

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: October 19, 2016

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: March 23, 2016			
Facility Information			
Facility name: Sampson Correctional Institution #4345			
Facility physical address: 700 North West Boulevard, Clinton, NC 28328			
Facility mailing address: (if different from above) PO Box 1109, Clinton, NC 28329			
Facility telephone number: 910-592-2151			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Superintendent II Randy Register			
Number of staff assigned to the facility in the last 12 months: 172			
Designed facility capacity: 462			
Current population of facility: 461			
Facility security levels/inmate custody levels: Medium and Minimum Custody			
Age range of the population: 20 and over			
Name of PREA Compliance Manager: Donna Williamson		Title: Assistant Superintendent for Programs I	
Email address: donna.williamson@ncdps.gov		Telephone number: 910-592-2151	
Agency Information			
Name of agency: North Carolina Department of Public Safety			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 512 N Salisbury Street, Raleigh, NC 27604			
Mailing address: (if different from above) 4201 Mail Service Center, Raleigh, NC 27699-4201			
Telephone number: 919-733-2126			
Agency Chief Executive Officer			
Name: Frank L. Perry		Title: Secretary, NCDPS	
Email address: frank.perry@ncdps.gov		Telephone number: 919-733-2126	
Agency-Wide PREA Coordinator			
Name: Charlotte Williams		Title: PREA Director	
Email address: charlotte.williams@ncdps.gov		Telephone number: 919-825-2754	

AUDIT FINDINGS

NARRATIVE

Sampson Correctional Institution received an on-site PREA audit on March 23, 2016 by DOJ Certified PREA Auditor Bobbi Pohlman-Rodgers. Prior to the on-site visit, the facility provided a completed PREA Pre-audit Questionnaire and a flash drive with the requested and required documents. The auditor reviewed the same documents prior to the on-site visit. The auditor also made contact with the facility approximately one-week prior to the audit to review the on-site process, time-lines, and to request additional information be made available on the first day of the audit. These documents included current inmate rosters and staff assignments.

On March 23, the auditor met with Superintendent Register, Lieutenant Angela Melvin, Assistant Superintendent of Program Donna Williamson, and Assistant Superintendent of Custody and Operations Robert Van Gorder. The meeting was to discuss the audit process, the interim/final report, Corrective Action Plan periods, and additional documentation that would be needed. It was also discussed that there were three standards in which the agency had been working to come into compliance and that this facility had already implemented changes. This meeting was followed by a tour of the facility.

The tour included all three secure compounds that make up Sampson Correctional Institution – minimum custody, medium custody and Correction Enterprise Industry – Laundry. It was noted that the PREA audit notices, Zero Tolerance posters and reporting methods were posted in areas where both staff and inmates were able to view. Other facility specific PREA information was posted on the dorm PREA boards. UCARE Rape Crisis Center information was not immediately available to inmates, but this was completed prior to the auditor leaving on the second day. There are grievance boxes for inmates use and staff reported that grievances can also be handed directly to staff. There was also a mail box for inmate letters. There are three towers – one at the medium security compound and two at the Correction Enterprise Industry – Laundry.

Staffing includes two – twelve hour shifts as well as 8-5 workers. There are 129 Correctional Officer I positions, 2 Lead Correctional Officer positions, 12 Correctional Sergeant I positions, 6 Correctional Lieutenant I positions, and 3 Correctional Captain I positions. Supervision is provided through required thirty-minute custody rounds and a number of cameras. There are fifty-one cameras located at the medium custody compound and twenty-two cameras at the Correction Enterprise – Laundry compound.

Interviewees were randomly selected after the tour using inmate rosters and staff assignments. There were a total of 14 inmates interviewed – with at least one from each housing unit. These interviews included one limited English inmate, one inmate with a current allegation of sexual misconduct and one inmate who self-reported he was bisexual. There were 11 random staff selected for interview. An additional 13 specialized staff positions interviews were conducted. The Agency head and Agency-wide PREA Coordinator were interviewed prior to this audit by DOJ Certified Auditor Kevin Maurer, and the information was provided to this auditor.

In the past twelve months, there were five allegations of sexual misconduct: three alleging sexual abuse and two alleging sexual harassment. Three of these were initially reported as grievances and two were reported anonymously. Files show appropriate documentation and notifications were made when the investigation was completed.

Both medical and mental health services are available at Sampson Correctional Institution. Medical staff is on-site for 16 hours per day, 5 days per week. Triage services are available through the Randolph Correctional Center. Mental Health services are provided as needed through a roving mental health provider.

Sampson Correctional Center has a PREA Support Person who has received training to assist a victim through all process, including providing assistance in obtaining outside support services. Sampson Regional Hospital provides SANE services. Sampson County Domestic Violence and Sexual Assault Program, UCARE Rape Crisis Center, provides victim advocates and outside support services. Interpreter services are provided by Linguistica International, Inc.

DESCRIPTION OF FACILITY CHARACTERISTICS

Sampson Correctional Institution is a medium and minimum custody secure prison for adult males run under the North Carolina Department of Public Safety (NCDPS). The NCDPS Mission is to promote the elimination of undue familiarity and sexual abuse amongst the offender population.

Located in the city of Clinton and within Sampson County, Sampson Correctional Institution consists of three secure compounds that are entirely separate from each other. The minimum custody inmates are housed in one of the 51 county prisons for which the state assumed responsibility with the passage of the Conner bill in 1931 and was one of 61 field unit prisons renovated or built during the late 1930's to house inmates who worked building roads. The medium custody inmates are housed a newer compound that contains a 104 bed dormitory as part of the \$17.4 million prison construction program authorized in 1988. As a part of the \$55 million prison construction program in 1989, lawmakers provided for additional dormitories. The third secure compound is for Correction Enterprise Laundries.

The minimum custody compound contains eight buildings: administration, dormitory, barber shop, wash house, kitchen storage, kitchen/dining, barn, and programming. The programming building contains the canteen, storage, library, clothes house and boiler building (no longer in use). There is an outside visitation area with picnic tables, and a basketball court and weight area for inmate recreation. The dining hall allows for indoor visitation and religious services. No food is prepared in the kitchen as meals are brought down from the medium security compound. The dormitory contains two housing units (A and B) and both contain 22 beds. There is a day room where PREA information was posted on a bulletin board and that included the audit notice. There is a day room with a pool table and a barber. There are two general bathrooms, each with 3 toilets, 3 urinals, and 4 shower heads.

The medium custody compound contains nine buildings: administration, two multi-purpose, kitchen/dining, three dormitories, medical/support services, mop house, and vocational. The two multi-purpose buildings host security screening, chapel, visitation/training, library, case manager offices, inmate bathroom, canteen warehouse, clothes house, canteen, Sergeant's office, Lieutenant's office, Captain's office and barber shop. Dormitory One has a central control area, four open bay housing units, and a 10 cell segregation unit. PREA information was posted in areas where both inmates and staff have access. The open bay housing units are dormitory style with double bunk beds. There are four showers, four toilets, five sinks, and two urinals. The restrictive housing unit contains ten individual one-man wet cells with a central shower that allows for privacy. Restricted housing is used for a maximum of 45 days. Dormitory Two and Three are identical to Dormitory One with the exception of restricted housing. Dormitory Two contains the canteen and mop closet. Dormitory Three contains offices for the PREA Investigators, PREA Support Persons, Hearing Officer, and Grievance/Training/Transportation officer. Medical services are provided through a standalone modular building. The vocational building contains a conference room, tele-conference hearing equipment, and space for vocational programming. Outside recreation includes a large area that contains a volleyball and basketball court, a walking track and a covered building for weights.

Sampson Community College supports the educational and vocational programming at Sampson Correctional Institution. Inmates are offered the Adult Basic Education (ABE) classes, General Education Diploma (GED) testing, Human Resource Development, Laundry Enterprise Apprenticeship, air conditioning and refrigeration, Computer Lab and Horticulture. There are two greenhouses located behind the vocational building.

Work opportunities are available at this facility. Correction Enterprise runs the largest of its' seven programs at Sampson Correctional Institution – Laundries. Approximately one hundred and ten inmates are supervised daily on two shifts. There are three floors to this building and a catwalk that allows for thirty-minute rounds by custody officers. This facility process approximately 50,000 – 60,000 pounds of laundry per day. In addition to Correction Enterprise staff, there are five custody officers on the floor each shift. It was noted some blind areas that were rectified immediately, which included window coverings on some offices and the conference room, and windows blocked by stacked items outside the inmate lunch room.

Inmates may also be assigned to work on a Department of Transportation road crew or as maintenance or kitchen help. The minimum custody inmates work for the North Carolina Justice Academy, transportation, forestry services, National Guard, Agriculture Research Station, and other local government jobs.

SUMMARY OF AUDIT FINDINGS

The facility was well prepared for the PREA audit and provided all documents prior to or upon request during the audit. There were minor issues with blind areas that were immediately addressed by the administration. There were also noted privacy issues from cross-gender observation which the facility plans on rectifying prior to the 30-day report. Outside support services were available, and the PREA Support Person (PSP) is aware of these; however inmates were not clear on what services are provided by UCARE – the local rape crisis agency.

The facility has a Sexual Assault Responses Team (SART) and PREA Support Persons (PSP). Both groups are activated when there is an allegation of sexual assault. The PSP plays an important role in assisting the victim through the various activities associated with an allegation (investigation, medical exam, interview, support services). There is one (1) PREA Support Person identified.

Computerized Incident Reports are well written and files were organized and contained appropriate documentation.

The facility staff were extremely helpful, very professional, and well versed in PREA activities at the facility level. Special thanks to Lt. Melvin for her assistance during the audit. Her knowledge was invaluable. The administrative staff responded to all blind areas and privacy concerns immediately upon identification during the tour. It was this auditor's pleasure to work with the Superintendent and his staff.

On September 19, 2016, the auditor reviewed documentation received on September 16, 2016 regarding compliance with the Corrective Action Plans. The following details the steps taken by the facility in order to become compliant with PREA standards:

115.15: The facility purchased and installed shower curtains that allow for inmate privacy while still allowing staff to provide appropriate supervision for inmate safety. These were installed in A/B/C Dorms and minimum housing unit. Photographs of the changes were provided to the auditor.

115.41: The facility SOP .0400 was updated to reflect a new system whereby all inmate are assigned an Initial Case Manager upon intake. The Initial Case Manager is responsible for inmate orientation to the facility within 24 hours as well as completing the vulnerability/risk screening within 72 hours.

On October 19, 2016, the auditor reviewed documentation received on September 26, 2016 regarding compliance with the Corrective Action Plans. The following details the steps taken by the facility in order to become compliant with PREA standards:

115.15: The facility purchased and installed shower curtains that allow for inmate privacy while still allowing staff to provide appropriate supervision for inmate safety. These were installed in the Enterprise – Laundry 2nd floor toilet area. A photograph was provided to the auditor.

115.41: The facility SOP .0400 was further updated to clarify the position of the person who will conduct the vulnerability/risk screening. Eight screen shots were provided from the electronic records showing that orientation was completed within 72 hours.

115.51: The facility SOP .1100 was updated to include the external method for staff to report sexual abuse or sexual harassment. Staff were advised of the SOP change.

115.53: U-Care brochures and a PREA memo were posted throughout the facility for inmate viewing. Case Managers were informed of the services and provide this information to inmates.

115.67: An appropriate retaliation form was received that shows retaliation monitoring was completed for both staff and inmate in an open PREA allegation/investigation.

115.71: Both Investigators completed the NIC PREA – Specialized Investigations – Sexual Abuse and Harassment course and proof of completion was provided.

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

Policy F3400, Policy A2000, SOP .1100, Form OPA-A16, NCDPS Organizational Chart, and NC General Statute 14-27.7 were reviewed. The Superintendent and PREA Compliance Manager were interviewed. The Agency Head and Agency PREA Coordinator were interviewed at an earlier time.

The agency has a policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy, along with additional policies and standard operating procedures, outlines the prevention, detecting, reporting, and response to sexual abuse and sexual harassment allegations. Definitions that mirror the PREA Standards are included in the policy, as well as sanctions for those who violate policy. All interviewed shared their knowledge of the strategies and responses towards PREA allegations.

The PREA Compliance Manager/Assistant Superintendent reported sufficient time to attend to PREA duties. This person reports directly to the Superintendent, and indirectly to the Agency PREA Coordinator. Additionally, the facility has named a secondary PREA Compliance Manager. The interview noted that efforts to coordinate compliance with PREA standards is through regular contact with the Superintendent and agency PREA Coordinator.

The agency has a Agency PREA Coordinator, Charlotte Jordan-Williams, who reports to general counsel, and who has reported sufficient time to attend to PREA duties. She currently has 140 PREA managers that indirectly report to her. She is very knowledgeable regarding PREA standards and agency policies and practices.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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

Standard 115.13 Supervision and monitoring

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

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

Policy F.1600, SOP F.1900, Staffing Plan Report dated January 2015, Approved Facility Posting Chart/Staffing Plan approved 06/22/15, Shift Narratives noting both cross-gender announcements and unannounced rounds, and North Carolina General Statute 143B-709 were reviewed. Additionally, interviews were conducted to further determine compliance.

While North Carolina General Statute requires a staffing analysis every 3 years, the agency policy requires an annual review of the staffing plan, including a review of all required components of the standard, which was completed in January 2015. The Post Chart for all staff was last reviewed on 6/9/15. There is one gender specific post which is on the floor of the Restrictive Housing. Deviations from the staffing plan are documented on the Daily Shift Activity Log. The Superintendent confirms that the facility utilizes a pulled post system with hold over or call in when needed. Unannounced rounds are documented in the Daily Shift Activity Log. These are conducted by the Sergeants and Lieutenants and documentation includes the date and time of the round. Interviews with the Assistant Superintendent of Custody and Operations reported conducting unannounced rounds weekly.

Standard 115.14 Youthful inmates

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

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

This standard is Not Applicable as this facility does not house any inmates under 18 years of age.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Policy F.1600, Policy F.0100, Policy TX I-13, SOP .300, Form OPA-T30, Safe Search Practices Training, NCDPS New Employee Orientation (revised 1/1/15), Cross Gender Announcement & Acknowledgement for staff, Staff Training Log, and Cross Gender Bulletin Board Poster Memo (dated 4/22/13) were reviewed. Interviews were also conducted to assist with the determination of compliance.

Training on safe search practices, that include cross gender searches, was confirmed. Policy requires documentation of any cross gender searches. There were no reported cross gender searches conducted. Training documents reviewed indicated that staff have completed appropriate training. Staff interviewed confirmed training on searching transgender and intersex inmates. Cross gender staff entering the

housing areas are required by policy to announce their presence was observed during the tour. Agency policy and facility SOP require the announcement of cross-gender staff entering the housing units. This was seen during the tour and both inmates and staff report that these announcements are being made as required.

There were six areas identified during the tour that did not provide privacy from cross-gender staff viewing. These included the toilets in A/B/C, Minimum housing showers, bathroom window in the kitchen and the toilets on the 2nd floor of the Correction Enterprise – Laundry. Prior to exiting the facility, the bathroom window was updated to allow inmate privacy as well as staff supervision.

During the Corrective Action Period, the facility provided photographs that show how privacy issues were resolved. Curtains now hang in the A/B/C dorms, minimum housing and toilets on the 2nd floor of the Correction Enterprise – Laundry.

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

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

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

Policy E.1800, Policy E.2600, SOP 4360, and World-Wide Interpreters Telephonic Interpreter Services Contract were reviewed. A copy of the memo regarding a new Interpreter Service was provided by the Agency PREA Coordinator. Facility PREA documents in English were observed at the facility and Spanish documents are available as needed.

The agency has established policy to provide for educational services for inmates with disabilities to be provided information at intake and assistance on PREA allegations, including reporting. Case managers would arrange for education in formats for those inmates identified as disabled. Agency policy also addresses the provision of interpreters to those inmates with a non-English primary language. There is a contract that went into effect on March 1, 2016 with Linguistica International, Inc. for the provision of interpreter services by telephone and covered 250 different languages. This contract expires on March 4, 2017 with options for three additional one year renewal periods. Policy prohibits the use of inmate interpreters except in emergent circumstances. There is PREA material in both English and Spanish available at the facility. While this facility only receives Spanish speaking inmates who have completed the English as a Second Language (ESL) classes at another facility, it is suggested that Spanish material be more readily available to enhance their education.

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.

Form HR005, Form HR0008, Form HR013, Memo regarding PREA Hiring and Promotions (dated October 2013), Addendum to the Memorandum, List of Disqualifying Factors, 2013 Employee Statement, sample of employee background screenings, and PREA Employee Statement were reviewed. Interviews were conducted to assist with determining compliance.

The agency policy prohibits the hiring or promotion of individuals who have engaged in sexual abuse, or attempting to engage in sexual abuse in a detention facility or in the community, or who have been civilly or administratively adjudicated for the same. The agency requires all staff to annually sign a statement that they have not engaged in the aforementioned activities (PREA Hiring & Promotion Prohibitions and HR005). This information was reviewed through the LMS (Learning Management System) and a printout from the LMS system was obtained by the auditor. The agency also requires all employees to self report any such misconduct. Criminal background check are required for contractors and employees, and material omissions regarding misconduct or false information are grounds for termination. The agency does respond to requests from other institutions where a former employee has applied to work. The agency conducts background checks at hiring. There were thirty background checks noted in the past twelve months (Pre-audit Questionnaire). Proof of background screenings for seventeen staff conducted within the last five years was reviewed during the audit. It is noted that employee background screenings every five years is a new process in place for all North Carolina facilities.

Standard 115.18 Upgrades to facilities and technologies

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

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

This standard is N/A as reported during the Superintendent’s interview that there were no changes to the facility or electronic monitoring.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Policy F3400, Policy CP18, SOP 4600, Form OPA-A18, Form OPA – I20, OPA-I21, Form OPA-I30, PREA Support Person (PSP) Training Lesson Plan, Chain of Custody Form, Incident Scene Tracking Log, PREA Support Person Roles and Responsibilities, Clinical Practice Guidelines, Correspondence between facility and Haven of Lee County, and NCCASA documentation were reviewed. Interviews also provided information in the determination of compliance.

The agency conducts only administrative investigations. Sampson County Sheriff’s Office or the Clinton Police Department would complete criminal investigations, and no criminal investigations were conducted in the past twelve months. The facility contacted both and has a signed agreement with both agencies for their efforts towards compliance with PREA standards. The Clinical Practice Guidelines cover appropriate evidence collection. The Agency has one PREA Support Person (PSP) who is trained for victim advocacy services, and acts as the link to assist victims with the investigative process, professional resources, community based advocates, and mental health

professionals. There is an Incident Scene Tracking Log for documenting persons who may enter a possible crime scene before investigators are on-site, as well as a Chain of Custody form for documenting any evidence. The agency is currently working with the North Carolina Coalition Against Sexual Assault (NCCASA) to create a state-wide system for community based services and documents were provided. In the interim the facility has obtained information from the Sampson County Domestic Violence & Sexual Assault Program, UCARE. This program provides legal and court advocates, as well as counseling, support groups, translators, and a 24-hour hotline. The facility PSP (PREA Support Person) will assist the inmate in contacting UCARE if requested. Forensic examinations are conducted at Sampson Regional Medical Center, where two Sexual Assault Nurse Examiners (SANE) are on call, as per interview with Emergency Room Charge Nurse.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Policy F3400 and SOP 05.09 were reviewed. Interviews were conducted.

All allegations of sexual abuse or sexual harassment are classified as a major incident. Policy requires that all major incidents receive an investigation. Policy requires that allegations be referred to an in-house trained investigator for the administrative portion and to the local law enforcement (Sampson County Sheriff’s Office or Clinton Police Department) for criminal investigations. Policies are available through the NCDPS website.

Standard 115.31 Employee training

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

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

Policy F3400, Training Curriculum’s SAH 101 2015, Staff and Offender Relations Training, New Employee Orientation, On Boarding Checklist, Form OPA-T10, Employee Training Files, brochures, handbooks, bulletin board documents, red flag posters, and other documents were reviewed. Interviews with staff were also conducted.

The agency policy requires annual training for all staff in topics identified within the standard, including the zero-tolerance policy, staff responsibilities, inmate’s rights, retaliation, dynamics, common reactions of victims, detection and response to allegations, inappropriate staff relationships, identifying inappropriate staff relationships, communication and mandatory reporting laws. Interviews with staff confirmed they complete annual training and understand the material presented. Training documentation is kept in LMS (Learning Management System) and a print out was provided to the auditor showing that 172 staff have been trained. The only staff who show not

having completed this training in the past 12 months were on Leave of Absence.

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.

Policy F3400, Policy F0604; Training Curriculum’s SAH 101 2015, Staff and Offender Relations Training, New Employee Orientation, Form OPA-T10, “Ways to Report” Poster, Volunteer Brochure, and other documents were reviewed.

The agency requires all volunteers to complete the same PREA training as a staff, with minor deviations. There is also a Volunteer Brochure specifically for volunteers to receive PREA information. This facility reports 122 volunteers that provide services to inmates. There is also a “Ways to Report” poster to remind volunteers and contractors of the various ways to report. Two volunteers interviewed. One had been volunteering for five years and was well versed in how to report any information regarding sexual abuse or sexual harassment. The second had been volunteering for over 25 years providing Chaplain Services and over 15 years providing Toast Master services at the facility for inmates and was able to identify reporting any knowledge to either the PREA Compliance Manager or Superintendent. Neither reported having been the first person aware of any sexual abuse or sexual harassment since beginning their services. The files reviewed contained a signed Acknowledgement form.

Standard 115.33 Inmate education

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

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

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

Sampson Correctional Institution receives inmates from a reception and diagnostic center. Agency policy requires all inmates entering into the system to receive intake and comprehensive training at the reception and diagnostic center. Sampson inmates arrive at the facility having already received comprehensive education, and therefore receive facility specific information. The comprehensive education was reviewed at Craven Correctional Center and meets the criteria of the standard regarding content. Inmate education is maintained in OPUS (Offender Population Unified System) and copies were provided to the auditor for review. The facility receives new inmates on Tuesday and

Thursdays. Orientation is usually completed in the late afternoon of these days. Thirteen of the fourteen files reviewed showed that the inmate received orientation on the same day as their arrival. One was completed the next day. In addition to the completed Acknowledgment Form, the facility puts a specific note into OPUS. Interviews with inmates confirmed the receipt of facility specific information at intake. Informational posters were observed around the facility on the PREA boards in the dorms.

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.

Policy F3400, Training Curriculums: Investigator, PPT and Mock Interview; Investigator Understanding Sexual Violence & PPT; and Incident Reporting, OPUS (Offender Population Unified System) Incident Reporting Pamphlet, and the Investigator PREA training file was reviewed. Investigator Interview was also conducted.

The facility has 5 designated investigators who have completed specialized training for this purpose. The training meets the requirements of the standard. Interview with an investigator found that they were well versed in administrative investigations. Only those who have completed this training have access to the electronic incident report system to allow for the review of investigations and updating the system with new information. The agency only completes administrative investigations. All criminal investigations are conducted by Sampson County Sheriff’s Office or Clinton Police Department. The auditor reviewed training documentation of identified investigators, as well as the training provided by the agency to the investigators. Investigators have also completed the annual PREA training.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Policy F3400, and Training Curriculum: PPT, CE Nursing and OSDT Roster were reviewed. Training files for medical staff and mental health staff were reviewed. Interviews were completed.

The agency policy requires that all medical and mental health staff receive PREA 101 and specialized medical and mental health training. The specialized training meets all requirements of the standard. Both medical and mental health staff have completed the training. Interviews with medical staff confirmed knowledge of specialized training. The mental health staff is a travelling staff who reports to the facility upon referral. Records indicate that specialized training was also completed. Forensic examinations are not conducted at this facility and therefore no training was provided. All SANE services are conducted at Sampson Regional Medical Center where two Sexual Assault Nurse Examiners are on call per phone interview with the Charge Nurse.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Policy F3400, Diagnostic Procedural Manual 305, and memo dated 08/14/15 were reviewed. A selection of inmate files were also reviewed. Interviews were conducted.

The agency conducts a risk assessment at the reception and diagnostic center upon the initial intake of inmates into the state system. This is completed within 72 hours of arrival. The risk assessment contains all elements of the standard. The agency recently changed their processes to ensure that both inmates at risk of victimization or being aggressive are appropriately identified. This system went into effect March 2016. The agency PREA Coordinator provided to this auditor documentation that the agency now produces a High Risk for Victimization List (HRV) that is reviewed alongside the High Risk for Abusive List (HRA) to ensure that all housing, work, and programming services are assigned with the protection of the inmates as a key factor. Upon intake at a reception center, the inmate and staff complete the Mental Health Screening Inventory. This tool identifies all required components of the standard. From this document, two lists are produced – the HRV and HRA (see above). These lists are protected from viewing by staff who do not have an immediate need to know and access is only provided to the Facility Head, PREA Compliance Manager, Asst. Superintendent for Custody and Operations, Asst. Superintendent for Programs, and the Inmate Assignment Coordinators, or IAC. It is the responsibility for the designated staff to run these lists weekly to review for appropriate placement. This facility was then required, and has completed as of March 23, 2016, a review of all inmates on the HRV and HRA list as well as changes made to ensure the safety of inmates. A review of files showed that the majority of the screenings conducted here at intake were completed within 72 hours. Five were not completed in a timely manner.

During the Corrective Action Period, the facility provided documentation to show that eight new inmates received PREA orientation within 72 hours. Additionally, the facility SOP .044 was updated to reflect the new process for completion of the orientation process, including timeframes and who is responsible.

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.

Policy F3400, Policy TX-I-13, Policy C.0100, Screening tool, Learning Management System (LMS) Material, and the Instructions to access the High Risk Abuse Report were reviewed. Interviews were conducted.

The policies addresses clear guidelines, including limits, for housing and work assignments based on the safety of all inmates, a bi-annual review of housing for transgender and intersex inmates, allowing transgender and intersex inmates to shower separately from all other

inmates, and assessments for an inmates own perception of risk at the facility. The Classification Committee is a formal process at an inmates initial intake into the NCDPS system, and whenever identified thereafter, whereby all relevant information, screenings, evaluations, criminal behavior history is used to assist in the determination of appropriate housing assignments. Inmates are interviewed for their ideas, opinions, attitudes, preferences and other factors before a final decision is made on housing locations. Bed and work assignments are made at the facility level.

In March 2016, the agency updated their current system to include a review of the High Risk Victimization (HRV) and the High Risk of Aggressive (HRA) list at the facility on a weekly basis, or more often if needed, to ensure that inmates are placed in educational, vocational, and housing that ensures their safety. Inmates who are identified as HRV are now placed in closer proximity to the staff in the housing units. This information was provided to the auditor to show that prior to March 23, 2016, the facility conducted a review of the HRV and HRA lists to ensure the safety of inmates. The log that is being maintained to show compliance with the standard and to note any changes as a result of the review indicates that one inmate was moved to an area that offered additional supervision through a camera.

Standard 115.43 Protective custody

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

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

Policy F3400 and SOP 4.54 have been reviewed. Interviews were conducted.

There have been no instances where protective custody for an inmate requiring protection due to a sexual misconduct has been used at this facility in the past 12 months. Agency policy prohibits the involuntary placement of inmates in restricted housing unless there are no available alternatives. Policy and interviews confirm that services for an inmate who may be placed in protective custody are continued as normal unless there is a specific documented reason for restriction. Policy dictates documentation of the use of protective custody when necessary and 30 day reviews of such placement. Staff who supervises restrictive housing reported that any inmate who is placed in restricted housing is provided access to the library, canteen, mail services and education. All inmates placed here receive a review on the third day, the fifteenth day and the sixtieth day. The case manager also reviews placement with inmates in restrictive housing weekly and this is documented.

Standard 115.51 Inmate reporting

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

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

Policy F3400, Policy D0300, Form OPA-T10, Fraud, Waste, Abuse & Misconduct reporting website page, PREA Internal & External webpage for reporting, Staff Brochure, Offender acknowledgement Form (English/Spanish), Inmate Rule Book, were reviewed and a tour of the facility was completed. Interviews were also conducted.

The agency has numerous ways for an inmate to internally report sexual abuse or sexual harassment. Methods of reporting include telling a staff, writing a grievance or letter to the PREA Coordinator and third-party reporting. Externally, the agency provides the address of the North Carolina Prison Legal Services (PLS). Grievances can be placed in the grievance box or handed to staff. Inmates can deposit mail in the mail box. It was confirmed through conversation with the administration that mail sent to the PSL or the PREA Coordinator is treated as legal correspondence and is not opened at the facility level. The posters in the facility provided the address for PLS, and inmate brochures detailed this as a method of reporting sexual abuse or sexual harassment. Interviews confirmed that staff at the program are aware that they may report privately to the PREA Coordinator if they do not wish to report through the Chain of Command. However, they were not aware of being able to report through the Fraud, Waste and Abuse Hotline.

During the Corrective Action Period, the facility updated SOP .1100 to include the external method for staff to report any sexual misconduct. All staff were advised of the SOP change.

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.

Policy F0300, Policy G0300, and the Inmate Rule Book were reviewed. Interviews were also conducted.

The agency policy confirms that grievances of sexual abuse or sexual harassment require an immediate notification to the North Carolina Department of Public Safety PREA office preventing a response from the subject of the complaint. Inmates can hand their grievance directly to security staff or to any administrator. There is no disciplinary action if the report is made in good faith. A final response is due within 90 days, as well as notification to the inmate that it has been accepted within 5 days. Grievances are allowed to be prepared by the victim or other third party person who assists the victim. Emergency grievances, those defined as matters that present a substantial risk of physical injury or irreparable harm may be presented directly to the Officer in Charge, are forwarded immediately to the appropriate person, and require an initial response from the facility within 48 hours and a final determination within 5 days. There were 5 grievances in the past 12 months. Investigators and the agency PREA Coordinator were immediately notified of the grievance and all were resolved within 90 days. Three were sexual abuse allegations and two were sexual harassment allegations. Three were still under investigation during the audit. The other two were closed as unfounded. All documentation was maintained and there is documentation of the victim being made aware of the outcome of the investigation.

Standard 115.53 Inmate access to outside confidential support services

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

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

PREA – The North Carolina Approach were reviewed. Inmate interviews confirmed findings.

The Agency is in the process of working with the North Carolina CASA for the provision of services under this standard. While this is in progress, the facility has reached out to the Sampson County Domestic Violence and Sexual Assault Program – UCARE. The PREA Support Person is aware of the services available through UCARE. Inmates are provided identification of the PREA Support Services through Form I30, which documents the PREA Support Persons role during the investigation and thereafter to assist in providing support services to the victim. Inmate interviews confirmed that they have not received any information regarding available services.

During the Corrective Action Period, the facility provided inmate education regarding the services of U-CARE, the sexual assault service provider. The facility provided the auditor with photographs of the information now posted in dormitories and other areas for inmate viewing.

Standard 115.54 Third-party reporting

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

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

The NCDPS website and posters were reviewed. Interviews were conducted.

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

Standard 115.61 Staff and agency reporting duties

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

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

Policy F3400, SOP 4600, and PREA 101 Staff Training were reviewed. Staff interviews confirmed findings.

The agency policy requires all staff, volunteers and contractors to immediately report any knowledge, information or suspicion of sexual abuse or sexual harassment, and any violation or neglect of responsibility, to administration. Contractor contracts include a requirement for reporting any information regarding sexual misconduct. Policy and interviews confirmed that staff are not allowed to share information with

anyone who does not have a need to know. All allegations are reported to both the facility investigators and the agency PREA Coordinator. Agency staff training details the notification to the state agency regarding vulnerable adults. Interviews with staff confirmed their knowledge of how to report internally (chain of command, or to agency PREA Coordinator) and externally (Fraud, Waste and Abuse Hotline).

Standard 115.62 Agency protection duties

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

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

Policy 3400 was reviewed. Interviews confirmed findings.

The agency requires immediate action to protect inmates who report sexual abuse. All staff, contractors and volunteers are required to report any information to the facility investigators who will assist with taking appropriate steps utilizing the Coordinated Response Plan. Staff were able to articulate this requirement during the interviews. There were no allegations of this type in the past 12 months.

Standard 115.63 Reporting to other confinement facilities

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

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

Policy 3400 was reviewed. Staff interviews confirmed findings.

The agency policy requires that any receipt of sexual abuse or sexual harassment that occurred at another facility be immediately reported to the appropriate Superintendent. This notification must be documented. An incident report is also generated, which flags investigators and the agency PREA Coordinator. Allegations made by an inmate at another facility are treated the same as a new allegation, and facility investigators are notified and begin their review of information. There were no incidents received that required reporting to another facility nor any reports alleging abuse at this facility.

Standard 115.64 Staff first responder duties

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

- Does Not Meet Standard (requires corrective action)

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

Policy F3400, SOP .1100, and PREA training curriculum were reviewed. Staff interviews confirmed findings.

The agency requires all staff to separate, protect physical evidence and the crime scene, and to report to administration when an allegation of sexual abuse is received. All staff interviewed could clearly articulate these steps. It is noted that staff PREA training identifies all staff as first responders. Staff interviewed carried cards that detailed these four steps clearly. Contractors and volunteers are required to protect the victim and report the information to a security staff. There were three instances in this facility of allegations of sexual abuse in the past twelve months, one required the staff to separate the alleged victim from the abuser. None required the preservation and protection of a crime scene or physical evidence on the alleged victim or abuser.

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.

SOP .1100 and Coordinated Response Overview were reviewed. Interviews were conducted and confirm findings.

The NCDPS has created a template that includes all PREA related requirements for a proper Coordinated Response Plan. Each facility is provided this draft template, which directs that their facility specific information be included in the plan and thereafter published to facility staff. This plan addresses first responder duties, leadership duties, investigator duties, PREA Compliance manager duties, PREA Support Person duties, SART (Sexual Assault Response Team) duties, Mental Health and aftercare duties, and retaliation duties. No facility specific plan was presented to the auditor.

During the Corrective Action Period, the facility provided a facility specific Coordinated Response Plan that addresses all requirements of the standard.

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

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

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

corrective actions taken by the facility.

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

Standard 115.67 Agency protection against retaliation

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

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

Policy F3400, SOP .1100, Form OPA-122 and Form OPA 124 were reviewed. Interviews confirmed findings.

The agency policy addresses practices to protect both staff and inmates from retaliation as a result of reporting sexual abuse or sexual harassment information. Various protection methods for inmates are identified in policy. Form OPA-122 is used to document the retaliation monitoring at the 90 day mark. The form also prompts and allows for the documentation of periodic status checks. The files reviewed did not contain documented monitoring; however the PREA Compliance Manager stated that this is conducted. Both staff and inmates are eligible for housing or facility changes if necessary due to retaliation.

During the Corrective Action Period, the facility provided two examples of retaliation monitoring (staff and inmate).

Standard 115.68 Post-allegation protective custody

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

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

Policy F3400 was reviewed. Staff interviews confirm findings.

The agency policy addresses the use of protective custody only if no other alternative means of protection is available, or if inmates request this level of protection. Inmates requesting this level of protection may complete the Request for Protective Custody and must document the reasons for the request. There were no instances where protective custody or restrictive custody were used at this facility. Voluntary or involuntary restrictive housing requires weekly reviews by the case manager.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy F3400, SOP 4600, and the Coordinated Response Overview were reviewed. Investigation files were reviewed. Staff interviews confirmed findings.

The agency policy requires that criminal investigations are conducted by outside law enforcement, therefore the facility investigators only conduct an initial investigation to determine if outside law enforcement is to be notified and administrative investigations. Both investigators identified at the facility have received appropriate investigator specialized training. All evidence is gathered, documented and preserved. Prior allegations involving the same perpetrator or victim are reviewed. The credibility of the victim or alleged abuser is determined on an individual bases. The agency does not use polygraph examinations in order to continue an investigation. Administrative investigations address staff actions, credibility and a review of fact and findings of the criminal investigation (if applicable). All interviews are conducted as approved by the Office of Special Investigations and Compliance. Both criminal and administrative investigations are documented. However, a review of the reports indicate that there is some confusion on sexual abuse allegations that occur during the course of a staff’s duties, are identified as consensual sexual activity, or sexual activity this is coercive in nature. It is also recommended that Investigators be retrained on the definition of unfounded and unsubstantiated and the requirements for a finding of both.

During the Corrective Action Period, both investigators have completed the North Carolina – PREA – Specialized Investigations – Sexual Abuse and Harassment and proof of training was provided.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Policy F3400 and SOP 4600 were reviewed. Interview confirmed the findings.

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

Standard 115.73 Reporting to inmates

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

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

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

Policy 3400, Form OPA I30, Form OPA-I30A, Coordinated Response Overview and sample forms were reviewed. Investigation files were reviewed. Interviews confirm findings.

The agency utilizes Form OPA-I30 to document notification to the victim of the outcome of the investigation, and Form OPA-I30A is used to document the status of the alleged offender. The facility is notifying inmates of the outcome of investigations through a standard letter. This was found in the two closed files that were reviewed.

Standard 115.76 Disciplinary sanctions for staff

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

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

Policy F.3400, Policy A.0200, New Employee Orientation, Investigation File, and NCDPS internal webpage were reviewed. Interviews confirmed findings.

The agency policy provides for disciplinary action towards staff who violate the zero-tolerance policy, up to and including termination. All disciplinary actions are reviewed individually based on the nature and circumstances of the allegation. Comparable offenses by other staff are also considered in a final determination of disciplinary action. All staff terminations are required to be reported to the state licensing body. There were no instances where a staff violated agency sexual abuse or sexual harassment policies.

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.

Policy 3400, Policy F.0604, and Form OPA-T10 were reviewed. Interviews confirmed findings.

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

Standard 115.78 Disciplinary sanctions for inmates

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

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

Policy F3400, Policy B0200 and the Inmate Rule and Policies Booklet were reviewed. Staff interviews confirmed findings.

The agency policy dictates disciplinary actions for inmates who violate the zero-tolerance policy. The Inmate Rule and Policies Booklet clearly outline the disciplinary action as a result of sexual abuse and sexual harassment (Class A Offenses). Services for abusers is available and include counseling and possible transfer for additional interventions. Inmates are not disciplined for behaviors in which staff consent. There is no disciplinary action for inmates who make a report in good faith. There were 2 anonymous inmate-on-inmate sexual abuse allegations made, but the investigations are still open. The agency does prohibit all sexual activity between inmates.

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

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

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

Policy F3400, Policy CP-18, Diagnostic Manual 305, Memos dated 10/09/13 and 11/14/12, Clinical Practice Guidelines, North Carolina Authorization for Release of Information, Mental Health Screening Referral system, and Learning Management System (LMS) were reviewed. Interviews confirmed findings.

The agency policy requires immediate referral to medical and mental health services after information of prior sexual victimization or sexual aggressive behaviors is discovered during the screening process. Services are provided within 14 days by facility medical and mental health staff. As mental health staff are not located on site, the mental health staff would response to a referral. Interviews confirmed informed consent is obtained before information is shared regarding a victimization that may have occurred prior to incarceration.

Standard 115.82 Access to emergency medical and mental health services

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

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

Policy CP-18, North Carolina Authorization for Release of Information, Mental Health Screening Referral system, and the Coordinated Response Overview were reviewed. Interviews confirm findings.

The agency requires that all inmates who report sexual abuse shall be immediately taken for medical services. Mental Health professionals are notified by the medical staff. Mental Health staff confirm notification and his response to the facility. Additional counseling services are available as identified and as requested by the victim through the PSP (PREA Support Person) and UCARE. Provisions for STD testing and treatment are provided at the facility level based on physician orders and/or victim request. All treatment related to sexual abuse is offered without financial cost to the victim regardless if they name the perpetrator or not. All medical services provided follow the physician authorized nursing protocols.

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.

Policy F3400, Policy CP-18, Policy CC-8, and the Coordinated Response Overview were reviewed. Interviews confirm findings.

The agency provides on-going medical and mental health services for victims of sexual abuse, whether the incident occurred within an institution or in the community. All care is provided at the facility and is consistent with the community level of care. Follow-up care is provided in one week and as directed by the physician or by inmate request. STD testing and treatment is offered. Medical staff would also notify the Outreach Nurse. Again, all services are provided to the victim without financial compensation. The agency also offers evaluations to sexual aggressive inmates when information is present and a referral would be made to mental health.

Standard 115.86 Sexual abuse incident reviews

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

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

Policy F3400, Form OPA-I10, Coordinated Response Overview, and five investigation files were reviewed. Interviews confirmed findings.

The agency requires a Post Incident Review (PIR) at the conclusion of any investigations of sexual abuse determined to be substantiated or PREA Audit Report

unsubstantiated. Form OPA-I10 is completed. This is a standardized form that contains all elements of the standard. Participants include PREA Compliance Manager and SART members, who are comprised of upper level management and input from other staffing positions, including medical staff. There were no allegations of sexual abuse in which the investigation was completed or had a finding other than unfounded.

Standard 115.87 Data collection

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

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

Policy F3400, Incident Reporting – OPUS (Offender Population Unified System), and PREA Incident Reports were reviewed. Interviews confirmed findings.

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

Standard 115.88 Data review for corrective action

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

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

Policy F3400, Form OPA-I10, 2015 Sexual Abuse Annual Report, and Coordinated Response Overview were reviewed. Interviews confirmed findings.

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

Standard 115.89 Data storage, publication, and destruction

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy F3400 and the 2015 Sexual Abuse Annual Report were reviewed. Interviews confirmed findings.

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

AUDITOR CERTIFICATION

I certify that:

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

Bobbi Pohlman-Rodgers

October 19, 2016

Auditor Signature

Date