

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: March 27, 2017

Auditor Information			
Auditor name: Robert Lanier			
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Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: March 15, 2017			
Facility Information			
Facility name: New Hanover Correctional Center			
Facility physical address: 330 Division Drive, Wilmington, NC 28402			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 910-251-2666			
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: Michael Ditta			
Number of staff assigned to the facility in the last 12 months: 127			
Designed facility capacity: 402			
Current population of facility: 390			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: Adult			
Name of PREA Compliance Manager: Angela Melvin		Title: Lieutenant	
Email address: angela.melvin@ncdps.gov		Telephone number: 910-251-2666	
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, Raliegh, NC 27604			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 919-825-2754			
Agency Chief Executive Officer			
Name: Erik A. Hooks		Title: Secretary, NCDPS	
Email address: erik.hooks@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

The on-site PREA Audit of the New Hanover Correctional Center was conducted on March 15, 2017. Six weeks prior to the on-site audit, the agency received and posted the Notice of PREA Audit. The notices were posted in areas accessible to staff, inmates, visitors, volunteers and contractors. Thirty days prior to the on-site audit the facility provided the auditor a flash drive containing agency policies, procedures and standard operational procedures (where applicable) as well as various other documents and forms to support practice and compliance with a PREA standard or substandard. The information was organized and effectively arranged on the flash drive enabling the auditor to easily review the information provided. Where additional documentation was needed, it was requested and provided. The PREA Compliance Manager was very responsive to the auditor's requests for additional information when needed. Communications continued between the PREA Compliance Manager and the PREA Auditor and an itinerary was developed to guide the on-site process. The facility was asked to provide background clearances, Employee Statements, PREA Acknowledgement Statements, Cross Gender Acknowledgment Statements, investigations as well as documentation related to volunteers and contractors.

The auditor arrived in the city, following a previous PREA audit and contacted the PREA Compliance Manager. The facility agreed for the auditor to report to the facility on March 14, 2017 at 1600 to participate in a meet and greet and tour of the facility. The auditor was met by the PREA Compliance Manager and a Lieutenant and later by the Assistant Superintendent (acting Facility Superintendent). The facility was observed to be an older facility (102 years old) but was clean, neat and orderly. Inmates were congenial and busy on work details or leisurely spending time in the dorms. Dorms are open bay style with restrooms that have half walls and showers with PREA Curtains enabling inmates to shower and use the restroom with privacy. There are no cameras in the facility however blind spots are being mitigated insofar as possible with mirrors. Although the facility is older, offices and other areas have a number of windows in the doors enabling viewing.

At the conclusion of the tour, the auditor met briefly with the Assistant Superintendent, PREA Compliance Manager and Lieutenant to discuss plans for the next day (March 15, 2017).

The auditor arrived back at the facility March 15, 2017 at 0800 and began interviewing staff, both randomly selected and specialized. During those interviews, the auditor reviewed documentation that had been requested prior to the audit. For example, staff conducting orientation were asked to provide inmate files with documentation confirming receipt of PREA Training. The investigator was asked to bring all investigation files to his interview. At the conclusion of interviews with staff, the auditor began interviewing inmates. Inmates were randomly selected from each living unit, including restricted housing, several inmates who identified as being gay and one inmate who identified as being transgender. There were no inmates who had reported prior sexual victimization or who had experienced sexual abuse or harassment while in this facility.

At the conclusion of interviews with inmates, the auditor closed out the audit with an "out briefing" with the Assistant Superintendent, PREA Compliance Manager and Lieutenants.

After the auditor began working on the report, additional information was requested and received.

DESCRIPTION OF FACILITY CHARACTERISTICS

New Hanover Correctional Center is located in Wilmington, NC., in New Hanover County. New Hanover Correctional Center, North Carolina's first permanent county prison, was constructed in 1915 in New Hanover County. A two-story concrete building was erected in 1925 to house 200 county prisoners. Equipped with electricity, modern plumbing and central heating the facility was through to have begun a new age in prison construction and design. Inmates slept on cots in two large rooms, one for each race, separated by a guard room.

The prison was remodeled in 1928 and expanded to house 250 inmates.

New Hanover was one of 51 county prisons for which the state assumed responsibility with the passage of the Conner bill in 1931. IT was one of 61 field unit prisons renovated or built during the late 1930s to house inmates who worked building roads.

Two modular dorms added in 1978 have since been closed. In the 1987 Emergency Prison Facilities Development program, lawmakers provided for a 50-bed dormitory for New Hanover. Another 250 beds were included in the \$55 million prison construction program authorized in 1989. Inmates moved into the first 50 bed dorms in 1988 and the other dorms in 1992.

Prison engineers supervised inmates in remodeling the prison's original building to provide classrooms and office space which was opened by the fall of 1994. An 18-bed dormitory at the prison provides administrative and disciplinary segregation space for minimum custody inmates needing to be segregated.

New Hanover currently serves as a minimum-security prison for adult males.

More than 50 inmates participate in work release, leaving the prison for part of the day to work for a business in the community.

The prison has five community work crews and two littler crews which do all kinds of work in a four-county area. There are also five Department of Transportation road crews which work in three counties.

Cape Fear Community College works with the prison to provide adult education classes and help inmates prepare for the GED tests. There is also course work in Industrial Electricity and Horticulture.

Inmates may also be assigned to housekeeping, kitchen duties, maintenance and labor contracts.

SUMMARY OF AUDIT FINDINGS

The audit of the New Hanover Correctional Center was conducted on March 14, 2017-March 15, 2017. The audit process included the following: 1) Provision of Notices of PREA Audits 2) Review of the information (Pre-Audit Questionnaire (PAQ), policies, procedures, documents supporting practice and compliance) provided on the flash drive 3) A tour of the facility to observe potential blind spots and the facilities efforts to mitigate blind spots, to observe showers, restrooms and living areas, as well to observe any PREA related information provided to inmates on bulletin boards or otherwise posted in the dorm areas or other areas accessible to inmates, staff, volunteers, contractors and visitors and to observe supervision of inmates. 4) Interviewing randomly selected staff and specialized staff and 5) Reviewing additional documentation prior to the audit, during the on-site audit and following the on-site audit.

Each standard, with sub-standards, was reviewed. Primary and secondary documentation, as well as observations and interviews were considered in that review.

Forty-three standards were reviewed. Four (4) standards were rated “exceeds”. These are 115.11, Zero Tolerance; 115.17, Hiring and Promotion Decisions; 115.53 Access to Confidential Outside Support Services and 115.61, Staff and Agency Reporting Duties. Thirty- five (35) standards were rated “met” and four (4) Standards were rated ‘non-applicable”. These included 115. 12, Contracting for confinement of inmates; 115. 14, Youthful Inmates; 115.18, Upgrades; and 115.66, Preservation of the Ability to keep inmates safe.

Number of standards exceeded: 4

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

The PREA Policies of the North Carolina Department of Public Safety (DPS) are comprehensive, well written and describe the agency's Zero Tolerance Policy for any form of sexual activity including sexual abuse, misconduct, sexual harassment and retaliation for reporting sexual abuse or sexual harassment.

The agency'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. Reviewed policies, standard operating procedures, memos, training curricula and other provided information indicate the North Carolina Department of Public Safety has been concerned about sexual safety in their facilities for a long time. They also reflect serious thought that has gone in to developing policies, procedures and practices and implementing PREA in the DPS facilities. The policies and procedures reflect attention to detail and to addressing the requirements of the PREA sub-standards. This agency has been involved in PREA for years now and have developed processes and multiple forms to document that certain actions and requirements related to PREA have been accomplished. For example, in the hiring process, not only are the PREA Questions asked of applicants in the application process but they are also included on at least two additional forms, including the Employee Statement Form. Staff indicated that the PREA questions are asked and documented annually. Staff are not only trained on Cross-Gender Viewing and Searches but also sign an acknowledgment statement that again reiterates the requirements of the standards. These are just a few examples of how this agency demonstrates their commitment to sexual safety in their facilities.

The agency has also 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 organizational chart depicts the position of the PREA Director and shows her reporting to the agency's General Counsel. That relationship demonstrates the value the agency places on that position within the agency. The Assistant Superintendent of Custody and Operations, in a memorandum dated 1/12/17, designated a PREA Compliance Manager and an alternate. He indicated, in the memo, that both staff have sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. The PREA Compliance Manager reports directly to the Superintendent.

A brief interview, conducted previously, with the PREA Coordinator indicated that he is a very professional and very knowledgeable individual who has been involved in implementing PREA for a number of years. An interview with the New Hanover Correctional Center (CC) Assistant Superintendent (acting Facility Administrator) confirmed that he is committed to sexual safety in his facility and that the PREA Compliance Manager has his complete support.

Interviews with the PREA Compliance Manager indicated she is a motivated and consummate professional. She related that she has additional duties but has sufficient time to perform her PREA related duties. Too, she reminded the auditor she has an alternate PREA Compliance Manager who would carry on her duties if she was unable at any time for any reason. She is conscientious, motivated and committed to implementing the PREA Standards within the facility and to sexual safety for all inmates. She is one of the most knowledgeable PREA Compliance Managers the auditor has had the pleasure of working with. She too related she has the complete support of the Assistant Superintendent (Acting Facility Administrator) in implementing PREA. Over the course of the on-site audit, after interviewing multiple higher level staff, it became apparent that these staff work together as a team in implementing PREA. In addition to the comradery they exhibit, every one of them had an exceptional knowledge of the PREA Standards as well as agency policies related to PREA. The PREA Compliance
PREA Audit Report

Manager stated her expectations in prevention are to ensure all staff, volunteers, contractors and inmates are trained in PREA. She described a comprehensive training program that was confirmed by the training officers, line staff, professional staff, contracted staff and a volunteer. To ensure continuity in the facility's efforts to prevent, detect, report and respond to sexual abuse and/or sexual harassment, the Assistant Superintendent has appointed an alternate PREA Compliance Manager.

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 multiple inmates representing every living unit, including those informally interviewed during the tour as well as those randomly selected, 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 and understand 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.

This standard is rated "not applicable". New Hanover Correctional Center does not contract for the confinement of inmates.

Standard 115.13 Supervision and monitoring

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

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.

State of North Carolina Department of Public Safety, Prisons, F.1600, Management of Security Posts, addresses staffing and the importance of the relationship of appropriate levels of staffing to the success of the prison system. Inadequate staffing, on the other hand, is a threat to public safety and places correctional employees, the general public and offenders at risk. Paragraph (C), Security Staffing, requires the DPS Prisons to conduct an on-site post audit of every prison at least every three years and to conduct regular audits of post-audit charts through the automated post-audit system. DPS, Prisons, also is required to update the security staffing relief formula at least every three years. Paragraph (d), Prison Rape Elimination Act, (1) states that the DPS, Prisons, will ensure that each facility it operates develops, documents and make its best efforts to

comply on a regular basis with a staffing plan that provide adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse and sexual harassment. Policy also requires that in calculating adequate staffing levels and determining the need for video monitoring the facility takes into consideration each item required by the standards. When the staffing plan is not complied with the facility documents and justifies all deviations. At least annually, the prison, in consultation with the PREA coordinator, is required to assess, determine and document whether adjustments are needed to: 1) The staffing plan; 2) The facility's deployment of video monitoring systems and other monitoring technologies; and 3) the resources the facility has available to ensure adherence to the staffing plan. Policy also requires Facility Heads and/or Facility Assistants to conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. These rounds are to occur on all shifts and staff are prohibited from alerting other staff that these rounds are occurring, unless the announcement is related to the legitimate operations function of the facility.

The Pre-Audit Questionnaire (PAQ) documented that there were no deviations to the staffing plan during the past twelve months.

The New Hanover Staffing Plan is predicated upon an average daily population of 385 offenders. An interview with the Assistant Superintendent (Acting Facility Administrator) confirmed the manner in which a staffing plan is derived. Essentially the staffing plan is predicated upon the average daily population of 385 offenders. The facility is a minimum custody facility. The Department allocates positions for each facility and the administration is responsible for identifying posts and establishing the priorities for each post. "Pull" posts are identified. These are posts that are not absolutely critical. DPS provided data to the prisons to enable them to assess needs in developing the staffing plan. Both the PREA Compliance Manager and the Assistant Superintendent discussed the staffing plan process, including identification and consideration of blind spots. Cameras have not been allocated for this minimum custody facility. The facility did provide documentation requesting camera coverage in identified locations. In the absence of cameras, the facility has installed a number of mirrors to mitigate the blind spots and deployed staff to critical areas such as the laundry and food service. Windows are in a large number of doors enabling viewing. Consideration, in developing the staffing plan, is also given to the programs planned during the day and provided after hours by volunteers and program staff. The facility reported there have been no deviations from the staffing plan during the past twelve months and if there were, they would be documented, explaining the exigent circumstances. This was confirmed by the Pre-Audit Questionnaire (PAQ) and through interviews with the Assistant Superintendent and PREA Compliance Manager.

The plan is reviewed annually by the Regional Office and the Division Office. Staffing analyses are conducted every three years on site by a DPS team. The plan considers the items required by the standards and video monitoring is always a part of the planning process to supplement direct supervision.

Supervision is enhanced further by unannounced rounds made each shift by the shift supervisors. The Assistant Superintendent and higher level staff, including Lieutenants and Sergeants make and document unannounced rounds. These rounds include checking doors to ensure that locked areas are locked; checking buildings and structures after hours to deter sexual activity; and to ensure 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. Higher level staff state they are able to conduct those rounds unannounced. The Assistant Superintendent related he may come in the "back gate" to ensure his rounds are unannounced. Staff conducting unannounced rounds state they want them to be unpredictable, with no routines or patterns. They reported that unannounced rounds are conducted by Sergeants two to four per day. Several other higher level staff stated they come in the backdoors to ensure their rounds are unannounced.

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 Standard is rated “not applicable”. North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment), requires that youthful offenders are not placed in a housing unit in which the youthful inmate would have sight and sound contact with any adult inmates using a shared dayroom or other common space, shower area or sleeping quarters. It also requires that in areas outside the housing units, the facility either maintains sight and sound separation between youthful inmates and adults or provides direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. Additionally, the policy requires that youthful inmates have access to other programs and work opportunities to the extent possible.

New Hanover CC does not house youthful offenders. This was documented on the Pre-Audit Questionnaire (PAQ) and was verified through interviews with the Assistant Superintendent, PREA Compliance Manager and other staff and through observations made during the on-site audit.

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 searches (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 cross-gender 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. Cross gender strip and body cavity searches are not allowed absent exigent circumstances. Chapter F.1600, Management of Security Posts, (j), page 19, Search of Inmates, instructs that routine clothed searches of male inmates may be conducted by correctional officers of either sex; that complete (strip) searches are conducted only by correctional officers of the same sex as the inmate, except in emergency circumstances as determined by the shift supervisor. The urgency justifying the search exception must be documented. Paragraph (4) of Search of Inmates (j), prohibits searches of inmates for determining the person’s genital status as it related to transgender or intersex. Prisons Health Care Policy, Gender Identity Disorder, TXI-13, addresses gender dysphoria and the procedures for medical in responding to inmates identifying as transgender. Staff are trained to conduct cross-gender pat searches of male offenders and to conduct searches of transgender and intersex offenders in a professional and respectful manner. North Carolina Department of Public Safety, Office of Staff Development and Training, Adult Correction In-Service

Training, Safe Search Practices (816-B), teaches staff that routine searches of male inmates may be conducted by correctional officers of either sex. The officers should use the back to the hands when searching the breasts, buttocks, groin and inner thigh. The training also teaches staff that complete searches of inmates will be conducted only by correctional officers of the same sex as the inmate, except in emergency circumstances as determined by the shift supervisor. Afterwards an Incident Report will be completed explaining the urgency justifying the search exception. The training notes remind staff to be professional in conducting all searches. The facility also provided the auditor with a document entitled: "Cross Gender Announcement" to be shared with all staff in meetings and shift line-ups. This document addresses the limits of cross gender viewing and searches by facilities. It also reiterates, for staff, the requirements for conducting searches and reminds them that facilities must implement policies and procedures that enable persons in confinement to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks.

State of North Carolina Department of Public Safety, Prisons, F.1600, Management of Security Posts, .1609, Gender Specific Posts, (a) (6), requires staff of the opposite gender to announce their presence when entering a housing unit. The announcement is to be made at a minimum of once upon the shift change by an opposite gender employee assigned to the housing area. The announcement is to be documented in the shift log. Policy also requires that any other opposite gender employee must announce when entering a housing area and document it in the shift log. Staff were required to acknowledge understanding the contents of the Cross-Gender Announcement and Acknowledgement indicating they understand the requirements related to cross gender viewing. Multiple examples of the Cross Gender Acknowledgment Statements were observed and reviewed while checking personnel files for background clearances.

DPS Policy, Prisons, F. 1600, Management of Security Posts, (a) (7), requires inmates to cover themselves appropriately when not in the shower or not utilizing toilets and while in route to and from these areas. Showers were observed to provide privacy through use of PREA Curtains and ¾ walls. The curtains allow staff to see the head and feet of an inmate showering for security purposes. The torso of the inmate is not in view. Toilets also provide privacy with half walls. Cameras are not located in either the shower or restroom area. Showers of inmates in segregation are conducted by male staff. Inmates in restricted housing shower one at the time and change clothes in the shower.

Female staff are not permitted to conduct cross gender complete searches absent exigent circumstances that would be documented. Interviewed staff related they have never known of or seen a female staff conducting a complete search. Staff are trained as newly hired staff and annually in in-service in safe search techniques. Female staff are trained to conduct cross gender pat/frisk searches. They were able to demonstrate the "back of the hand" technique they were taught. Interviewed inmates related females have never conducted a complete search and that their pat/frisk searches are "minimal" contact. Staff related if a cross gender pat search is conducted, it must be logged into the log book. The Pre-Audit Questionnaire documented that there were no cross-gender strip or body cavity searches conducted during the past twelve months. The facility does not house female offenders.

One hundred percent (100%) of the interviewed staff, both specialized and random, stated they always announce their presence when entering a housing unit housing the opposite gender. All the interviewed inmates except one said female staff always announce their presence. One inmate said they do not.

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. Policy E.1800, .1804, Non-English Speaking Inmate Program, requires the Director of the Division of Prisons, to designate certain facilities to be housing locations for inmates unable to speak or understand English. All non-English speaking inmates are assigned to these facilities unless the designated facilities cannot satisfy the security, treatment or other needs of the non-English speaking inmate. 1806, Other Procedures of the same policy, instruct facilities, as necessary, to employ interpreters. The facility provided a contract with World Wide Interpreters, Incorporated, to provide interpretive services, if needed.

In the absence of staff interpreters, staff were generally aware of the professional interpretive services provided by the Department of Public Safety. Interviews with staff consistently indicated that staff would not rely on an inmate interpreter except in exigent circumstances. Most of the staff stated they could use a staff interpreter however, most related that the facility would have to call in a “professional”, especially if it were a hearing-impaired inmate. Some of those interviewed knew there were telephone interpretive services to ensure an accurate interpretation and they knew the facility had a tty machine for the hearing impaired to communicate via phone. None of the inmates interviewed were limited English proficient or disabled.

The staff conducting orientation for inmates stated, in an interview, that she covers the PREA Brochure and PREA related information in the inmate handbook orally. Most of the interviewed inmates confirmed they received PREA information orally during intake and were given the opportunity to ask questions. Highly qualified mental health staff are available to assist inmates with mental challenges in understanding how to report an allegation of sexual abuse or sexual harassment. Educational staff are available to assist with any inmate who is not literate or who is challenged educationally.

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.

As a part of the application and employment process, applicants are required to complete the form entitled, "Applicant Verification" and "DPS Employment Statements". The DPS Employee Statements have a section entitled: "PREA Hiring and Promotion Decisions." This section states the North Carolina Department of Public Safety (NCDPS) must adhere to the United States Department of Justice Final Rule on the "National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) Standards" at 28 C.F.R. Part 115 Docket No. OAG-131 RIN 1105-AB34. The NCDPS may not hire or promote anyone who may have contact with inmates, residents or offenders under supervision who answers yes to any of the three PREA Related questions. The employee checks yes or no to each of the three questions. He/she also acknowledges an affirmative duty to report if at any time the employee does engage in any of the three behaviors addressed in the PREA questions. 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 Human Resources Manager indicated she is an experienced and knowledgeable staff. She articulated a comprehensive process in which staff wanting to apply for a "custody" position submits his/her application to the DPS Regional Employment Office. Applicants are interviewed by a panel at the Regional Office and applicants selected for correctional officer positions undergo a background investigation that includes a search of court records, an NCIC check and driver's license check. Background checks are made prior to hire, every five years and upon receiving a promotion. Staff also check the BEACON System to see a potential employee's prior state work experience, including their reasons for leaving their last state employment. Additionally, reference checks, asking previous employers about prior allegations, are conducted. Other staff make application at the facility and complete the Employee Verification Form answering the PREA related questions. They too, undergo the required background checks, through the NICIC and State Crime Information Center. Professional reference checks are made as well. Five- year background checks as well as background checks of staff being promoted are being done. During their orientation, staff are again asked to respond to the PREA related questions on the DPS Employment Statement form. They also are required to acknowledge by signature their receipt of and understand the PREA Training received including the zero-tolerance policy and their duty to report. They also acknowledge Cross Gender Searches and Viewing by signature. Multiple acknowledgement forms were observed in reviewed files.

A sample of 10 personnel files were reviewed and each contained the required background check information, the signed Applicant Verification Form acknowledging responses to the PREA related questions asked of applicants and the DPS Employment Statement which again asks the PREA related questions.

Contractors go through the same process as employees.

The facility provided a typical professional services contract. These contracts contain a PREA section at paragraph 7. This advises the contractor of the DPS's zero tolerance for behavior with offenders that is unduly familiar or sexually abusive. It prohibits Departmental staff, correctional agents, agency vendors, contractors, subcontractors associated with the contract and volunteers from engaging in personal dealings or any conduct of a sexual nature with offenders. It also advises that sexual acts between an offender and departmental staff, correctional agents, agency vendors and volunteers violates the federal Prison Rape Elimination Act Of 2003 (PREA) and is punishable as a Class E felony in North Carolina.

The facility reported, on the Pre-Audit Questionnaire, that 15 employees who would have contacts with inmates were hired during the past twelve months and 15 had the required background checks.

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 rated “not applicable”. The Pre-Audit Questionnaire indicated there have been no new facilities acquired and no substantial modifications or expansions of existing facilities since the last PREA Audit. It also affirms the facility has not installed or updated a video monitoring system or electronic monitoring system, surveillance system or monitoring technology since the last PREA Audit. Interviews with the PREA Compliance Manager and Assistant Superintendent confirmed they would be an integral part of the planning process to ensure sexual safety in any renovations, modifications, or enhancements to video monitoring technology.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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 investigations into allegations of sexual abuse and sexual harassment are conducted promptly, thoroughly and objectively for all allegations, including anonymous and third party reports. Investigations must not have any conflict of interest in relation to the person being investigated or other involved staff. If an alleged act of sexual abuse or sexual harassment is reported or discovered an immediate preliminary investigation is conducted to determine if the incident meets the standards of PREA. Investigators are required to gather and preserve evidence, both direct and circumstantial, including any DNA evidence and any electronic monitoring data including video and/or audio recordings and interview alleged victims, suspected perpetrators and witnesses. To preserve the integrity of the investigation, one person or a specific team will be designated to investigate an incident and only that person (or team) will be involved in collection of evidence. Forensic evidence will be collected if the assault took place within a timeframe allowing for that. The exam will be at no cost to the victim. When the quality of the evidence appears to support criminal prosecution, the DPS sexual abuse and sexual harassment investigators will only be permitted to continue interviews after consulting with the local law

enforcement agency as to whether interviews may be an obstacle for subsequent criminal prosecution. The Department of Public Safety Prisons, CP-18, Sexual Abuse, provides a comprehensive and detailed protocol to follow if an inmate is sexually abused. Procedures for protecting the evidence are specified as well. These policies provide a protocol if the physician is on site or if he/she is not on site. The prison has entered a Memorandum of Understanding and Agreement with the New Hanover County Sexual Assault Response Team. Those agreeing to participate in response to a sexual assault include the District Attorney, New Hanover Sheriff, Director of Emergency Management, Carolina Beach Police Chief, Wilmington Chief of Police, New Hanover County Department of Social Services, Regional Medical Center Emergency Department Director, Open Gate Director, Coastal Horizons, CEO, The Director of the Rape Crisis Center, Coastal Horizons Center, Kure Beach Chief of Police, Wrightsville Beach Police Chief of Police, Chief of Police, University of North Carolina, Wilmington, Vice-Chancellor, University of North Carolina, Wilmington, Regional Medical Center Special Police Chief and Assistant Superintendent, New Hanover Correctional Center.

DPS Policies and procedures addressed the requirements of the standard and requires that all allegations of sexual abuse and sexual abuse be referred to the appropriate investigative agency. Protocols for reporting, including reporting to local law enforcement and other investigative agencies are identified. 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. Medical care is available at the prison 24/7. 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/she 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 Room 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. There have been no allegations in the past twelve months in which a forensic exam was required.

Interviews with the facility investigator indicated he has completed the specialized training for investigating sexual abuse in confinement settings. His role is to conduct an initial investigation to begin to determine the facts in the case. If the case appears to be criminal, the Hanover County Sheriff's Office will be called in to investigate. The Office of Special Investigation (Department Investigators) will also be called in. Their role will be to conduct a parallel investigation along with Law Enforcement and their investigation will be administrative where staff are involved. Investigators follow a uniform protocol. The facility has an agreement with Coastal Horizons who will provide advocates, as requested, to provide emotional support to victims of sexual abuse. An interview with the Director of Coastal Horizons confirmed her organization will provide advocates. She stated that anytime an inmate discloses prior sexual abuse or current sexual abuse her organization would provide advocacy services if requested. She related that she also has a contract with the local hospital to provide advocates anytime a victim is treated in the emergency room and requests an advocate. The organization has 13 volunteer advocates and 9 staff who may serve as advocates. The volunteer advocates will not come into the prison however she related the staff advocates would, if requested. She indicated that she and the prison have a good relationship and plan to partner for training, including plans for training in teaching staff how to engage incarcerated LGBTIQ inmates who are victims of trauma.

North Carolina DPS, Prisons, has implemented a PREA Support Person(s) Program whose responsibilities are to serve as a system based advocate. The duties and responsibilities are described in the document entitled: "PREA Support Person Role and Responsibilities." Their role is to link services and support inmates who report sexual abuse and harassment by an offender or DPS staff, contractor and/or volunteer. This staff connects the alleged victim to the investigative process and professional resources offered by community based advocates and/or mental health professionals found in a confinement setting. The facility administrator has designated five staff members to serve as PREA Support Staff. Interviewed PREA Support Staff related they would contact the inmate immediately upon learning of a sexual abuse. They related they would explain their role and offer to accompany the inmate through any forensic exams to provide support and to accompany them through the investigative process. Too, they monitor for retaliation against the inmate.

Interviews with the Nurse Supervisor and another Registered Nurse explained that their roles, in the event of a sexual abuse, PREA Audit Report

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, at the hospital or available on call. Medical staff related they would also provide any STI prophylaxis or other medications as required by the discharge orders from the hospital.

The Pre-Audit Questionnaire reported there have been no forensic exams required during the past twelve months. This was also confirmed through interviews with medical staff, the PREA Compliance Manager and the Assistant Superintendent for Custody and Operations.

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.

The facility reports 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 facility 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 would conduct the criminal investigation in tandem with the OSI, who would be conducting a parallel investigation involving any staff. Interviews with 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 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 an in-house investigator and/or local law enforcement. Several mentioned OSI would also investigate. The facility had four allegations of either sexual abuse or sexual harassment during the past year. All of the investigation packages were reviewed. Reviewed investigations indicated the facility does take PREA seriously and investigates all allegations and reports of sexual abuse and sexual harassment. 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”.

North Carolina Department of Public Safety Division of Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) requires investigations into allegations of sexual abuse and sexual harassment are conducted promptly, thoroughly and objectively for all allegations, including anonymous and third party reports. Investigations must not have any conflict of interest in relation to the person being investigator or other involved staff. If an alleged act of sexual abuse or sexual harassment is reported or discovered, an immediate preliminary investigation is conducted to determine if the

incident meets the standards of PREA. Investigators are required to gather and preserve evidence, both direct and circumstantial, including any DNA evidence and any electronic monitoring data including video and/or audio recordings and interview alleged victims, suspected perpetrators and witnesses. To preserve the integrity of the investigation, one person or a specific team will be designated to investigate an incident and only that person (or team) will be involved in collection of evidence. Forensic evidence will be collected if the assault took place within a timeframe allowing for that. The exam will be at no cost to the victim. When the quality of the evidence appears to support criminal prosecution the DPS sexual abuse and sexual harassment investigators will only be permitted to continue interviews after consulting with the local law enforcement agency as to whether interviews may be an obstacle for subsequent criminal prosecution. The Department of Public Safety Prisons, CP-18, Sexual Abuse, provides a comprehensive and detailed protocol to follow if an inmate is sexually abused. Procedures for protecting the evidence are specified well. These policies provide a protocol if the physician is on site or if he/she is not on site. The prison has entered into a Memorandum of Understanding and Agreement with the New Hanover County Sexual Assault Response Team. Those agreeing to participate in response to a sexual assault include the District Attorney, New Hanover Sheriff, Director of Emergency Management, Carolina Beach Police Chief, Wilmington Chief of Police, New Hanover County Department of Social Services, Regional Medical Center Emergency Department Director, Open Gate Director, Coastal Horizons, CEO, The Director of the Rape Crisis Center, Coastal Horizons Center, Kure Beach Chief of Police, Wrightsville Beach Police Chief of Police, Chief of Police, University of North Carolina, Wilmington, Vice-Chancellor, University of North Carolina, Wilmington, Regional Medical Center Special Police Chief and Assistant Superintendent, New Hanover Correctional Center.

DPS Policies and procedures addressed the requirements of the standard and requires that all allegations of sexual abuse and sexual abuse be referred to the appropriate investigative agency. Protocols for reporting, including reporting to local law enforcement and other investigative agencies are identified.

The North Carolina DPS, Prisons website publishes information on how to report allegations of sexual abuse and sexual harassment.

An interview with a facility investigator indicated he is very knowledgeable of the investigative process. He is also a certified trainer and teaches PREA related courses. He described a detailed and comprehensive process culminating in a written report that follows the Department's Protocol for documenting investigations. This protocol includes a statement of facts, participants, audio/video tape, notifications, medical documentation and review and approval (by the Regional Director/designee). Statements are taken from the victim, alleged perpetrators and witnesses. The investigator includes in his report, the OPUS Offender Screens of the alleged victim and alleged aggressor. This provides documentation of the offender's prior history.

The facility reported four allegations during the past twelve months. These were derived from "tips" and a grievance. Two of the four investigations were administrative and were either unfounded or unsubstantiated. Two were referred to local law enforcement as being potentially criminal.

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. The facility provided power point presentations and the curricula for PREA 101. 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 PREA Acknowledgment statements to confirm staff are receiving their training as required. Staff receive a PREA Brochure that discusses zero tolerance, identifying signs that a staff may becoming too familiar with an offender, that there is no consensual sex, how to maintain professional boundaries and of their duty to report. 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. The PREA Compliance Manager also related she has gone to shift briefings to train staff in PREA related issues and items.

Multiple PREA Acknowledgment Statements were provided for review. Staff acknowledge the Zero Tolerance standard for sexual abuse and the intent of PREA. Staff are reminded they have an obligation to maintain clear boundaries with inmates and not to allow the development of personal, unduly familiar, emotional or sexual relationships to occur with inmates and staff members. Staff acknowledge the General Statute stating if a person having custody of a victim of any age or a person who is an agent or employee of any person, or institution, whether such institution is private, charitable or governmental, having custody of a victim of any age engages in vaginal intercourse or sexual act with such victim, the defendant is guilty of a Class E Felony. Staff are acknowledging they have been instructed to report all forms of sexual abuse and harassment that the following are methods for reporting: 1) Facility/Center/District Office; 2) Facility Administrator; 3) PREA Administration (number and email address provided); 4) Division Directors/Central Office; 5) NCDPS Employee; and to 6) The Officer in Charge.

An interview with a certified training officer indicated that training (PREA 101, covering all the required PREA Topics) is provided initially to newly hired staff through new employee orientation training. He related the facility is in a consortium using certified trainers from various facilities in the consortium. Following the training for newly hired staff, they again receive PREA refresher during annual in-service training. The facility trainer stated the refresher is a one hour block of training. The facility, according to the trainer, indicated the facility has three certified instructors. One hundred percent (100%) of the interviewed staff, including those randomly selected, specialized staff and contractors, reported, in interviews, that they receive PREA Training when they are first employed. They also consistently reported they receive training during annual re-certification training. Some said they are also required to complete some training on-line as well. They indicated PREA is also discussed "all the time" at this facility. Every staff acknowledged they were trained in every one of the topics identified and required in the PREA Standards. Staff were knowledgeable of the Zero Tolerance Policy, signs and symptoms, rights of inmates and staff related to PREA issues and first responding. Staff had a good knowledgeable of PREA. They were aware of their responsibility to report and the actions they would take as first responders. They understood the investigative process, including the roles of PREA Support Staff.

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, 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. Interviews with the certified PREA Trainer indicated that anyone who has contact with inmates have to take PREA Training initially upon becoming a volunteer and annually. Following that training, he indicated volunteers and contractors sign acknowledgment statements confirming they have been trained and that they understand the training they have received. He also pointed out that labor contractors are also trained in PREA and that he offers PREA Training the 1st Wednesday of each month and that training includes a power point presentation/video. An interview with the Volunteer Coordinator also confirmed the process for educating volunteers or contractors. She also related that volunteers and contractors receive refresher training in annual in-service just as employees do. If the volunteer fails to complete the training annually, they are no longer allowed to volunteer at the facility. 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 signs 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.

PREA Acknowledgment forms for volunteers and contractors were reviewed. An interview with a volunteer indicated she has been a volunteer for 7 years. She related she received PREA related training that included, among other topics, zero tolerance and how to report sexual abuse. She related she was instructed to report to the security supervisor. She also related her training was annually. An interviewed contract staff stated she receives the same training in PREA that any other staff receives and that she receives in annually during annual in-service.

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. The DPS is committed to a standard of zero tolerance of sexual abuse and harassment of offenders by either staff, other offenders, volunteers, contracted agents or individuals having custody of or responsibility for the safety, security, care and/or treatment of offenders. The offender is

reminded he may be prosecuted for sexual acts between an offender and department staff, correctional agents, agency vendors and volunteers. By signing the acknowledgment statement the offender acknowledges receiving PREA Education and having been afforded the opportunity to ask questions related to the material presented. Offenders sign an Offender Education Acknowledgement Form affirming, 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.

An interview with a staff who conducts orientation described the education process. She related that “off the bus” offenders are given the PREA Brochure and Inmate Handbook. The day following arrival, she related she conducts an orientation that includes going over the PREA information contained in the PREA brochure and Inmate Handbook. She related she goes over the information verbally after which offenders sign the acknowledgment of understanding. Inmates also sign an Orientation Acknowledgment, also acknowledging they have received the Inmate Orientation Booklet and an ADA Pamphlet. The auditor reviewed ten inmate files. Each of the ten reviewed files contained the PREA Acknowledgment Statements, Orientation Acknowledgment Statements as well as documentation they received the Handbook containing the PREA related information.

Offender PREA Education Acknowledgment Forms also advise the offender the Department of Public Safety has committed to a standard of zero-tolerance of sexual abuse and harassment of offenders either by staff, other, volunteers, contracted agents of individual having custody of or responsibility for the safety, security, care and/or treatment of offenders. It reminds offenders that sexual acts between an offender and departmental staff, correctional agency vendors and volunteers will not be tolerated; that that these relationships are criminal and may be prosecuted under state and federal statutes. By signing offenders are also acknowledging they have a duty to report any threat or occurrence of Undue Familiarity or Offender Sexual Abuse and Harassment to Department of Public Safety Staff so that any potential victim may be protected and the abuser can be prosecuted to the fullest extent of the law. Lastly, they also are acknowledging they have received and understand the information provided in the “Sexual Abuse Awareness for the Offender” brochure.

Interviews with ten inmates confirmed they received, not later than the next day “off the bus”, the facility’s rules against sexual abuse and sexual harassment; that they were told they had a right not to be sexually abused; that they had a right not to be punished for reporting and how to report sexual abuse or sexual harassment. Nine of ten inmates stated they had several or more ways to report. The most often way mentioned to report was to report it to a staff. Most of the inmates stated they had staff they trusted to report to and every interviewed inmate but one stated they believed if it was reported to a staff, they would take it very seriously and do something about it.

An interview with the staff responsible for conducting orientation indicated that they provide the PREA Education generally not later than the day following admission. Inmates consistently related during interviews that they received an orientation that included PREA Education and that they received a packet containing PREA related information including the PREA Brochure. Inmates also pointed out that PREA information is liberally located throughout the facility. They were very knowledgeable of PREA and how to report allegations of sexual abuse or sexual harassment.

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. An interviewed investigator was very knowledgeable of the investigation process and easily articulated the steps he would take in an investigation. He 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 (New Hanover Sheriff’s Department) would conduct the investigation in tandem with the OSI.

The facility provided computerized training documents confirming specialized training for investigating sexual abuse in confinement settings for seven New Hanover staff. The Training Officer confirmed that all investigators have received specialized training in conducting sexual abuse investigations in confinement settings.

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 medical and 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 staff confirmed that they all have received their PREA 101 training and Specialized Training as required. Samples of documentation to indicate specialized training were 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.

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 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 sex offenses 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, 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.

The PREA Compliance Manager related initial screening occurs at a Processing Center. She related the offender is screened the same day he comes to the facility. She related the case manager completes this assessment. She also stated the case manager considers things such as body size and identity and that the case manager and PREA Compliance Manager check the information in the prisoner database to see what, if anything, has changed. An interview with a staff person who conducts victimization screening related they would consider a variety of factors including the inmate’s physical build, the presence or absence of mental health or developmental disability or issues or the inmate’s perception of his gender identity. Too, they are required to go into OPUS (the database) and enter the victimization screening question they are required to enter. Another staff who conducts victimization screening related they consider things such as identity, size, mental acuity, functioning level, mental illness and whether the inmate is on medications. Offenders receive their initial vulnerability screening at a Department of Public Safety Prisons Processing Facility prior to coming to this facility. Upon arrival the agency requires the screening staff to ask the offender if he has experienced sexual abuse since the processing screening. Screening information is entered into OPUS.

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 residents 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.

Department of Public Safety Prisons Dysphoria Policy, TX-13, requires that offenders in need of consideration for additional accommodation are referred to a multi-disciplinary committee where their needs are reviewed on a case-by-case basis.

An interview with the PREA Compliance Manager indicated that she can pull reports listing offenders who are at an increased potential risk for victimization and/or for potential for being an aggressor. The Sergeant initially assigns inmates to their housing. Housing units are generally determined by work detail. The PREA Compliance Manager related she then checks the inmate database and screens to ensure a victim is not placed with an aggressor. With this information, she makes housing, work and program assignments to ensure that potential victims are not placed in housing next to a potential predator/abuser. The facility’s housing plan for those inmates at risk for victimization is to place them in Dorm 6, a dormitory housing inmates on work release and also in beds closer to the security desk. Lists of potential abusers may also be “pulled” from OPUS to identify them to ensure they are kept away from potential victims insofar as possible and practical. Information secured from the vulnerability screening and information in the inmate database are shared only on a need to know basis. The facility also prohibits inmates with specific charges from certain work details.

Most of the interviewed inmates, in their interviews, acknowledged being asked the questions associated with victimization/vulnerability screening. They could not remember if those questions were asked again since that time. One of the interviewed inmates identified as being transgender. “She” explained to the auditor that she had been placed in a “great dorm” in general population. She further stated her views for her own safety were considered and she has been allowed to shower alone. She also related the staff at this facility have been very respectful.

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 Policy), requires that inmates at high risk for sexual victimization or who are victims 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 have to make decisions about where best to house them to ensure their safety would be made on a case by case basis. They indicated they would not use "restricted housing" as the "default" response unless there were no other alternatives. Restricted housing would be a last resort and if it were used to house a potential victim, the reasons justifying placement would be documented and the involuntary restricted housing would initially be for 24 hours to enable an initial investigation and to determine if there were other safe housing that could be arranged for the inmate. The Assistant Superintendent indicated the inmate could possibly be placed in a bed in a dormitory closest to the security station so he could be monitored more closely there. 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. The staff supervising restricted housing related inmates placed in involuntary restricted housing have access to library, education, mental health, medical, canteen, recreation and access to a radio. They also stated they have to "log on" and document reasons for placing an inmate in restricted housing on IS-10.

There have been no inmates placed in involuntary segregated housing in the past 12 months. This was confirmed by interviews with the Assistant Superintendent, PREA Compliance Manager and the staff supervising restrictive housing. All of them were especially sensitive to trying their best not to place a potential victim in restricted housing involuntarily understanding they do want to revictimize a victim.

Standard 115.51 Inmate reporting

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

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

Policy), 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 that can 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) 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 receive PREA Education and sign an acknowledgment form acknowledging the DPS zero-tolerance of sexual abuse and harassment of offenders either by staff, offenders, volunteers, contracted agents or individual having custody of or responsibility for the safety, security, care, and/or treatment of offenders. The acknowledgment form affirms the offender has received PREA education and was afforded an opportunity to ask questions related to the material presented. They also acknowledge their duty to report and that they have received and understand the information provided in the brochure: "Sexual Abuse Awareness for the Offender." This information includes ways to report. Lastly, they acknowledge receiving and understanding the material contained in the PREA Brochure (Sexual Abuse Awareness for the Offender) they were given.

The Offender Handbook, Paragraph 33. Sexual Abuse, informs the offender that the North Carolina Division of Prisons is committed to a standard of zero-tolerance of sexual abuse of inmates. It also discusses ways offenders may avoid an attack and what to do if the offender is sexually abused or raped. Offenders are told to get to a safe place, report the attack to a staff member immediately, request immediate medical attention, don't shower, brush teeth, eat, drink, use the restroom or change clothes and the offender is told, later, seek the support of a trusted friend, family member or staff member and seek professional help (advising the offender mental health staff are available for crisis care 365 days a year). The agency's website affirms the agency's zero tolerance of any undue familiarity or personal misconduct between employees and offenders and provides a link enabling anyone to report undue familiarity or sexual misconduct. Another online reporting form is provided to report fraud, waste, abuse of misconduct. A poster entitled: Prison Rape Elimination Act (PREA): Ways to Report, reiterates the agency's commitment to zero tolerance. It also has a section entitled: Offender Reporting and identifies the following ways for offenders to report: 1) To any departmental employee; 2) Through the administrative remedy process; 3) By writing the PREA office at MSC 4201; 4) To a third party to include family members, friends and outside organizations or the Local Rape Crisis Center: Coastal Horizons (number provided); 5) Prison Legal Services; and 6) Anonymous Reports.

The New Hanover Correctional Institution Offender Handbook, addresses ways offenders can report. Item #20, Access to the Courts, informs inmates they are afforded reasonable access to the courts. To that end, the Department has contracted with the North Carolina Prisoner Legal Services to provide assistance to inmates. Phone numbers and contact information is posted throughout the facility. Item #22, Inmate Grievance – Administrative Remedy Procedure, informs the inmate about the grievance process. Paragraph (5), Emergency Grievances, advises inmates about those procedures. Paragraph #33, Sexual Abuse, advises inmates to report the attack immediately to a staff member.

Inmates were knowledgeable of multiple ways they could report. They consistently stated they would tell a staff, either a Correctional Officer, Sergeant or Officer in Charge. Some indicated they would tell a family member or their case manager or drop a note or request form. All the inmates related they had been told how to report. When asked, inmates related they could report to families, friends and via the grievance process. A number of the interviewed inmates stated there were posters all over the facility to inform inmates of how to report. The majority of inmates reported they had staff they trusted and would most likely report it to a staff member.

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 Diagnostics, in how and where to obtain a grievance form. During their orientation in the Diagnostic Center, the inmates also get an oral explanation of the procedures and are given the opportunity to ask questions. Policy provides for third party assistance from fellow inmates, staff members, family members, attorneys and outside advocates in submitting a grievance on behalf of the inmate. If a third party submits a grievance on behalf of an inmate, the facility may require, as a condition of processing the grievance, that the alleged victim agree to have the grievance submitted on his or her 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 or her 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 they would 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. Interviewed staff stated that inmates could file a grievance however they indicated that once the grievance was read and contained PREA issues, the grievance would be forwarded immediately to the Officer in Charge and the PREA Compliance Manager.

The Pre-Audit Questionnaire reported and staff confirmed there have been no grievances filed alleging an inmate was at substantial risk for imminent sexual abuse filed during the past twelve months.

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 Prison Rape Elimination Act, (PREA): Ways to Report, Offender Reporting Identifies the Local Rape Crisis Center as Coastal Horizons and the phone number is provided. The facility has a Memorandum of Understanding with an outside advocacy organization to provide support services. That organization is Coastal Horizons. This organization provides advocacy services to inmate victims of sexual abuse. Victim advocates are provided to provide emotional support to sexual abuse victims during the forensic exam and investigative process if requested.

An interview with the Director of Coastal Horizons confirmed she is in partnership with the New Hanover Correctional Institution to provide training and advocacy services to inmate victims of sexual abuse. She related to the auditor, services are available 24/7. She has staff who are advocates as well as volunteers who serve as advocates. She stated if the advocate must come into the prison the advocate would be a staff advocate however if an advocate were meeting the inmate victim at the hospital, either a staff or volunteer advocate would join them. She also related the prison provided a PREA Training for the staff of Coastal Horizons.

Inmates also have access to outside support via the Prison Legal Services; the Agency PREA Office and their attorneys.

The facility has gone beyond the requirements by training PREA Support Staff. These staff have been trained to provide support services to inmate victims of sexual abuse if requested. The support services are offered and may be declined by the inmate victim.

An interview with PREA Support Staff and the PREA Compliance Manager indicated that if an inmate is sexually assaulted a PREA Support person meets with the inmate to explain and offer the supportive services. The PREA Support Staff, they stated, can sit with the inmate when they go for a forensic exam and during the investigation if requested.

Interviews with inmates indicated that they feel sure there are services available outside the facility for dealing with sexual abuse if they ever needed it however they are not aware of who the facility's outside support services organization is and did not know how to contact them if needed. 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. One inmate was aware that the outside advocacy organization was probably like Coastal Horizons. Some of the inmates stated 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. Some said they felt sure the information was probably on a poster but they were not knowledgeable about who the outside organization is or how to access them. The auditor observed the contact information for Coastal Horizons posted on bulletin boards throughout the facility.

This standard is rated exceeds because the agency provides several ways for inmates to access outside advocacy services. Inmates may contact Prison Legal Services as well as Coastal Horizons. Coastal Horizons offers services 24/7. Additionally, the facility has gone a step further in providing the availability of advocacy services by training staff from the facility to serve as PREA Support Staff. Lastly the facility has developed a MOU with multiple community agencies, including law enforcement, Coastal Horizons, the local hospital and others demonstrating their desired to have the outside community involved in helping to ensure the sexual safety of inmates in their custody.

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 using the Departmental Mail Code.

The Prison Rape Elimination Act (PREA): Ways to Report Poster included third parties, such as family, friends or outside organizations. The Agency Website provides a link for any viewer to make a report of sexual misconduct. The Agency Tip, Fraud and Abuse Line is also a means for reporting abuse. Numbers are provided on PREA Posters located throughout the facility.

Staff consistently stated, in interviews, 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. 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 3) 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. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse to inform inmates of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. If there is evidence or suspicion that criminal conduct may have occurred local law enforcement is notified. Failure to report subjects non-reporting staff members to disciplinary action. Policy requires reporting allegations of abuse that an inmate

was abused at another facility. The PREA Poster, Prison Rape Elimination Act (PREA): Ways to Report, provides the following ways for staff to report: 1) Through the chain of command; 2) PREA Office via phone or email or 3) Through the Fraud, Waste, Abuse or Misconduct Hotline (number provided). The PREA Brochure provided to staff, "Maintaining an Atmosphere of Professionalism" contains a section entitled: "Duty to Report". This document advises employees that all employees have a duty to report immediately any findings in which offenders are having sexual relationship with other offenders or staff. These are identified as "some forms for reporting"; 1) Immediate Supervisor; 2) Officer in Charge (OIC); 3) Senior Ranking Officer (SRO); 4) Facility/Center Administrator; 5) Communications Office; and 6) Office of PREA Administration. The staff PREA Acknowledgment Form, Prison Rape Elimination Act of 2003 (PREA) Information for Persons With Direct or Indirect Contact with Inmates/Offenders, affirms staff have a duty to report any incidents between inmates/offenders or with employees and these are some of the ways they may report: 1) Facility/Center/Judicial District Office; 2) Facility Administrator; 3) PREA Administration (number and email address provided); 3) Division Directors/Central Office; 4) MCDPS Employee or to the 5) Officer in Charge. By signing the acknowledgement statement the staff are also acknowledging that they will report any findings of sexual abuse immediately.

Professional Contracts include language requiring reporting. This information is included in the professional contract: "It is important to remember that if a report of any incidents of unduly familiar and sexual abuse is made, as a valued agent of this department, you have a duty to report this information immediately to your contact person with the Agency, the Division Director's office, or by email to the Office of PREA Administration at prea@ncdps.gov. By signing this contract, you acknowledge that you, your employees and subcontractors, understand and will abide by this policy as outlined above."

Interviews with staff, including line staff and specialized staff, confirmed they are aware of their duty to report. All of them stated they would report all allegations and knowledge of sexual abuse or sexual harassment. They also indicated that 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.

This standard is rated exceeds because of the agency's policy related to reporting and providing sanctions if staff fail to report. Staff have multiple ways to report sexual abuse or sexual harassment. Staff are required to sign acknowledgment statements annually affirming they have a duty to report. They are also trained annually and are aware of the signs and symptoms of abuse enabling them to be more aware of and sensitive to those signs and symptoms and for reporting them. Even professional contracts emphasize reporting, not just sexual abuse and sexual harassment but also any signs of undue familiarization.

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.

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.

All the interviewed staff related they would take immediate action to separate the inmate from the potential risk. Most stated that once an inmate or someone else reported the imminent risk, they would keep the inmate with them until their supervisors could decide about what to do with the inmate. The Assistant Superintendent related that he would attempt to identify and separate the aggressor from the potential victim. He also stated he would remove the aggressor and possibly move him or the inmate at risk to another facility. He also indicated that protecting a potential victim in restricted housing would be a last resort. 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.

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.

DPS Prisons Policy, F.3400, Inmate Sexual Abuse and Sexual Harassment Policy, (D), Reporting to other agencies or facilities, 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 or appropriate office of the agency where the alleged abuse took place and this notification is to be provided as soon as possible but no later than 72 hours after receiving the allegation. Policy requires the facility head to document the notification by completing an email to the file and uploading that into the correspondence tracking system. Upon receiving notification from another facility or agency that an allegation or sexual abuse of sexual harassment has been reported the facility head ensures that the allegation is investigated in accordance with the standards.

Interviews with the Assistant Superintendent indicated he is aware of the requirements of the DPS Policy. He related that he would notify the head of the other facility as soon as possible after learning of the allegation but not later than 72 hours and that the notification would be documented. He also said if another facility reported that an allegation had been made regarding an incident of sexual abuse or sexual harassment at his facility, he would immediately begin an investigation and would send an investigator to the facility where the alleging inmate is being housed to initiate the investigation.

The Pre-Audit Questionnaire reported there have been no allegations received during the past twelve months requiring notification and investigation. This was confirmed by interviews with the PREA Compliance Manager and the Assistant Superintendent.

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 not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

The Agency has provided a comprehensive and detailed flow chart demonstrating each step to be taken following an allegation of sexual abuse. New Hanover Correctional Institution Standard Operating Procedures, addresses the facility specific coordinated response plan.

Staff were well educated on first responding. Without hesitation, they explained step by step the steps they would take as first responders. Staff reported they would immediately separate the victim and take him away from the alleged abuser. They said they would immediately report it verbally to their immediate supervisor; treat the area where the alleged abuse occurred as a crime scene; rope it off and not let anyone in or out; and request that the alleged victim not take any actions to degrade or contaminate potential evidence, including not changing clothing, brushing their teeth, bathing or defecating. They indicated they would instruct the alleged abuser not to change clothes, shower, brush his teeth, drink anything or use the toilet.

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 identifying each step to take following an allegation or an incident of sexual abuse. The agency coordinated response plan begins with the allegation being made. First responding is initiated, notifications are made, an investigator is assigned and the PREA Support Staff is assigned. The investigative process is described in detail and explains step by step procedures depending on the track the investigation takes. The facility has a Standard Operating Procedure that addresses the coordinated responses of 1st

responders, investigators, medical and mental health staff and the administration.

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.

This standard is rated "not applicable". The employees of New Hanover Correctional Center 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 to 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.

The Department published a reminder to staff stating that In accordance with PREA National Standards §115.67, §115.267, and §115.367, the North Carolina Department of Public Safety is mandated to protect all offenders/juveniles and staff from retaliation. The PREA Compliance Manager (PCM) will monitor retaliation against staff. who either report allegations, or cooperate with investigations, of sexual abuse or sexual harassment. To that end the Department requires that:

1. Upon notification of a Sexual Abuse or Sexual Harassment allegation the PCM will initiate monitoring of staff who reported the allegation or cooperated with officials during the investigation.
2. Monitoring will continue for a minimum of 90 days or beyond 90 days if the initial monitoring indicates a continuing need.
3. Termination of monitoring prior to minimum of 90 days requires:
 - Allegation to be determined unfounded
 - Approval by facility head to terminate monitoring
4. Upon completion of the monitoring period, the PCM will complete and document the results on Form OPA-I22.
5. The form will be forwarded through the chain of command.
6. A copy of the form will be provided to the NCDPS PREA Office indicating completion of the monitoring period.

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 get with the inmate almost immediately 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. The PREA Support Staff related they let the inmate know he can get help through mental health if needed as well as get checked out medically. Inmates are told if they feel any retaliation or are moved to another dorm or another job, to let the PREA Support Staff know. They also indicated they are going to monitor for retaliation even if the inmate does not request it. PREA Support Staff indicated they meet with the inmates weekly to see if he needs to talk and to inquire about retaliation. Monitoring would include changes in housing, jobs, delayed responses to “requests” to see staff, Disciplinary Reports and other things that might indicated 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. Documentation of retaliation monitoring was included in the PREA investigation packets where applicable. These documented checks every thirty days through 90 days however there were no cases of reported retaliation.

Standard 115.68 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Interviews with administrative staff indicated that when an inmate needs post-allegation protective custody the facility would have to make decisions about where best to house them to ensure their safety would be made on a case by case basis. They indicated they would not use "restricted housing" unless there were no other alternatives. Restricted housing would be a last resort and if it were used to house a potential victim, the reasons justifying placement would be documented. The Assistant Superintendent indicated the inmate could possibly be placed in a bed in a dormitory closest to the security station so he could be monitored more closely there. 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. This was confirmed by interviews with the Assistant Superintendent, PREA Compliance Manager and the staff supervising restrictive housing. All of them were especially sensitive to trying their best not to place a potential victim in restricted housing involuntarily understanding they do want to revictimize a victim.

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. Policy requires if an alleged act of sexual abuse or sexual harassment is reported or discovered, an immediate preliminary investigation is conducted to determine if the allegation meets the standards of PREA. Inmates who allege sexual abuse are not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of the allegation. When the quality of the evidence appears to support criminal prosecution, the Department of Public Safety sexual abuse and harassment investigations are only permitted to continue interviews after consulting with local law enforcement as to whether the interviews may be an obstacle for subsequent criminal prosecution. Tracking the PREA Standards related to investigations, credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as an inmate or staff. Investigators will also try to determine whether staff actions or failures to act contributed to the abuse. Reports of investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. Substantiated cases that appear to be criminal are referred for prosecution.

Investigations are conducted by the PREA Compliance Manager, facility based investigators, the Office of Special Investigations and/or the New Hanover Sheriff's Department Investigators. If an alleged act of sexual abuse or sexual harassment is reported or discovered, an immediate preliminary investigation is 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 and 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 a facility investigator confirmed an investigation process consistent with agency policy. Criminal investigations are conducted by the New Hanover Sheriff's Department Investigators and in tandem with the DPS Office of Special Investigations, who will be investigating allegations of staff involvement for personnel reasons. The facility investigator indicated that he has been trained to conduct sexual abuse investigations inside the facility. If the allegation was or appeared to be criminal, the New Hanover Sheriff's Department Investigators would investigate and again, that would be in tandem with the DPS OSI if the allegation involved a staff member.

The agency provided a Sexual Abuse and Harassment Coordinated Response Overview that serves as a flow chart depicting the actions to be taken upon receiving a report of or becoming aware of an alleged incident of sexual abuse or sexual harassment. This document clearly tracks the flow of responsibilities beginning with first responder duties followed by notifications. Referral for investigation begins with assigning a SAH Investigator who begins the preliminary investigation. The flow chart depicts the actions taken on the different tracks the investigation may take, depending on the allegations and whether the allegations appear to be criminal or administrative or both.

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 the facility investigator indicated that the standard of proof he uses to substantiate a case 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 the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the. The agency’s obligation to notify 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 facility investigator 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. The agency website reminds viewers that “professionalism with offenders is critical to maintaining a healthy correctional culture and safe environment. Undue Familiarity is found among custody, probation, program, medical, mental health, chaplains, clerical, food service staff, surveillance, intake/ community service staff, and others. No job classification is immune to undue familiarity. A staff member who engages in undue familiarity with an offender jeopardizes their career as well as their livelihood in the community.”

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 Assistant Superintendent indicated that, upon receiving an allegation of sexual abuse, the volunteer or contractor would immediately be barred from any contact with any inmate, removed from the prison and not allowed back until the conclusion of an investigation. The Assistant Superintendent indicated that if the allegations are substantiated the volunteer or contractor would be permanently banned from the facility and referred for prosecution.

There have been no allegations made against any volunteer or contractor during the past 12 months. This was noted on the Pre-Audit Questionnaire and confirmed through interviews with the Assistant Superintendent.

Standard 115.78 Disciplinary sanctions for inmates

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

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

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy), requires that following an administrative finding that an inmate has engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse the inmate is subject to disciplinary sanctions. The sanctions to be imposed must be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Also, required to be considered are the following: whether an inmate’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

An interview with the Assistant Superintendent indicated that inmates would be sanctioned in accordance with the inmate disciplinary process. His explanation was consistent with the requirements of the DPS Policy and PREA Standard. Inmates alleged to have engaged in criminal behavior could be referred for prosecution depending upon the outcome of the investigation.

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

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

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

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy), requires that if the screening for risk of victimization and abusiveness indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff must ensure that the inmate is

offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The same is required for inmates who disclose that they have previously perpetrated sexual abuse. Information from the intake screening is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law. North Carolina Department of Public Safety Prisons, 305, Psychological and Psychiatric Referral, requires that within three days of admission diagnostic staff will administer the OPUS Mental Health Screening Inventory (MHSI) to all newly admitted inmates. Because of a “yes” response to specific questions on the instrument, a referral is automatically generated to ensure the inmates are offered a follow-up with mental health. Interviews with mental health staff indicated a process consistent with the policies and standards.

NCDPS Prisons, CP-18, Sexual Abuse, Page 4, III.D, E, F and IV, C., require that a Mental Health evaluation and counseling will be offered within 14 days, per reference 4 – 115.83. It also provides instructions when an inmate alleges he is both a potential victim and a potential aggressor. Once an investigation has been completed and an inmate has been determined to be an inmate-on-inmate abuser, within 60 days, a mental health clinician will attempt to conduct an evaluation and offer treatment when deemed appropriate. Policy also requires in Paragraph F., Once an investigation has been completed and an inmate has been determined to be an inmate-on-inmate abuser, within 60 days, a mental health clinician will attempt to conduct an evaluation and offer treatment when deemed appropriate. Paragraph C requires that within 14 days, a Mental Health evaluation will be offered to the victim of abuse and to the perpetrator of abuse.

State of North Carolina Department of Public Safety Prisons, Diagnostic Procedures, Psychological and Psychiatric Referral, provides guidelines for making psychological and/or psychiatric referrals during the initial classification process and to ensure compliance with Court recommendations for such services. The initial risk screening is conducted at the processing centers and referrals would be made there for any inmate disclosing prior sexual abuse or prior sexual abusiveness. However, if reported at New Hanover Correctional Center, the inmate will be referred and seen by mental health well within 14 days.

An interview with the facility mental health staff confirmed that inmates reporting prior victimization are offered a follow up with mental health and seen by mental health well within 14 days. Documentation was provided to confirm that process. The same follow-up would be offered to inmates reporting prior abusiveness. The psychologist related she also has an open-door policy to accommodate inmate mental health needs. She related she would allow the inmate victim to focus on what they need and provide supportive therapy with the goal of normalizing their feelings.

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.

evaluation and, as appropriate treatment, is offered to all inmates victimized by sexual abuse. The Agency Coordinated Response Plan addresses the actions taken from the time an allegation is made. CP-18, Clinical Practice Guidelines, Sexual Abuse, provides very detailed and specific actions to take upon learning that an inmate is the victim of sexual abuse, including actions taken on site and treatment and forensic exams at the emergency room of the local hospital. Policies indicate that victims of sexual abuse are offered timely information and access to 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 New Hanover 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 New Hanover Hospital for treatment and a forensic exam. A Mental health staff member, who was interviewed, related she and her staff would provide crisis intervention counseling and the PREA Support Staff would provide support services within the facility. Medical staff also related they have a PREA Book in medical. That book, they stated, contains information related to inmate reporting, 1st responding, coordinated response plan and the PREA Policy. The Nurse Supervisor stated she has 9 LPNs/RNs on staff; a Nurse Practitioner one day per week and a physician who comes to the facility. The psychologist related she has several psychologist who work at New Hanover part time and a psychiatrist who is available.

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 New Hanover 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 the facility doctor and 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 Assistant Superintendent and the PREA Compliance Manager indicated that Post Incident Reviews (PIRs) are conducted after all sexual abuse investigations unless unfounded. Reviewed PIRs documented Incident Review as well as consideration of each of the items required in the standards. Staff on the incident review team include the facility head, PREA Compliance Manager, Medical, Mental Health, Investigator and others as needed. The Assistant Superintendent stated the committee/team would review every aspect of the case from allegation to disposition of the case following the investigation. The team would basically be trying to determine, according to the Assistant Superintendent, “what would have prevented this, if anything?”

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 or Sexual Abuse Violence. A review of the annual report conformed it was completed according to the PREA Standard.

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 confirmed 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 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.

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 Lanier

March 27, 2017

Auditor Signature

Date