

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: March 28, 2017

Auditor Information			
Auditor name: Robert G. Lanier			
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Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: March 13, 2017			
Facility Information			
Facility name: Pender Correctional Institution			
Facility physical address: 906 Penderlea Hwy., Burgaw, NC 28425			
Facility mailing address: <i>(if different from above)</i> P.O. Box 1058, Burgaw, NC 28425			
Facility telephone number: (910) 259-8735			
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: Bryan K. Wells			
Number of staff assigned to the facility in the last 12 months: 30			
Designed facility capacity: 768			
Current population of facility: 756			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 21 - 88			
Name of PREA Compliance Manager: Robert Norvell		Title: Asst. Supt/Custody & Operations	
Email address: Robert.norvell@ncdps.gov		Telephone number: (910) 663-3105	
Agency Information			
Name of agency: NC Department of Public Safety			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 512 N. Salisbury St., Raleigh, NC 27604			
Mailing address: <i>(if different from above)</i> NC Department of Public Safety, 4201 Mail Service Center, Raleigh, NC 27699-4201			
Telephone number: (919) 825-2754			
Agency Chief Executive Officer			
Name: Eric A. Hooks		Title: Secretary, NCDPS	
Email address: eric.hooks@ncdps.gov		Telephone number: (919) 733-2126	
Agency-Wide PREA Coordinator			
Name: Charlotte Jordan-Williams		Title: PREA Director	
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AUDIT FINDINGS

NARRATIVE

The on-site audit of Pender Correctional Institution was conducted on March 13, 2017 through March 14, 2017. Six weeks prior to the on-site audit the Notice of PREA Audit was sent to the facility and posted prominently 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 the Pre-Audit Questionnaire, Department of Public Safety Policies and Procedures, Standard Operating Procedures, various forms related to the PREA Standards, and other documentation to support the practices at the facility and compliance with the PREA Standards. The auditor reviewed the documentation and requested that additional documentation to support compliance be provided during the on-site audit. The auditor and PREA Compliance Manager communicated to address issues and the logistics for the PREA Audit.

The auditor arrived at the facility at 0900 at the request of the PREA Compliance Manager. The Superintendent and Assistant Superintendent were involved in talking with newly hired employees prior to the 0900 appointment. A brief meet and greet and entrance briefing was conducted. The Superintendent, Assistant Superintendents, Department Heads and other selected staff attended. Following the entrance briefing, the auditor was escorted by the PREA Compliance Manger on a tour of the facility. The facility has a total of six housing units with 4 wings or pods each. To mitigate blind spots the facility has liberally and strategically placed video cameras. Some of these are tilt and zoom and are monitored from the control room. The Superintendent also has the capacity to monitor them from his desk. Mirrors are also utilized to mitigate blind spots as an alternative to the more expensive cameras.

Inmates were cordial and either at work or in their dorms. Staff were observed actively supervising and engaging inmates. Windows were also observed in doors and units throughout the facility.

At the conclusion of the tour, the auditor began interviewing specialized staff and randomly selected staff, followed by interviews with inmates.

Additional documentation was reviewed and interviews were conducted with random staff and specialized staff. The onsite audit was concluded with an exit briefing attended once again by the Superintendent, Assistant Superintendents, Department Heads and other selected staff. The auditor advised the Superintendent and staff that the facility was found to be in compliance with all of the PREA Standards with no corrective actions required.

DESCRIPTION OF FACILITY CHARACTERISTICS

Pender Correctional institution consists of six (6) housing units with four (4) wings in each unit. Alpha Dorm houses ACDP inmates with a capacity of 112 inmates. Bravo Dorm houses inmates enrolled in school programs and has a capacity of 130 inmates. Charlie Dorm, with a maximum capacity of 130 inmates, houses inmates enrolled in the Enterprise Sewing Plant. Delta Dorm houses inmates enrolled in Day Treatment and inmates assigned to work in the kitchen. It houses a maximum of 130 inmates. Foxtrot Dorm houses Clothes House workers and the handicapped/medically assigned inmates and their orderlies. Foxtrot Dorm has a capacity of 108. Each dorm may also house inmates that have not been assigned a job and/or program. Showers have PREA shower curtains and toilets afford privacy via half-walls. There is one Restricted Housing Unit with a capacity of 28 inmates. The twenty-eight (28) cells are individual cells, each with its own commode/lavatory. Showers are behind a locked metal door. There are no cameras in any of the segregation cells. Cameras do monitor the hallways of the Restricted Housing Unit.

SUMMARY OF AUDIT FINDINGS

The auditor's methodology included reviewing all the information provided on the flash drive to the auditor. North Carolina Policies and Procedures are well written, comprehensive and detailed. These policies and procedures are integrated and provide the agency's approach to prevention, detection, reporting and responding to allegations of sexual abuse and sexual harassment. The agency has developed practices that demonstrate how much this agency is committed to PREA. For example, in reviewing personnel files, the agency provides several or more forms that ask the PREA related questions to applicants. These are reaffirmed in the Employment Confirmation Statement acknowledging items covered with newly hired employees. The agency has developed an acknowledgment statement advising employees of the agency's requirements and PREA Standards related to Cross-Gender Viewing. These were observed in all the reviewed personnel files. The agency has an excellent practice of training staff to perform as PREA Support Staff enabling them to offer support services to inmates who have been the victims of sexual abuse. Investigators are trained in conducting sexual abuse investigations in confinement settings. The agency however has an Office of Special Investigations to support the facility investigators and to conduct investigations involving staff and for conducting parallel investigations along with local law enforcement that appear to be criminal. The reports are consistent because the agency has a computerized process, OPUS, allowing investigators to input information into the system as the investigation progresses. These investigations are then reviewed in OPUS by the Superintendent and the Regional Director. Throughout the audit the auditor reviewed processes that indicated the agency is committed to the sexual safety of inmates in their custody. The auditor interviewed ten (10) randomly selected staff representing all shifts; seventeen (17) specialized staff; and ten (10) inmates representing the different housing units, including restricted housing. Observations made during the tour confirmed the facility has attempted to mitigate blind spots by video monitoring, the use of mirrors and windows in doors and areas. There are some blind spots remaining and these are mitigated by not allowing inmates access to those areas and restricting access by limiting who has access to keys. Telephone calls were made to the psychologist and to a volunteer. The agency has made attempts to enter into an agreement with a local rape crisis center and although the center has not yet signed a MOU, the center has agreed to provide support services to inmates taken to the hospital for forensic exams if the inmate requested them. Again, as a contingency, the agency has trained staff to serve as support persons to accompany the inmate during his forensic exam and investigation if requested. The auditor reviewed each PREA Standard and applied the verbiage of the standard, examining policies and procedures, documentation provided, interviews and observations to arrive at a finding for each applicable standard.

Forty-three standards were reviewed. Four (4) standards were rated "not applicable". These include: 115.12, Contracting; 115.14, Youthful Inmates; 115.18, Upgrades; and 115.66, Preservation of Ability to Protect Inmates. Three (3) standards were rated "exceeds". These included: 115.11, Zero Tolerance; 115.15, Limits to Cross-Gender Viewing and Searches; and 115.61, Staff and Agency Reporting Duties. The remaining 36 Standards were rated a "met".

Number of standards exceeded: 3

Number of standards met: 36

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. Pender Correctional Institution SOP, 13.2 Inmate Sexual Abuse and Sexual Harassment/Coordinated Response Plan, issued 8/26/15, states the facility is committed to a standard of zero-tolerance for sexual abuse and sexual harassment toward inmates, either by staff, contractors, volunteers or by inmates. It also affirms that it is the policy of Pender Correctional Institution to provide a safe, humane and appropriately secure environment, free from the threat of sexual abuse and sexual harassment for all inmates, by maintaining a program of prevention, detection, response and investigation, prosecution and tracking.

The agency has demonstrated its commitment to PREA by appointing an Agency PREA Director and a PREA Coordinator for secure facilities and by promulgating very detailed and comprehensive policies and procedures. The agency's 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 facility administrator, in a memorandum dated 1/12/17, designated a PREA Compliance Manager and an alternate. He indicated, in the memo, that both of these 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.

The PREA Compliance Manager is the Assistant Superintendent of Custody and Operations. He has worked at this facility for years and knows the operations. He is knowledgeable of PREA and indicated, in an interview, that he is able to implement PREA through training staff in annual in-service training, through shift briefings, multiple PREA related posters posted throughout the facility keeping PREA in the forefront.

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)

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This standard is rated “not applicable”. The facility does not contract for the confinement of offenders.

Standard 115.13 Supervision and monitoring

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

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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.

DPS Prisons Policy, F.1600, acknowledges the Director of Prisons is ultimately responsible for determining the number of security staff required to provide for a safe and secure environment at each prison facility. The Deputy Director serves as the Director’s designee for providing central oversight and coordination of security staffing to include the staffing analysis process, tracking, monitoring and transferring of all security positions within the division to ensure efficient and equitable distribution of security staffing resources and the Division Operations Manager, reporting to the Chief of Security, is responsible for conducting on site post reviews of each prison at least once every three years (GS-143.B-709), conducting regular reviews of post charts through the automated post-audit system, and conducting other staffing reviews as necessary. The Operations Manager will be responsible for tracking changes made in post charts, tracking identified staffing deficits, and training of all Facility Heads and Assistant Superintendents in security staffing practices and concepts. The Operations Manager maintains an automated post staffing chart on each facility. This will include ensuring that the number of officers positions assigned to a prison is consistent with the number of positions identified in BEACON.

Facility Heads are required to make sure that the officer in charge of each shift supervises all established posts as frequently as may be necessary to ensure staff alertness and appropriate execution of post orders and standard operating procedures.

Facility Heads will be responsible for monitoring overtime, ensuring that overtime is properly managed by supervisors and all overtime earned is reasonable and necessary.

Paragraph (C), Security Staffing requires the DPS Prisons to conduct an on-site post audit of every prison at least every three years and 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. The prison, in consultation with the PREA coordinator, is required to annually 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.

Documentation was provided to demonstrate annual review of the staffing plan in a memo from the Superintendent to the Regional Director documenting the annual post review. This report documented the need for an additional post. Also included was the Post Chart Summary Review, Recommended Post Plan, documenting the existing staffing plan. The plan addresses the post priorities, the pull post levels, hours and days the post is to be manned, the relief factor and the total number of security positions. The documented total number of security positions was 178.44. The Pre-Audit Questionnaire documented that there were no deviations to the staffing plan during the past twelve months.

Interviews with both the Superintendent and the Assistant Superintendent for Custody and Operations indicated that the facility is allocated positions based on the type of offenders held in the facility (male, medium custody offenders), the rated capacity and identified security posts. Based on those allocations, the Superintendent, Assistant Superintendent and staff have to identify post that are mandatory and other posts based on the security needs of the facility. Pull Posts are identified. Post that may be closed, based on priority level to ensure priority posts are covered to maintain at least the minimum staffing of mandatory priority level 1 posts. Minimum staffing on the first shift is two officers per dorm and three officers per dorm on the night shift.

Video Monitoring at Pender CI is present in all dorm dayrooms and sleeping areas. The corridors in the Restrictive Housing Units are monitored by video. Cameras are present at various locations on each yard (Central, North and South) as well as along the perimeter of the facility and in the clothes house. Video cameras are monitored in a control room in the operations building on the Central Yard. Some cameras are tilt and zoom. All monitoring is automatically recorded and retained by the system for approximately 20 days. In the event of an incident, a hardcopy is made and retained for investigation purposes.

The Director of the Division of Prisons, Regional Director and Superintendent of the facility can view the cameras from remote locations on their computers.

DPS provides data to the prisons to enable them to assess needs in developing the staffing plan. This data is related to substantiated cases of sexual abuse and sexual harassment.

The staffing plan for the facility is developed by the Superintendent and his administrative team and documented in the Division of Adult Correction-Prisons Post Chart. The post chart identifies the minimum requirements identified for staffing for each of the housing units, support services, operations and supervisory staff. The plan is based on the shift hours for positions, the numbers of days covered with a minimum number of staff for each shift and using a relief factor to determine the total numbers of staff needed for each post. Additionally, the staffing plan identifies the "pull post levels" for each position. If the facility cannot meet the minimum staffing posts are identified for "pulling". Additionally, staff may be pulled

from support services or staff may be held over to meet the minimum staffing. The staffing plan is submitted to the DPS Regional Office for approval. The plan is reviewed annually by the Regional Office and the Division Office. 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. This facility has multiple cameras and mirrors covering numerous blind spots.

The Warden related plans to further upgrade the existing camera system by adding multiple additional cameras to cover blind spots. Supervision is enhanced further by unannounced rounds made each shift by the shift supervisors. The Warden and his Deputy Warden conduct unannounced rounds as well. These rounds include checking doors to ensure that locked areas are locked and that staff and inmates are where they are supposed to be. Additionally, headcounts throughout the day and night account for the whereabouts of inmates and staff.

The Pender Correctional Institution Standard Operating Procedures, 8.9, Institutional Security Inspections, 1/27/15 requires that supervisors staff conduct daily inspections of the facility on each shift for the purpose of detecting and eliminating all hazards to the security, health, safety and welfare of staff and inmates at the facility. "No conditions which constitutes a threat to security and safety of the facility will be permitted to exist". The procedures specify that special attention is to be given to areas such as food service, medical, residential mental health and restrictive housing. Inspections are required to be unannounced, Unannounced rounds are documented in the narrative at each location. It also requires that any notification of any other staff of these unannounced rounds is strictly prohibited. Violation of this results in intervention and may result in disciplinary action.

The SOP requires the Correctional Captains and Correctional Lieutenants to conduct unannounced rounds of the entire facility daily on a rotating basis. The Assigned Correctional Sergeants will conduct multiple unannounced rounds of their areas daily, on a rotational basis. The Assistant Superintendent for Custody and Operations and the Assistant Superintendent for Programs will conduct rounds of the facility a minimum of once each week with special attention to be given to areas such a food service, residential mental health, medical and restrictive housing. The Institutional Superintendent conducts inspections of the facility weekly giving special attention to the same areas. Interviewed staff, including higher level staff, indicated that multiple unannounced rounds are conducted daily on each shift. Multiple pages of log books documenting unannounced rounds were provided and reviewed.

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.

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.

Pender Correctional Institution does not house youthful offenders. This was documented on the Pre-Audit Questionnaire and 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)

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North Carolina Department of Public Safety Division of Prisons, Policy and Procedures, Chapter F .0100, Operational Searches, requires that complete (strip searches) of inmates are conducted only by correctional officers of the same sex as the inmate, except in exigent circumstances as determined by the shift supervisor. After conducting a complete search in exigent circumstances the staff conducting the search is required to submit an Incident Report explaining the urgency justifying the search exception. The DPS policy also prohibits searching a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. Cross gender strip, body cavity and frisk 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 the purpose of 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 the 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.

Pender Correctional Institution Standard Operating Procedures, 13.2, Inmate Sexual Abuse and Sexual Harassment/Coordinated Response Plan,D.5, Cross Gender Viewing and Searches, requires that strip and visual body cavity searches are conducted by staff of the same gender except in emergency situations or when performed by medical staff.

Exigent circumstances will be documented. The SOP requires all searches of inmates to be conducted in a professional and respectful manner.

Four pages of training rosters each containing approximately 70 staff names documented Safe Search Training for staff.

The facility provided multiple examples of staff documenting cross gender pat searches on the form entitled: "Pender Correctional Institution, #4150, Cross Gender Pat Searches Accountability Form."

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. Interviewed correctional staff confirmed that female staff do not conduct "complete" searches absent exigent circumstances that are required to be documented. Staff related they have never seen or heard of a female staff conducting a "complete search." Female staff related they are not allowed to conduct "complete" searches of inmates unless there is a dire emergency. Female staff have been trained to conduct cross gender pat searches and have been trained annually during "safe search" training as a part of their annual recertification training. All the interviewed staff, male and female, related they are trained to search transgender and intersex inmates in a professional and respectful manner.

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. Pender Correctional Institution Standard Operating Procedures 13.2, Inmate Sexual Abuse and Sexual Harassment/Coordinate Response Plan, D5. Cross Gender Viewing and Searches, requires opposite gender staff announce their presence before entering housing units. Signs are also posted in the housing units alerting inmates that female staff may be working in the unit.

One hundred percent (100%) of the Interviewed staff, both male and female, confirmed that female staff announce their presence when entering the housing units. During the tour, signs were posted, advising inmates that opposite gender staff work in these areas.

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. These were observed when the auditor reviewed personnel files.

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. This document, reiterates for staff, the requirements for conducting searches and reminds them that the 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.

During the tour of the facility the auditor observed toilets with half walls providing privacy. Additionally, shower viewing was obscured by walls and an opaque shower curtain. Inmates consistently stated in their interviews that they have privacy while showering and using the restrooms.

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 that allow staff to see the head and feet of an inmate showering for security purposes however the torso of the inmate is not in view. Toilets also provide privacy with doors on the stalls. Cameras are not located in either the shower or restroom area.

Pender Correctional Institution requires inmates be afforded the opportunity to shower and perform bodily functions and change clothes without staff of the opposite gender viewing their genitalia or buttocks.

Interviewed staff indicated that inmates are never naked in full view of staff of the opposite gender. Interviewed inmates representing inmates from all housing units, also related that inmates are never naked in full view of male staff, that they have never had a complete search conducted by female staff and that females, for the most part, announce their presence when entering the housing units.

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. The contract, dated May 20, 2016 through May 20, 2017, is between the NC Department of Public Safety and World Wide Interpreters

In the absence of staff interpreters, staff are aware of the professional interpretive services provided by the Department of Public Safety. Detailed instructions for accessing and working effectively with interpreters are provided as well. Interviews with staff consistently indicated that staff would not rely on an inmate interpreter except in exigent circumstances. Most of the staff stated they could use a staff interpreter however most related that they would use the telephone interpretive services to ensure an accurate interpretation. One of the inmates interviewed were limited English proficient. There were no inmates who were disabled.

All the interviewed staff confirmed they would not rely on an inmate interpreter but would either use a bilingual staff or a professional from the ‘outside’. The auditor needed to interview a limited English proficient inmate and requested an interpreter. Within minutes a bilingual custody staff was available. The interview was conducted through translation and it was evident the inmate understood the interpreter and cooperated fully with the interview.

Mental health staff, they indicated, are available to assist inmates with developmental or mental health issues. They had seen a professional come into the facility to translate for a “hearing impaired” inmate but not in a PREA related issue.

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 was unable to consent or refuse? And 3) Have you been civilly or administratively adjudicated to have engaged in the activities described? 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?”

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.

An interview with the HR Manager indicated she is an experienced and knowledgeable staff. She articulated a comprehensive process in which the applicant for custody/security positions submits his/her application to the DPS Employment Specialist who reviews applications and refers only those who are “highly qualified”. Applicants complete the Applicant Verification Form answering the three PREA Related Questions. 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. The regional office conducts those background checks. All other applicants are processed through the facility. 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. Five- year background checks are being done. A sample of 20 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

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 Superintendent and PREA Compliance Manager confirmed there have been no modifications to the facility nor were there any enhancements of upgrades to monitoring technology. They did affirm they would be involved in the placement of cameras and they would have input into any type of modifications either to the facility or to 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, 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. There policies provide a protocol if the physician is on site or if he/she is not on site.

The prison has attempted to enter into an MOU with Safe Haven and with Coastal Horizons. Memos documenting those efforts were provided.

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.

North Carolina DPS, Prisons, has implemented a PREA Support Person(s) whose responsibilities are to serve as a system based advocate. 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.

Interviews with medical staff indicated that their roles in the event of a sexual abuse would be to provide first aid and to protect the evidence insofar as possible. They also related the inmate would be transported to the local emergency room. Safes/Sanes will conduct the forensic exams if on site at the hospital or available on call. They also would contact an advocate to accompany the inmate through the forensic process if the victim requested it. In the absence of an advocate, the facility has trained staff called PREA Support Staff. PREA Support Staff are system based advocates who have been trained to perform those duties. The duties and responsibilities are described in the document entitled: "PREA Support Person Role and Responsibilities).

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

North Carolina Department of Public Safety 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, 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 charges 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 and Sexual Harassment Coordinated Response Overview “Investigation” tracks the investigative process from the time staff become aware of an incident of sexual abuse through investigation and referral for prosecution. The investigative track for administrative investigations is outlined as well as investigations of allegations that appear criminal. 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 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. The facility administrator, in a memo dated 2/7/17, designated 12 staff to serve as PREA Investigators. The memo affirmed that these staff have completed the training required to serve in this capacity.

An interview with a “seasoned” facility investigator indicated the administration 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. He outlined the investigative process. If an allegation of sexual abuse is made, the PREA Investigator will initiate a preliminary investigation and if the allegations do, in fact, appear criminal he will advise the Superintendent and Assistant Superintendent of Custody and Operations who will call in the local law enforcement to conduct the investigation. If the alleged criminal activity involved a staff, the facility administration will also call in an investigator from the Office of Special Investigation. The OSI Investigator will conduct a parallel investigation for

administrative purposes. The local law enforcement agency responsible for those investigations is the Burgaw Police Department. If the allegation is sexual harassment not involving staff, the PREA Investigator will conduct the investigation. He described a thorough process including protecting and collecting any potential evidence, conducting interviews with the alleged victim, witnesses, and the alleged abuser/aggressor and reviewing any available video. Following a thorough investigation, based on the facts alone, the investigator may substantiate a case based on a preponderance of evidence. If an allegation of sexual harassment involves a staff, the investigator may call in an investigator from the Office of Special Investigations. Based on the OSI investigation, the administration may make employment related decisions including disciplinary actions up to and including termination. All PREA related investigations also have to be submitted to the Superintendent for review followed by submission to the Regional Director for review. The investigator demonstrated how investigative reports are input into OPUS. Reviews by the Superintendent and Regional Director are documented in OPUS as well. He also related he would investigate “everything” including third party, anonymous, signed or unsigned “drop notes”, reports from inmates or staff; and any suspicions or knowledge of sexual abuse or sexual harassment. Most of the staff indicated allegations would be investigated by the PREA Coordinator, an in-house investigator and/or local law enforcement. Several mentioned OSI would also investigate

DPS Policies and procedures address 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.

The auditor reviewed, along with the investigator, five investigations completed during the past twelve months. Reports appeared to be thorough and included the incident report, notifications made, participants, witnesses and witness statements, reviewed video (if available), reviewed phone transcripts (if available), findings and reviews by the Superintendent and the Regional Director. All aspects of the investigation are entered into OPUS in the format developed for OPUS. OPUS enables OSI and others who have been granted access to review each step of the investigation.

Standard 115.31 Employee training

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

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

North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate and Sexual Abuse and Sexual Harassment), requires PREA Training initially upon becoming an employee, with refresher training annually. All ten (10) topics that are covered during the PREA Training are consistent with the requirements of the PREA Standards and are tailored to the inmate population. Training is provided either in a classroom setting or through the Learning Management System on-line. The facility provided multiple automated Learning Management System (LMS) rosters to confirm staff are receiving their training as required. 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

PREA Audit Report

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.

Staff in this facility responded to questions in a manner reflecting they have been trained in PREA and have received refresher as well. One hundred percent (100%) of staff 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 and continuously through briefings and through the multiple PREA Posters located throughout this facility. Staff were knowledgeable of the Zero Tolerance Policy and indicated they had been trained in each of the topics required in the PREA Standards. Staff were knowledgeable of PREA. They were aware of their responsibility to report and the actions they would take as first responders.

The facility provided the auditor multiple acknowledgment statements confirming staff have received the required PREA Training and that they understand it. Additionally the facility provided a multipage computer generated roster confirming staff have also been trained in safe search procedures.

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. An interview with the Volunteer Coordinator also confirmed the process for educating volunteers or contractors. Multiple acknowledgement forms were provided to confirm training.

Acknowledgment forms address Zero Tolerance, the intent of PREA, maintaining clear boundaries with inmates, duty to report and methods of reporting. The volunteer or contractor then 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. Additionally, an interview with a facility volunteer via phone indicated that she had received the on-line “PREA 101” training and was actually knowledgeable about a wide variety of PREA topics above and beyond the Zero Tolerance Policy and reporting. She related that she also receives the training annually.

An interview with the Facility Coordinator indicated volunteers are background checked annually. She provided 20 volunteer files containing documentation of background checks. She also related she is a certified instructor and provides a PREA

Orientation Class every third Thursday and goes over all the PREA information, including the Zero Tolerance Policy and how to report. She indicated the training volunteers and contractors receive is the same training certified officers get. Following her orientation, she said the volunteers sign an acknowledgement statement confirming their understanding of Zero Tolerance and Reporting procedures. Twenty (20) of twenty (20) volunteer files contained signed PREA Acknowledgments. Also an interview with a volunteer who related he has been providing services since 1995, indicated he is trained every year in PREA. He related he watches a PREA Video and reviews the provided paperwork information related to PREA and then signs an acknowledgment that he understands the information provided to him. He related he understands the facility has a Zero Tolerance for any form of sexual activity and that he is mandated to report it, if he sees it, hears about or suspects it. He stated if he did not complete the annual training and provide an acknowledgment he understood it he could not be a volunteer any more.

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. They also are acknowledging they have a duty to report any threat or occurrence of Undue Familiarity or Offender Sexual Abuse and Harassment to the Department of Public Safety staff. 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. Posters frequently identify ways for inmates to report. One poster included these ways to report: 1) To any departmental staff; 2) Through the administrative remedy process (Grievance); 3) Write a letter to the PREA Office; and 4) Third Parties including family, friends, outside organizations and local rape crisis centers. Inmates sign an acknowledgment form that addresses zero tolerance and affirms that the inmate has received PREA Education and given an opportunity to ask questions related to the material presented.

A staff who conducts orientation (PREA Education) to inmates stated that newly arriving inmates, "off the bus" are given a handbook/package with PREA related information. If an inmate arrives on Tuesday, he is provided an orientation on Wednesday and if he arrives on Thursday, he is given an orientation on Friday. The staff providing orientation stated she goes over all the information in the PREA package, including going over the PREA Brochure, given to them, after which the inmate signs an acknowledgment statement affirming they have received the PREA Training and understood it.

The staff provided twenty-two (22) inmate files, each containing signed acknowledgment statements.

The reviewed acknowledgment forms documented that inmates are receiving the required information. They are also acknowledging that they have a duty to report any threat or occurrence of Undue Familiarity or Offender Sexual Abuse and Harassment to DPS Staff. They also acknowledge having received the brochure entitled, "Sexual Abuse Awareness for the Offender."

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. Computerized training records documented thirteen staff having completed the specialized training for investigation sexual abuse in confinement settings. This training, as required, is in addition to the PREA training for all employees (PREA 101). Documentation also confirmed the investigators have received their PREA 101 training as required and that it is in addition to the specialized training. Interviewed investigators were very knowledgeable of the investigation process and able to articulate the steps they would take in an investigation. They indicated that if an investigation involved staff in any manner, the DPS OSI investigator would be contracted to conduct the interview. If the allegation or act appeared to be criminal, the local law enforcement would conduct the investigation in tandem with the OSI.

An interview with a facility investigator indicated he had completed the required specialized training for investigators provided by the Department. His description of the training he received confirmed he has been trained in a comprehensive investigative process. Reviewed investigations indicated he uses appropriate investigative techniques. His process includes, responding and ensuring the alleged crime scene is secured; that no one goes in or out. He related he protects the evidence that may be on an individual and/or abuser and ensures alleged victims of sexual abuse are seen by medical and taken for a forensic examination. He interviews the alleged victim, witnesses and alleged perpetrators, reviews video to attempt to determine what may have happened, as well as considering and reviewing any other direct or circumstantial evidence. Credibility of an alleged victim or abuser is determined strictly by the facts and not based on anything else. He related investigations may originate from any source and are taken seriously. Investigations do not end if an employee resigns while an investigation is underway nor does it stop because an inmate is transferred to another facility. The interview indicated this investigator has had specialized training and is knowledgeable of the investigative process

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 and 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.

The nurse supervisor stated, in an interview, that all of his staff (27) have completed specialized training provided by the Department. He described the role of his staff upon learning of an incident of alleged sexual abuse. The role of his staff is to provide care for any traumatic injuries, protect the evidence and get the inmate to the Burgaw Hospital for a forensic exam conducted by a SANE. The supervisor took the initiative to go to the hospital and meet with the staff responsible for sexual abuse forensic exams to provide her information about the facility's role in sexual abuse incidents and for arranging forensic exams. The hospital, according to the nurse manager, stated they will provide forensic exams conducted by Sexual Assault Nurse Examiners.

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 (NCDPES) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment), requires that prior to placement each inmate is screened on admission with an objective screening instrument for risk of victimization and sexual abusiveness. This is accomplished through the OPUS Mental Health Screening Inventory. Policy requires that all inmates and safe keepers 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 6) Whether the inmate's criminal history is exclusively nonviolent 5) Whether the inmate has prior convictions for sex offense against an adult or child 6) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender,

intersex or gender non-conforming 6) Whether the inmate has previously experienced sexual victimization 7) The inmate's own perception of vulnerability 8) Whether the inmate is detained solely for civil immigration purposes and 9) Considers prior acts of sexual abuse, prior convictions for violent offense and history of prior institutional violence or sexual abuse as known to the agency, in assessing inmates for risk of being sexually abusive. Policy requires that within a set time, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, 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.

Staff who perform victimization screening indicated inmates have been screened prior to arrival at a processing facility and they ask the inmate required questions to update the Screening. The original screening is documented in OPUS and available for review.

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. Offenders and safe keepers deemed at particular risk are added to the mental health caseload and seen every 30-45 days according to policy or more frequently if needed. In compliance with Gender Dysphoria Policy, TX-13, 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.

The Assistant Superintendent of Custody and Operations related the information from OPUS is used to identify High Risk for being an Aggressor inmates. He related he uses this information daily to ensure no inmate at high risk for being an aggressor is on any work detail where he could abuse another inmate or potential victim.

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 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.

Interviews with the Superintendent and Assistant Superintendent confirmed that they do not place victims or potential victims of sexual abuse in restricted housing unless there are no other options available for keeping the inmate safe. He stated his preference would be to place the inmate in another housing unit if possible. Restricted Housing may be used, in the absence of any alternative means of keeping the inmate safe and those reasons would be documented. Both the Superintendent and the Assistant Superintendent stated there were no inmates placed in involuntary protective custody/administrative restricted housing during the past twelve months.

Offenders and safe keepers deemed at risk are added to the mental health caseload and seen every 30-45 days according to policy or more frequently if needed. In compliance with Gender Dysphoria Policy, TX-13, 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. Lists of high risk abusers as well as potential victims are generated and used to make individualized determinations for bed assignment based on facility housing designs to ensure the safety of each inmate. In making work assignments, facilities are required to consider amounts of staff supervision in the area, presence or absence of surveillance equipment and whether the job is in an isolated area prior to making assignments for high risk abusers. Program and education assignments are monitored to ensure all program assignments are appropriate for high risk abusers. Interviewed inmates were inconsistent in remembering whether the questions associated with the screening instrument were asked during the admission process or any time after that however a number of those interviewed had been in the prison for long periods of time.

Standard 115.51 Inmate reporting

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

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

North Carolina Department of Public Safety Division of Prisons (NCDPS) (Inmate Sexual Abuse and Sexual Harassment Policy), Reporting and Investigation of Sexual abuse and Sexual Harassment, Inmate Reporting, provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting

PREA Audit Report

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 are provided information on ways to report during orientation and via posters throughout the facility reminding inmates of how to report. At the conclusion of PREA Orientation, inmates sign an acknowledgment form. 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 sexual 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 on 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 also 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. The hotline number is also provided. 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.

Inmates were well versed and knowledgeable of multiple ways they could report. They consistently stated they would tell a staff, either a Correctional Officer, Sergeant or Officer in Charge. They indicated they would use the PREA Hotline. Some indicated they would tell a family member, a therapist or drop a note in the PREA or grievance boxes. All the inmates related they had been told how to report and that there were posters all over the facility to inform inmates of how to report.

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 to report sexual abuse, sexual harassment or retaliation but when asked if they had access to a grievance process they stated they could and that they could access a grievance form from an officer and that they would give them the form. Reviewed investigation report packages indicated that a number of inmates actually did report sexual harassment via the grievance process

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 provided multiple examples of efforts to secure a memorandum of agreement/understanding with a local rape crisis center. Coastal Horizons will provide those services; however, the agreement is still under review.

The facility has gone a step further to train staff to provide support services to inmate victims of sexual abuse. Documentation was provided designating staff who have been trained to perform these functions. Interviews with PREA Support persons indicated they have been trained to provide advocacy services, including accompanying the inmate for a forensic exam and through investigative processes as well if the inmate requested it.

Standard 115.54 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Third party reporting is addressed in Department of Public Safety Policy (NCDPS) F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy). It states that Third Party Reporting can be made via email, phone or letter. Inmates may write to the State-wide PREA Director or send an email through the link provided.

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 Line is also a means for reporting abuse.

Staff consistently stated, in interviews, that they were aware that third parties could make reports for inmates. They also stated they would take every report, including those from third parties, seriously and report them just as they would any other report. When discussing ways inmates could report sexual abuse and sexual harassment, inmates stated they could tell their families or other inmates who could then make reports for them. They also stated they would be able to report for any other inmate who had been sexually abused. The agency’s website provides a way for anyone to report the sexual abuse of an inmate. The report would go directly to the statewide PREA Coordinator who would report to the facility so the incident could be investigated.

Standard 115.61 Staff and agency reporting duties

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

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

North Carolina Department of Public Safety Policy (NCDPS) F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) P.16-17, (C) Staff and Agency Reporting Duties, requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. The Agency requires that staff report allegations that inmates are having sexual relationships with other inmates or with staff. The Policy provides the following ways for staff to report: 1) The PREA Office by email or phone 2) Anonymously by contacting the Fraud, Waste, Abuse and Misconduct Hotline or 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 of 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) Office in Charge. By signing the acknowledgement statement the staff is 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. This would be completed immediately and not later than the end of the shift. Medical and mental health staff stated they make inmates aware of their duty to report prior to initiating services. Interviewed inmates indicated they generally would trust staff to report allegations of sexual abuse and sexual harassment. They stated they especially would trust the Sergeants, Lieutenants and Captains. None of the interviewed inmates had reported either prior sexual victimization or having been the victim of sexual abuse or sexual harassment while at this facility.

Standard 115.62 Agency protection duties

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

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

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment), requires that staff take immediate action to protect the inmate after learning that an inmate is subject to a substantial risk of imminent sexual abuse. Interviews with staff indicated that they would take an allegation that an inmate was subject to a substantial risk if 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. They

stated they would keep the inmate with them until their supervisors could make a decision about what to do with the inmate. The Superintendent related that he would identify and separate the aggressor from the potential victim and would place the aggressor into restricted housing pending investigation. 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. He also indicated that protecting a potential victim by placing them involuntarily in restricted housing would be a last resort and the reasons for the placement are documented. Within 24 hours an assessment will be completed to determine the continued need for continuing the involuntary restricted housing and in that 24 hours' staff would be attempting to assess whether there were any alternative housing arrangements to keep the inmate safe.

Standard 115.63 Reporting to other confinement facilities

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

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

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation is required to notify the head of the facility where the alleged incident occurred. This notification must be provided as soon as possible, but not later than 72 hours and the notification is documented by a memo to the file or uploading into the correspondence tracking system (CTS). Additionally, the Facility Correctional Administrator is to immediately report the incident for investigation and complete an incident report. An interview with the Superintendent confirmed that he is knowledgeable of this requirement and he could articulate a response that was consistent with the NCDPS Policy and with the PREA Standard

An interview with the Superintendent indicated if an inmate at his facility reported sexual abuse at another facility he would make contact with his counterpart at the facility where the inmate is alleging the abuse took place. He said he would notify the Superintendent of that facility and also check to see if the allegation had already been reported. If not he would ensure his staff cooperated with an investigation into the allegations. Similarly he related if he received a call from one of his counterparts reporting an inmate is alleging sexual abuse at his facility, he would cooperate with the investigation and provide any information that would assist investigators.

Standard 115.64 Staff first responder duties

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

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

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) enumerates the duties of staff first responders upon learning that an inmate was sexually abused. These steps include: Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; Request that the alleged victim and abuser from taking any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

All of the interviewed staff, including custody and non-custody (including medical), indicated they all have been well trained to respond to an incident of sexual abuse at this facility. Staff were very confident in responding to actions they would take as first responders upon receiving an allegation or report of sexual abuse. They consistently related the steps they would take as first responders. Their responses addressed the steps required by the agency’s policy and the PREA Standard 115.64. Staff reported they would immediately separate the victim and the aggressor/abuser. They said they would immediately report it verbally to their immediate supervisor and then treat the area where the alleged abuse occurred as a crime scene. They indicated no one would be allowed in or out and a staff would be posted there to ensure it. They also stated they would 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 also related they would, of course, get the alleged victim to medical. Additionally a PREA Support Staff would be notified.

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 agency has produced an excellent flow chart that graphically depicts the actions to be taken after an allegation of sexual abuse and sexual harassment. 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. 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 Pender Correctional Institution are state employees and not members of a union. The facility is not engaged in any form of collective bargaining and can remove staff from contact with inmates when investigating an allegation of sexual abuse.

Standard 115.67 Agency protection against retaliation

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

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

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy), provides a process for monitoring retaliation of inmates or staff for making a report of sexual abuse or sexual harassment or for cooperating with an investigation related to a PREA Incident. Policy requires the facility PREA Support Person 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 contact with the victim to offer emotional support services and inform the inmate to contact them if they need them. 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.

The Pre-Audit Questionnaire and interviews with the retaliation monitor confirmed there have been no cases of retaliation during the past twelve months.

An interview with PREA Support Staff indicated that they have been trained to perform PREA Support services, including retaliation monitoring. Staff related their responsibility after an allegation is to explain to the inmate that they are there as support persons and of their responsibility to monitor for retaliation. After explaining the purpose of the PREA Support Person, the inmate has the right to refuse if he believes services are not needed or he is not fearing retaliation. PREA Support Staff indicated they meet weekly with the inmates to inquire about retaliation. Monitoring would continue for at least 90 days and beyond if needed. There have been no cases of retaliation during the past 12 months. The retaliation monitor related she would monitor all cases by reviewing disciplinary write ups and changes in housing or work details. The retaliation monitor for staff is the Assistant Superintendent of Custody and Operations.

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 restricted housing would be a last resort. The Superintendent related
PREA Audit Report

that 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 or on another yard 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 noted on the Pre-Audit Questionnaire and confirmed in interviews with the Superintendent and Assistant Superintendent of Custody and Operations.

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 make an effort 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 facility based investigators who have received specialized training in conducting sexual abuse investigations in confinement settings, the Office of Special Investigations and/or the Burgaw Police Department. 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, interview alleged victims, suspected perpetrators and witnesses. Reported allegations are documented in OPUS on the PIR (PREA) Incident Report within 72 hours of receiving the report. Sexual abuse and sexual harassment investigation reports are submitted to the facility head. PREA Investigations must be completed and approved by the Region Director within 30 days of the initial PREA Report. An extension of 30 days' maximum may be granted by the Region Director to allow additional time to collect evidence or to determine validity. The departure of an alleged abuser or victim from employment or control of the facility will not cause the investigation to be terminated. Written reports are retained for as long as the alleged abuser is incarcerated or employed by the agency plus 5 years. Interviews with two facility investigators confirmed an investigation process consistent with agency policy. Criminal investigations are conducted by the Burgaw Police Department and in tandem with the DPS Office of Special Investigations, who will be investigating allegations of staff involvement for personnel reasons. Interviews with a 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 Burgaw Police Department 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.

An interview with the facility investigator confirmed he is a knowledgeable individual who has been trained to conduct sexual abuse investigations in confinement settings. He described a very thorough investigative process during which he would ensure the scene is secured, evidence is protected and collected, that interviews are conducted with the alleged victim, witnesses and the alleged perpetrator and that video, when available is reviewed. He related that OSI is called in generally when a staff is alleged to have been involved in an allegation and that OSI would conduct a parallel investigation along with the Burgaw Police Department who would be conducting a criminal investigation. OSI would be assisting and supporting the criminal investigation but would be conducting an administrative investigation, where staff are involved, to provide information to the administration in making employment decisions. If an inmate is taken for a forensic exam the rape kit is given to the Burgaw Police Department. One case involving alleged penetration was investigated. The alleged victim reported allegation to mental health. Staff secured the area where the alleged assault took place. The Burgaw Police Department was notified and an investigator came to the facility to initiate the criminal investigation. Clothing was secured. The inmate was taken to medical for treatment, if needed, and then taken to the hospital for a forensic exam. Investigators took witness statements and reviewed video footage but were unable to corroborate the inmate's allegations. The forensic exam was conducted the evidence kit given to the police department. In another case the inmate alleged having consensual sex with a staff. The Office of Special Investigations was called in to conduct the investigation. The investigation could not confirm the allegations however the staff resigned. Additional initial investigations were conducted related to allegations of sexual harassment. These were conducted by the facility investigator and most often could not be substantiated. The investigator revealed that the departure of a staff who is under investigation does not stop the investigation nor does the departure of an inmate from the facility stop an investigation. The investigator also demonstrated how he inputs incident reports and investigation information into the OPUS system. He also printed out a page from the screen documenting review of the investigation reports by the Regional Director and Superintendent.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy), requires that the standard for determining if allegations are substantiated or not is a preponderance of the evidence or a lower standard of proof. Interviews with facility investigator indicated that the investigations that they are responsible for are administrative in nature and the standard for substantiating a case of sexual abuse or sexual harassment is the preponderance of the evidence.

Standard 115.73 Reporting to inmates

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

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

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy), requires that following an investigation into an inmate’s allegation that he or she suffered sexual abuse in a facility, the PREA Support Person informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. These notifications are documented on the PREA Support Person Services Form. Policy requires that following an inmate’s allegation that a staff member committed sexual abuse against the inmate (unless the allegation is unfounded) the inmate will be advised whenever the staff member is no longer posted within the inmates unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Also, following an inmate’s allegation that he or she has been sexually abused by another inmate the agency will inform the alleged victim whenever the agency learns that alleged abuser has been indicted on a charge related to sexual abuse within the facility or the. The agency’s obligation to report terminates if the inmate is released from the NC DPS custody. An interview with the PREA Support Staff confirmed their role in providing notification to the inmate of the results of the investigation. The Alternate PREA Compliance Manager and the facility investigator provided samples of investigations containing the PREA Support Person Services Form. These forms are multipurpose and are initiated when an allegation of sexual abuse is made and support services are offered and culminates when the PREA Support Staff notifies the inmate of the outcome of the investigation. Multiple examples were provided for review. All of the reviewed PREA Support forms documented notification of the outcome of the investigation to the inmate

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”. Information on a PREA Poster states “as a result, if an employee engages in sexual abuse or harassment with an offender/juvenile supervised by the Department of Public Safety, the employee is subject to the department’s disciplinary process as well as criminal prosecution.

The Pre-Audit Questionnaire documented there were no cases of alleged sexual abuse involving a staff. This was confirmed through interviews with the PREA Compliance Manager and Superintendent. An interview with the Superintendent confirmed the process for disciplinary sanctions for staff and the process described was consistent with the standard. The facility has not had any substantiated allegations of sexual assault involving a staff member.

Standard 115.77 Corrective action for contractors and volunteers

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

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

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy), requires that any contractor or volunteer who engages in sexual abuse is immediately prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. Policy also requires if an allegation is substantiated the volunteer or contracting agent will be terminated from the relationship with the NCDPS.

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

There have been no allegations made against any volunteer or contractor during the past 12 months.

Standard 115.78 Disciplinary sanctions for inmates

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

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

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

The following information is included in the Inmate Handbook.

1. “If allegations of sexual assault or misconduct against you are substantiated, sanctions will be harsh. Your custody level will be reviewed and likely increased, which could mean a transfer to a higher security prison or unit with significantly less freedom of movement and limited privileges. If you have family, this may affect them and their ability to visit you.”
2. “All cases of substantiated sexual assault or misconduct will be referred to law enforcement for criminal investigation. You may be prosecuted and if you are found guilty additional prison time may be added to your current sentence.”

An interview with the Superintendent indicated that inmates would be sanctioned in accordance with the inmate disciplinary process. He was even able to identify the rule violation number for sexual assault. 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.

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’d as 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.

Within three days diagnostic staff will administer the Department of Public Safety OPUS Mental health Screening Inventory (MHSI) and screening for Risk of Victimization and Abusiveness to all newly admitted inmates. Results of the MSHI will be entered into OPUS via the MH08/MH09 screens. Referrals are also required for a number of cases outlined in policy. Staff provided a mental health referral tracking log for review. Multiple referrals were made and every reviewed referral was seen by mental health for follow-up prior to 14 days. The PREA Log documented follow-up times ranging from the same day to six days; none were up to 14 days.

Standard 115.82 Access to emergency medical and mental health services

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

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

North Carolina Department of Public Safety (NCDPS) Policy F.3400, (Inmate Sexual Abuse and Sexual Harassment Policy, Diagnostic Procedures Manual Policy 305.03 (Psychological and Psychiatric Referral), Health Services Policy and Procedure CP 18 (Clinical Guidelines) and Memo 11-2013, Case Manager PREA Requirement, require medical and mental health evaluation and, as appropriate treatment, is offered to all inmates victimized by sexual abuse. The Agency Coordinated Response Plan addresses the actions taken from the time an allegation is made. CP-18, Clinical Practice Guidelines, Sexual Abuse, provides very detailed and specific actions to take upon learning that an inmate is the victim of sexual abuse, including actions taken on site and treatment and forensic exams at the emergency room of the local hospital. Policies indicate that victims of sexual abuse are offered 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 Burgaw 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. 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 Burgaw Hospital for treatment and a forensic exam. Mental health staff, who were interviewed, related they would provide crisis intervention counseling and the PREA Support Staff would provide support services within the facility

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

Health Services Policy and Procedure CP 18 (Clinical Practice Guidelines) and CP 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 Burgaw Hospital where they would receive treatment and a forensic exam and evidence collection by either a SANE or a qualified staff person. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused.

Interviewed staff confirmed they would offer on-going medical and mental health services as required. Interviewed medical

staff indicated they would provide services to an inmate following release from the hospital in accordance with any discharge orders.

Standard 115.86 Sexual abuse incident reviews

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

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

North Carolina Department of Public Safety (NCDPS) Policy F.3400, (Inmate Sexual Abuse and Sexual Harassment Policy), Post Incident Review (PIR), requires a Post Incident Review be completed for all substantiated and unsubstantiated allegations of sexual abuse and documented on the Form OPA-110 Post Incident Review. The review team also considers whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identify, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status; or gang affiliation; or motivated by other group dynamics in the facility; examine the area where the incident allegedly occurred to assess whether physical barriers in the area that may enable abuse; assess the adequacy of staffing levels in that area during the different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of its findings pursuant to standards, and any recommendation for improvement. PIRs are sent to the PREA Compliance Manager, who is also a team member, and to the facility head. The PIR is completed within 30 days of the conclusion of the sexual abuse investigation. Upon completion, the PIR is forwarded through the chain of command to the Regional Director and a copy to the DPS PREA Office for data collection and analysis.

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

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 conformed it was completed according to the PREA Standard.

Standard 115.88 Data review for corrective action

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

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

North Carolina Department of Public Safety (NCDPS) Policy F.3400, (Inmate Sexual Abuse and Sexual Harassment Policy) requires the review of data for corrective action to improve the effectiveness of the facility and agency’s prevention, protection and response policies, practices and training. The Agency’s 2015 Annual Report is posted on the NCDPS website for review. The facility monitors collected data to determine and assess the need for any corrective actions. Interviews with staff indicated the available data as well as information gleaned from the Post Incident Reviews, is used to improve the facility’s sexual safety program.

Standard 115.89 Data storage, publication, and destruction

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

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

DPS policy (North Carolina Department of Public Safety, F.3400, Inmate Sexual Abuse and Sexual Harassment), requires that

data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

AUDITOR CERTIFICATION

I certify that:

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

Robert Lanier

March 28, 2017

Auditor Signature

Date