the facility staff to ensure inmate safety regarding sexual assault and sexual harassment. Staff were professional and extremely helpful. The facility response to privacy concerns were immediately addressed and their actions confirm the facility's commitment to ensuring the safety of all inmates. It was a pleasure to work with this staff during this tedious process.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

Policy F3400
Policy A2000
Form OPA-A16
NCDPS Organizational Chart, NC State Statute 14-27.7
NCDPS Memo dated 01/14/2016, that identified the PREA Manager
PREA Coordinator & PREA Manager interviews
Agency Chief Executive Officer interview

The agency has a policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy, along with additional policies and standard operating procedures, outlines the prevention, detecting, reporting, and response to sexual abuse and sexual harassment allegations. Definitions that mirror the PREA Standards are included in the policy, as well as sanctions for those who violate policy. All interviewed shared their knowledge of the strategies and responses towards PREA allegations. The PREA Compliance Manager/Correctional Captain reported sufficient time to meet the needs of PREA compliance with assistance, as she had only been in the role a very short time. Additionally, a secondary PREA Compliance Manager has also been identified, again within the last 30 days. This position reports directly to the Superintendent, and indirectly to the Agency PREA Coordinator. The agency also has a PREA Coordinator, Charlotte Jordan-Williams, who reports to general counsel, and who has reported sufficient time to attend to PREA duties. She currently has 140 PREA Compliance Manager that report indirectly to her.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The standard is Not Applicable as the agency does not contract for the housing of its' inmates.

Standard 115.13 Supervision and monitoring

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

- Does Not Meet Standard (requires corrective action)

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

Policy F1600
Staffing Plan Report dated January 2015
Approved Facility Posting Chart/Staffing Plan approved 06/08/15
North Carolina State Statute 143B-709
Daily Activity Logs
Staff Interviews

While state statute requires a staffing analysis every 3 years, the agency policy requires an annual review of the staffing plan, including a review of all required components of the standard, which was completed in January 2015. The Prison Post Chart shows all positions for each shift. While there is currently no system to document any deviations from the staffing plan, the facility did provide the most common reasons for a deviation, which included staff call-ins, FMLA, Vacation, Emergency medical transport, court appearances, and inmate relative funerals . Unannounced rounds are clearly documented in the Daily Activity Log and are conducted by both the Superintendent and the Assistant Superintendent. All staff are required to conduct 30-minute rounds of all areas in order to provide supervision, including the Enterprise operations. During the time between the audit and the report, the facility determined that all staff deviations will be noted in the daily shift narrative, to include staff calling in sick, staff being pulled from post for emergency medical trips, staff on vacation or staff in training.

Standard 115.14 Youthful inmates

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

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

This standards is Not Applicable as this facility does not house any inmates under 20 years of age.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Policy F1600
Policy F0100
Policy TX I-13
NCDPS New Employee Orientation (revised 1/1/15)
Cross Gender Announcement & Acknowledgement for staff
Cross Gender Bulletin Board Poster Memo (dated 4/22/13)
Cross Gender Poster & Email
Staff and Inmate Interviews

The agency has trained all staff on cross-gender viewing and searches. Facility procedures prevent female staff from conducting strip searches, unless in exigent circumstances. The program makes a general announcement at the beginning of the shift that female staff may enter the unit. Cross gender staff entering the housing areas are required by policy/memo to announce their presence, and this was observed during the tour. However, interviews indicated that these are only conducted at the beginning of the shift and typically are never announced again. Policy requires documentation of any cross gender searches. There were no reported cross gender searches conducted. Training documents reviewed indicated that staff have completed appropriate training and staff were able to articulate the training when interviewed. However, many interviews confirmed that they are unclear of the agency policy in searching a transgender or intersex inmate. During the tour it was noted that there were some privacy areas around toilets. The facility immediately rectified these issues in order to ensure inmate privacy. Between the audit and this report, the facility provided refresher training to all their staff during briefing. This training included the policy on cross-gender announcements when entering the housing units and the agency policy on searching transgender and intersex inmates.

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

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

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

Policy E1800
Policy E2600
World-Wide Interpreters Telephonic Interpreter Services Contract
Bulletin: Linguistica International, Inc Interpreter Services
Tour
Staff and Inmate Interviews

The agency has established policy to provide for educational services for inmates with disabilities to be provided information at intake and assistance on PREA allegations, including reporting. Case managers would arrange for education in formats for those inmates identified as disabled. Agency policy also addresses the provision of interpreters to those inmates with a non-English primary language. There is a contract in effect with World-Wide Interpreters Telephonic Interpreter Services Company that was signed on 5/21/2014 and is in effect for a 1 year period, with 2-1 year extensions, for a total of 3 years. During the 30 day review period, the facility provided new contract information regarding telephonic interpretation services. Effective March 1, 2016, the NCDPS signed a contract with Linguistica International, Inc. This policy is effective through March 4, 2017, with three additional 1 year renewal periods. This information was sent to all administration at the facility to ensure that they are aware of the new company. Policy prohibits the use of inmate interpreters except in exigent circumstances. PREA documents in English, and some Spanish, were observed. It was reported during the interviews with two limited English inmates that they were not provided PREA information in Spanish. Between the audit and this report, the facility provided refresher training to all their staff during briefing. This training included the policy and requirements for literature to be made available for inmates with limited English skills upon intake at the facility, as well as a Spanish PREA Acknowledgement form to be signed.

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.

Forms HR005, HR0008, HR013
Memo regarding PREA Hiring and Promotions (dated October 2013)
Addendum to the Memorandum, List of Disqualifying Factors 2013 Employee Statement
PREA Employee Statement
Sample Employee Background Screening results
Staff Interviews

The agency policy prohibits the hiring or promotion of individuals who have engaged in sexual abuse, or attempting to engage in sexual abuse in a detention facility or in the community, or who have been civilly or administratively adjudicated for the same. 5-year background screenings have not been completed on all staff. The agency requires all staff to annually sign a statement that they have not engaged in the aforementioned activities (PREA Hiring & Promotion Prohibitions and HR005). This information was reviewed through the LMS (Learning Management System) and copies were provided to the auditor. A review of the LMS documentation indicated that all staff have completed this form. The agency also requires all employees to self report any such misconduct. Criminal background check are required for contractors, and material omissions regarding misconduct or false information are grounds for termination. The agency does respond to requests from other institutions where a former employee has applied to work. On March 17, 2016, the agency has updated their systems to include a 5-year background screening for all staff. Proof of these screenings was provided to this auditor from the Agency PREA Coordinator.

Standard 115.18 Upgrades to facilities and technologies

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

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

This standard is N/A. There have been no recent upgrades to the facility.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy F3400
 Policy CP18 – Clinical Practice Guidelines
 Forms OPA-A18, OPA – I20, OPA-I21, OPA-I30
 PREA Support Person (PSP) Training Lesson Plan
 PREA Support Person Roles and Responsibilities
 Letter regarding My Sister’s House – an outside rape crisis center, dated 4/15/15
 Letter regarding Nash Health Care System request for forensic exams, dated 2/15/16
 Efforts at MOU with NCCASA were reviewed
 Law Enforcement Letter, dated 3/17/16
 Staff interviews
 Interviews also provided information in the determination of compliance.

The agency conducts only administrative investigations. Nash County Sheriff’s Office completes all criminal investigations. Uniform Evidence Protocols are in policy and are appropriate. The facility has six PREA Support Persons (PSP) who are trained for victim advocacy services, and act as the link to assist victims with the investigative process, professional resources, community based advocates, and mental health professionals. The agency is currently working with the North Carolina Coalition Against Sexual Assault (NCCASA) to create a state-wide system for community based services and documents were provided. The facility has reached out to the My Sister’s House, a local rape crisis agency in the meantime to secure services for inmates. A letter was provided to show a request for services and information is posted in the housing units. The facility PREA Support Persons will assist the inmate in contacting this crisis center when requested. Forensic examinations are conducted through the Nash Healthcare System, and a letter was provided signed by the Sr. Vice-President/CNO. The facility had not reached out to the Nash County Sheriff’s Office requesting their assistance in PREA compliance regarding evidence protocols. The agency is in the process of constructing a letter to forward to all law enforcement that work with their individual prisons. On March 17, 2016, the agency sent out a letter to all law enforcement in the state that assist their facilities requesting their compliance with investigations which will meet PREA requirements.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Policy F3400
 Investigation Files
 Staff Interviews

All allegations of sexual abuse or sexual harassment are classified as a major incident. Policy requires that all major incidents receive an investigation, both administrative and criminal (if criminal in nature). Policy requires that allegations be referred to an inhouse trained

investigator (3 at this facility) for the administrative portion and to the Nash County Sheriff's Office for criminal investigations. Policies are available through the NCDPS website. Of the allegations of sexual abuse and sexual harassment at this facility, a review shows that none met the need for criminal investigation.

Standard 115.31 Employee training

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

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

Policy F3400

Training Curriculum's SAH 101 04/08/13 and 07/01/15, Staff and Offender Relations Training, New Employee Orientation

Form OPA-T10

Employee Training Files, brochures, and handbooks

LMS printouts for staff interviewed

Staff Interviews

The agency policies require annual training for all staff in all areas identified within the standard. Interviews with staff confirmed they complete annual training and understand the material presented. Training documentation is kept in LMS (Learning Management System). Employee training documentation found that all staff files reviewed show completion of the annual training (PREA: Sexual Abuse and Sexual Harrassment 101). Staff were able to articulate the training they had received during the interviews. It was also reported that a variety of PREA related material is provided to staff during the year, in addition to their annual training.

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.

Policies F3400, F0604

Training Curriculum's SAH 101 04/08/13 and 07/01/15, Staff and Offender Relations Training, New Employee Orientation

Form OPA-T10

"Ways to Report" Poster

Volunteer Brochure

Volunteer File

Volunteer interview

The agency requires all volunteers to complete the same training as staff, with minor deviations. There is also a Volunteer Brochure specifically for volunteers to receive PREA information. This facility reports 75 volunteers that provide services to inmates. There is also a “Ways to Report” poster to remind volunteers and contractors of the various ways to report which was found posted in the facility. An interview with one of the volunteers confirmed that the training was completed and the volunteer understood how to report. The volunteer reported having been visiting the prison for 4 years and has received all training. Additionally, the volunteer noted significant changes to the facility with the new administration and felt they were very proactive.

Standard 115.33 Inmate education

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

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

Policy F3400
Diagnostic Procedural Manual Section 201 & 417,
PREA Inmate Brocher (English/Spanish)
Offender PREA Education Acknowledgement Form T100
Facilitator Talking Points (Education upon Transfer)
Education Upon Transfer E-mail
Interpreter Services DOC150623
PREA OPUS (Offender Population Unified System) Training Roster
Posters
Inmate Interviews

Agency policy requires all inmates entering into the system to receive intake and comprehensive training at the reception and diagnostic center. Comprehensive education was reviewed at the Craven Correctional Center – one of the reception and diagnostic centers – and it meets the requirements of the standards. Upon transfer, all Nash Correctional Institution inmates will receive information that is specific to the facility. Inmates, at intake, receive an agency PREA Brochure and the Inmate Handbook. Both of these contain information regarding the Zero Tolerance Policy and how to report sexual abuse/harassment. An inmate signs that they have received these items. While the agency has a Talking Points for the orientation facilitator, the facility was unaware of this document. Additionally, inmate education is maintained in OPUS (Offender Population Unified System) and the auditor reviewed the information. Interviews with inmates confirmed that they have received both the brochure and the handbook. Informational posters regarding sexual abuse reporting were observed around the facility for inmate and staff viewing. Interviews with two limited English inmates indicated that they were not provided any written material in Spanish during intake. Additionally, a review of the materials used indicated that the facility had not yet implemented the new PREA brochure with appropriate contact information for reporting abuse/harassment. It was also noted that My Sister’s House information is not provided during orientation; however, with the PREA “Ways to Report” bulletin posted in each board in the housing units, the contact information for My Sister’s House is now present for inmate review. Between the audit and this report, the facility provided refresher training to all their staff during briefing. This training included a reminder that “Talking Points” will be used at orientation and that materials will be available for limited English speaking inmates to receive appropriate material in their primary language. Additionally, the facility updated all PREA brochures to reflect the latest version, dated 12/15/2015.

Standard 115.34 Specialized training: Investigations

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

- Does Not Meet Standard (requires corrective action)

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Policy F3400

Training Curriculums: Investigator, PPT and Mock Interview; Investigator Understanding Sexual Violence & PPT; and Incident Reporting OPUS (Offender Population Unified System)

Incident Reporting Pamphlet

Investigator PREA training files

Investigator Interview

The facility has three designated investigators who have completed specialized training for this purpose, as well as the standard PREA 101 for all staff annually. The training meets the requirements of the standard. Interviews with an investigator found that she was well versed in administrative investigations. Only staff who have completed this training have access to the electronic incident report system to allow for the review of investigations and updating the system with new information. The agency only completes administrative investigations. All criminal investigations are conducted by Nash County Sheriff's Office. The auditor reviewed training documentation of designated investigators.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Policy F3400

Training Curriculum: PPT, CE Nursing and OSOT Roster

LMS training files for medical staff and mental health staff

Medical staff interviews

The agency policy requires that all medical and mental health staff receive PREA 101 and specialized medical and mental health training. The specialized training meets all requirements of the standard. The facility provides medical care 24/7. Training records indicate that both medical and mental health staff have completed PREA 101 and the specialized training. The mental health staff is not permanently located at this facility. They come as requested by the agency staff. Forensic examinations are not conducted at this facility and therefore no training was provided.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Policy F3400
Diagnostic Procedural Manual 305
Memo, dated 08/14/15
Manual: Risk to Sexual Victimization & Abusiveness Screening Guide
Inmate files
Staff Interviews

The agency conducts a risk assessment at the reception and diagnostic center upon the initial intake of inmates into the state system. This is completed within 72 hours of arrival. The risk assessment contains all elements of the standard. However, the current system allows only for the identification of sexually aggressive inmates (High Risk Abusive Report). While information is obtained regarding vulnerability, there is not an objective tool for the identification of inmates who are vulnerable to victimization. This assessment is required to be reviewed within 30 days of intake. If the inmate reports a victimization or identifies as sexually aggressive, notification is made to medical, the Administrator and the PREA Manager to begin services as required by policy. The policy prohibits inmates from being disciplined for refusing to answer questions from the screening. Only those staff with appropriate credentials have access to this electronically maintained information.

On March 17, 2016, the agency PREA Coordinator provided to this auditor documentation that the agency now produces a High Risk for Victimization List (HRV) that is reviewed along side the High Risk for Abusive List (HRA) to ensure that all housing, work, and programming services are assigned with the protection of the inmates as a key factor. Upon intake at a reception center, the inmate and staff complete the Mental Health Screening Inventory. This tool identifies all required components of the standard. From this document, two lists are produced – the HRV and HRA (see above). These lists are protected from viewing by staff who do not have an immediate need to know and access is only provided to the Facility Head, PREA Compliance Manager, Asst. Superintendent for Custody and Operations, Asst. Superintendent for Programs, and the Inmate Assignment Coordinators, or IAC. It is the responsibility for the designated staff to run these lists weekly to review for appropriate placement. This facility was then required, and has completed as of March 18, 2016, a review of all inmates on the HRV and HRA list as well as changes made to ensure the safety of inmates.

Standard 115.42 Use of screening information

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

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

Policies F3400 & TX-I-13
Screening tool
Learning Management System (LMS) Material
Instructions to access the High Risk Abusive Report
Manual: Risk to Sexual Victimization and Abusiveness Screening Guide
Staff Interviews

The policy addresses clear guidelines, including limits, for housing and work assignments based on the safety of all inmates. The policy requires a bi-annual review of housing for transgender and intersex inmates. The policy also provides for all transgender and intersex inmates to shower separately from all other inmates, and are assessed for their own perception of risk at the facility. While the agency has

identified those inmates deemed at high risk for sexual aggression, and have implemented methods of reviewing all housing, programs, and work assignments to ensure the safety of all other inmates, the agency does not currently have a system in place for those inmates who are identified as vulnerable to victimization.

On March 17, 2016, the agency updated their current system to now include a review of the High Risk Victimization (HRV) and the High Risk of Aggressive (HRA) list at the facility on a weekly basis, or more often if needed, to ensure that inmates are placed in educational, vocational, and housing that ensures their safety. Inmates who are identified as HRV are now placed in closer proximity to the staff in the housing units. This information was provided to the auditor to show that on March 18, 2016, Nash Correctional Institution completed the first run of this new system and made changes in order to protect inmates.

Standard 115.43 Protective custody

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

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

Policy F3400
SOP 4.54
Staff Interviews

Restricted housing is used at this facility when needed to protect inmates who make PREA allegations. Agency policy prohibits the involuntary placement of inmates in segregated housing unless there are no available alternatives. Policy state that services for an inmate who may be placed in protective custody are continued as normal unless there is a specific documented reason for restriction; however interviews confirmed that this is not the practice at this facility. Policy dictates documentation of the use of protective custody when necessary and 30 day reviews of such placement. Between the audit and this report, the facility provided refresher training to all their staff during briefing. This training included policy directives that inmates will not automatically be placed in restrictive housing unless alternative placement is not available and the requirement for documentation of the same.

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.

Policies F3400 & D0300
Form OPA-T10
Fraud, Waste, Abuse & Misconduct reporting website page
PREA Internal & External webpage for reporting

Staff Brochure
Offender acknowledgement Form (English/Spanish)
Inmate Rule Book
Bulletin Board: PREA “Ways to Report”
Tour
Staff and Inmate Interviews

The agency has numerous ways for an inmate to internally report sexual abuse or sexual harassment. Methods of reporting include telling a staff, writing a grievance or letter to the PREA Coordinator and third-party reporting. Externally, the agency provides the address of the North Carolina Prison Legal Services (PLS). The posters in the facility provided the address for PLS. Interviews with inmates confirmed that many are unaware of all reporting methods or contact information for reporting. Interviews confirmed that staff at the program are aware that they may report privately through the Fraud/Waste/Abuse Hotline or through email with the PREA Coordinator if they do not wish to report through the Chain of Command. Prior to this report, the facility provided photos to show that all bulletin boards have been updated with the Agency PREA “Ways to Report” which detail telling a staff, writing to the PREA office, Third party reports/Family reports, and PLS. This form also contains the specific information required to make a report. Additionally, the facility is incorporating the new PREA brochure into their orientation. This brochure has been updated with current information on how to report, along with contact information.

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.

Policies F0300 & G0300
Inmate Rule Book
Staff Interviews

The agency policy confirms that grievances of sexual abuse or sexual harassment require an immediate notification to the North Carolina Department of Public Safety PREA office. There is no requirement to use a less formal method of reporting prior to a written grievance. There is no disciplinary action if the report is made in good faith. A final response is due within 90 days, as well as notification to the inmate that it has been accepted within 5 days. Grievances are allowed to be prepared by the victim or other third party person who assists the victim. Emergency grievances, those defined as matters that present a substantial risk of physical injury or irreparable harm may be presented directly to the Officer in Charge, are forwarded immediately to the appropriate person, and require an initial response from the facility within 48 hours and a final determination within 5 days. There were no grievances in the past 12 months that alleged sexual abuse or sexual harassment. Inmates reported being able to file a grievance at any time and there are grievance boxes available in each housing unit. Grievance boxes are emptied daily.

Standard 115.53 Inmate access to outside confidential support services

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

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

PREA – The North Carolina Approach was reviewed.
My Sister’s House – Letter dated 04/15/15
Bulletin: PREA “Ways to Report”
Inmate interviews

The Agency is in the process of working with the North Carolina CASA for the provision of services under this standard. While this is in progress, the facility has reached out to My Sister’s House to provide services. A letter was presented to this auditor dated April 15, 2015. Information about services offered was observed posted in each unit for inmates; however there was no contact information available. Inmate interviews indicated that they are not aware of contact information. Prior to this report, the facility posted the agency PREA “Ways to Report” bulletin in each housing unit that shows contact information for all methods of reporting, to include My Sister’s House.

Standard 115.54 Third-party reporting

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

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

The NCDPS website
NCDPS Bulletin Board Posters
Staff and Inmate Interviews

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

Standard 115.61 Staff and agency reporting duties

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

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

Policy F3400
PREA 101 Staff Training
Staff Interviews
Volunteer Interview

The agency policy requires all staff, volunteers and contractors to immediately report any knowledge, information or suspicion of sexual abuse or sexual harassment, and any violation or neglect of responsibility, to administration. Contractor contracts, and volunteer Acknowledgement Forms, include a requirement for reporting any information regarding sexual abuse. Policy and interviews confirmed that staff are not allowed to share information with persons who do not have a need to know. All allegations are reported to both the facility investigators and the PREA Coordinator. Agency staff training details the notification to the state agency regarding vulnerable adults.

Standard 115.62 Agency protection duties

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

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

Policy 3400
Staff Interviews

The agency requires immediate action to protect inmates who report sexual abuse. Policy prohibits the involuntary placement of an inmate in segregated housing unless there is no available alternative. All staff, contractors and volunteers are required to report this to the facility investigators who will assist with taking appropriate steps for protection. Staff interviews reported that an inmate is taken directly to restrictive housing and then it is reported to the Supervisor. Between the audit and this report, the facility provided refresher training to all their staff during briefing. This training included policy requirements of alternative methods of keeping inmates safe other than the utilization of restrictive housing.

Standard 115.63 Reporting to other confinement facilities

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

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

Policy 3400
Staff interviews

The agency policy requires that any receipt of sexual abuse or sexual harassment information that occurred at another facility be

immediately reported to the appropriate Superintendent. This notification must be documented. An incident report is also generated, which flags investigators and the PREA Coordinator. Allegations made by an inmate at another facility are treated the same as a new allegation, and facility investigators are notified and begin their review of information. There were no allegations that were reported about another facility in the past 12 months.

Standard 115.64 Staff first responder duties

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

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

Policy F3400
PREA 101 training curriculum
Staff interviews

The agency requires all staff to separate, protect physical evidence and the crime scene, and to report to administration when an allegation of sexual abuse is received. All staff could clearly articulate these steps. It is noted that staff PREA training identifies all staff as first responders. Contractors and volunteers are required to protect the victim and report the information to a security staff. There were no instances in this facility where the a first responder was first on the scene.

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.

Coordinated Reponse Plan
Coordinated Response Overview
Staff Interviews

The NCDPS has created a template that includes all PREA related requirements for a proper Coordinated Response Plan. Each facility is provided this draft template, which directs that their facility specific information be included in the plan and thereafter published to facility staff. This plan addresses first responder duties, leadership duties, investigator duties, PREA manager duties, PREA Support Persons duties, SART (Sexual Assault Response Team) duties, Mental Health and aftercare duties, and retaliation duties. The plan presented by the facility had minor changes, including name of the facility, and that numbers were available in the emergency plan document. Prior to this report, the facility provided an updated Coordinated Response Plan that provides facility specific positions and/or agencies and contact numbers. There is a flowchart that helps staff to comply with the plan.

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

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

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

This standard is Not Applicable as Nash Correctional Institution does not enter into collective bargaining agreements.

Standard 115.67 Agency protection against retaliation

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

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

Policy F3400
Forms OPA-122 & Form OPA 124
Investigation Files
Staff Interviews

The agency policy addresses practices to protect both staff and inmates from retaliation as a result of reporting sexual abuse or sexual harassment information. Various protection methods for inmates are identified in policy. There is a form that is used to document the retaliation monitoring at the 90 day mark, as well as periodic status checks. Facility documents confirmed that retaliation monitoring is conducted. Interviews with staff confirm that retaliation monitoring begins when the allegation is made and following through for a minimum of 90 days. Both the PREA Compliance Manager and the PREA Support Persons are responsible for retaliation monitoring. Investigation files were reviewed and the sample reviewed showed retaliation monitoring in compliance with the standard.

Standard 115.68 Post-allegation protective custody

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

- Does Not Meet Standard (requires corrective action)

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

Policy F3400
Staff interviews

The agency policy addresses the use of protective custody only if no other alternative means of protection is available, or if inmates request this level of protection. Inmates requesting this level of protection may complete the Request for Protective Custody and must document the reasons for the request. Inmates who request protective custody are transferred from the facility, as the facility does not provide long term protective custody. While there were no instances of the use of protective custody as a result of a sexual abuse allegation in the past 12 months, staff interviews confirmed that inmates are taken directly to restrictive housing prior to determining if alternative placement is available.

Standard 115.71 Criminal and administrative agency investigations

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

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

Policy F3400
Coordinated Response Overview
Investigation files
Staff interviews

The agency policy requires that criminal investigations are conducted by Nash County Sheriff’s Office, therefore the facility investigators only conduct an initial investigation to determine if outside law enforcement is to be notified and administrative investigations. All three investigators identified at the facility have received appropriate investigator specialized training. All evidence is gathered, documented and preserved. Prior allegations involving the same perpetrator or victim are reviewed. The credibility of the victim or alleged abuser is determined on an individual bases. The agency does not use polygraph examinations in order to continue an investigation. Administrative investigations address staff actions, credibility and a review of fact and findings of the criminal investigation (if applicable). All interviews are conducted as approved by the Office of Special Investigations and Compliance. There were no allegations that were referred for criminal investigation.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Policy F3400
Investigator interview

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

Standard 115.73 Reporting to inmates

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

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

Policy 3400
Form OPA I30 & OPA-I30
Coordinated Response Overview
Investigation files
Staff Interviews

The agency utilizes Form OPA-I30 to document notification to the victim of the outcome of the investigation, and include specific mention of the status of the alleged perpetrator. Interviews confirmed that inmates would be advised of the outcome of an investigation. A review of facility investigation files found completed forms showing inmate signatures that they were notified of the outcome.

Standard 115.76 Disciplinary sanctions for staff

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

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

Policy F3400 & A200
New Employee Orientation
Investigation File
NCDPS internal webpage
Staff Interviews

The agency policy provides for disciplinary action towards staff who violate the zero-tolerance policy, up to and including termination. All disciplinary actions are reviewed individually based on the nature and circumstances of the allegation. Comparable offenses by other staff are also considered in a final determination of disciplinary action. All staff terminations are required to be reported to the state licensing body. One allegation of sexual abuse by staff was not substantiated for any sexual contact, it was determined that the staff had crossed professional boundaries. The staff had resigned prior to the conclusion of the investigation. This investigation was forwarded to law enforcement who declined to pursue the case.

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.

Policies 3400 & F-0604
Form OPA-T10
Staff Interviews

The agency policy confirms that any contractor or volunteer who violates the zero-tolerance policy will be prohibited from contact with inmates. Outcome of an investigation that is substantiated and involved a licensed contractor or volunteer is reported to the appropriate licensing body, as identified. There were no allegations where a contractor or volunteer was referred to local law enforcement for a violation of the agency zero-tolerance policy.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Policy F3400 & B0200
Inmate Rule and Policies Booklet
Staff interviews

The agency policy dictates disciplinary actions for inmates who violate the zero-tolerance policy. The Inmate Rule and Policies Booklet clearly outlines the disciplinary action of sexual abuse and sexual harassment (Class A Offenses). Services for abusers is available and include counseling and possible transfer for additional interventions. Inmates are not disciplined for behaviors in which staff consent. There is no disciplinary action for inmates who make a report in good faith. There were no instances found during the file review that substantiated findings for a PREA allegation that resulted in inmate disciplinary action. The agency does prohibit all sexual activity between inmates.

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

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

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

Policies F3400 & CP-18

Diagnostic Manual 305

Memos dated 10/09/13 and 11/14/12

North Carolina Authorization for Release of Information, Mental Health Screening Referral system, and Learning Management System (LMS)

File Reviews

Staff Interviews

The agency policy requires immediate referral to medical and mental health services after information of prior sexual victimization or sexual aggressive behaviors is discovered during the screening process. There is an immediate referral to mental health for an evaluation. Interviews confirmed informed consent is obtained before information is shared regarding a victimization that may have occurred prior to incarceration. File reviews indicated that referrals were made as required.

Standard 115.82 Access to emergency medical and mental health services

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

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

Policy CP-18

North Carolina Authorization for Release of Information

Mental Health Screening Referral system

Coordinated Response Overview

File Reviews

Staff interviews

The agency requires that all inmates who report sexual abuse shall be immediately taken for medical services. Medical staff contact the Triage Unit or direct the inmate to the local ER. Mental Health professionals are notified through the PSP (PREA Support Persons). Mental Health staff confirm notification. Additional counseling services are available as identified and as requested by the victim through the PSP (PREA Support Person). Provisions for STD testing and treatment are provided at the facility level based on physician orders and/or victim request. All treatment related to sexual abuse is offered without financial cost to the victim regardless if they name the perpetrator or not. There were no allegations that were reported immediately after alleged or within 72 hours of the event.

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.

Policies F3400, CP-18 & CC-8,
Coordinated Response Overview
Staff Interviews

The agency provides on-going medical and mental health services for victims of sexual abuse, whether the incident occurred within an institution or in the community. All care is provided and consistent with the community level of care. Follow-up care is provided within two weeks, as well as can be requested by the victim. STD testing and treatment is offered. Again, all services are provided to the victim without financial compensation. The agency also offers evaluations to sexual aggressive inmates when information is present or a new allegation is made. The medical professional reported that all treatment is provided per physician order and that there are protocols in place to further refer an inmate for other treatments.

Standard 115.86 Sexual abuse incident reviews

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

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

Policy F3400
Form OPA-I10
Coordinated Response Overview
Completed OPA-I10 forms
Staff Interviews

The agency requires a Post Incident Review (PIR) at the conclusion of any investigations of sexual abuse. Form OPA-I10 is completed. This is a standardized form that contains all elements of the standard. Participants include the PREA Manager and SART members, who are comprised of upper level management, and input from other staffing positions, including medical staff. One investigative file was reviewed which contained a Post Incident Review. The review was completed within 30 days. There were no corrective actions recommended during the review.

Standard 115.87 Data collection

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

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

Policy F3400
 Incident Reporting – OPUS (Offender Population Unified System)
 PREA Incident Reports
 Staff Interviews

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

Standard 115.88 Data review for corrective action

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

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

Policy F3400
 Form OPA-I10
 2015 Sexual Abuse Annual Report
 Coordinated Repsonse Overview
 Staff Interviews

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

Standard 115.89 Data storage, publication, and destruction

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

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

Policy F3400
2015 Sexual Abuse Annual Report
Staff Interviews

The agency publishes the annual report on its website. The report contains no personal identifiers. Agency policy requires the maintenance of records that meets the PREA standard.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Bobbi Pohlman-Rodgers

03/31/2016

Auditor Signature

Date