

PREA Facility Audit Report: Final

Name of Facility: The Center for Women

Facility Type: Community Confinement

Date Interim Report Submitted: 05/24/2025

Date Final Report Submitted: 07/21/2025

Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Karen d. Murray

Date of Signature: 07/21/2025

AUDITOR INFORMATION

Auditor name: Murray, Karen

Email: kdmconsults1@gmail.com

Start Date of On-Site Audit: 04/11/2025

End Date of On-Site Audit: 07/11/2025

FACILITY INFORMATION

Facility name: The Center for Women

Facility physical address: 5825 Old Concord Road, Charlotte, North Carolina - 28213

Facility mailing address: PO Box 560306, Charlotte, North Carolina - 28256

Primary Contact

Name:	Patrice Funderburg
Email Address:	pfunderburg@centerforcommunitytransitions.org
Telephone Number:	7044940001

Facility Director	
Name:	Patrice Funderburg
Email Address:	pfunderburg@centerforcommunitytransitions.org
Telephone Number:	7044940001

Facility PREA Compliance Manager	
Name:	LaCresa Morgan
Email Address:	lmorgan@centerforcommunitytransitions.org
Telephone Number:	(704) 494-0001
Name:	Michelle Jinks
Email Address:	mjinks@centerforcommunitytransitions.org
Telephone Number:	(704) 494-0001

Facility Characteristics	
Designed facility capacity:	30
Current population of facility:	28
Average daily population for the past 12 months:	26
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls
In the past 12 months, which population(s)	

<p>has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)</p>	
Age range of population:	27-65
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with residents:	21
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	12

AGENCY INFORMATION	
Name of agency:	The Center for Community Transitions, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	5825 Old Concord Road, Charlotte, North Carolina - 28213
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	

Telephone Number:	
-------------------	--

Agency-Wide PREA Coordinator Information			
Name:	Patrice Funderburg	Email Address:	pfunderburg@centerforcommunitytransitions.org

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none">115.283 - Ongoing medical and mental health care for sexual abuse victims and abusers
Number of standards met:	
40	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-04-11
2. End date of the onsite portion of the audit:	2025-07-11

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Safe Alliance - sexual abuse advocate Waste, Fraud and Abuse - Third party reporting NCDAC Hotline

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	20
15. Average daily population for the past 12 months:	20
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	20
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	5

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	21
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	12

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input type="checkbox"/> Age </div> <div> <input type="checkbox"/> Race </div> <div> <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided a roster of targeted offenders and offenders by room number. Once five of the six targeted offenders were selected by the auditor, five offenders were selected by room number.

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="checked" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>After review of the facility rosters and specialized interviews this category of offender did not appear to be at the facility during the onsite review.</p>
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>After review of the facility rosters and specialized interviews this category of offender did not appear to be at the facility during the onsite review.</p>
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>

<p>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>After review of the facility rosters and specialized interviews this category of offender did not appear to be at the facility during the onsite review.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>After review of the facility rosters and specialized interviews this category of offender did not appear to be at the facility during the onsite review.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	After review of the facility rosters and specialized interviews this category of offender did not appear to be at the facility during the onsite review.
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>After review of the facility rosters and specialized interviews this category of offender did not appear to be at the facility during the onsite review.</p>
48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	<p>2</p>
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	<p>0</p>
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The facility does not have segregated housing.</p>

50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	3
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </div>
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input type="radio"/> Yes <input checked="" type="radio"/> No </div>

<p>53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Every random staff member was interviewed. Only one staff per shift and all three staff members from each shift were interviewed.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>14</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☐ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

68. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

72. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

73. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

74. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

75. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

76. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

77. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

78. Explain why you were unable to review any sexual abuse investigation files:

The facility has not received a sexual abuse allegation in the past 12 months.

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	The facility has not received a sexual harassment investigation in the past 12 months.
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>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.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> The Center for Community Transitions PAQ Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 The Center for Community Transitions Organizational Chart, not dated <p>Interviews:</p> <ol style="list-style-type: none"> Random Residents Targeted Residents Program Assistants

4. PREA Coordinator / Program Director

5. Executive Director / Head of Agency

Through interviews with residents and staff and review of resident and personnel files, review of facility and agency procedures and a facility tour, it is evident that this facility interweaves requirements of PREA in their daily protocols. Both residents and staff could speak about PREA practices and protocols being used as is described in the agency's PREA Policy.

Site Observation:

During the tour, interviews were conducted with residents and personnel. Formal interviews with residents demonstrated they were aware of reporting information posted throughout both buildings and had staff at the facility they trusted in if they needed to report. The facility is well maintained, current, with large windows for line of sight, large open common spaces with no obvious blind spots and staff were observed to be interacting with residents during the tour.

During the tour of the facility, the Auditor witnessed standardized PREA postings with internal and external reporting information in both the residential and administrative buildings.

- Orange Audit Notices
- Help Stop Violence flyers with internal and external reporting information

(a) The Center for Community Transitions PAQ states the agency Safe Prisons/ PREA Plan mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 1 section Policy, states, "The Center for Community Transitions has a zero-tolerance policy for any sexual contact or sexual harassment, whether consensual or non-consensual, between residents and between residents and staff members. Any behavior of a sexual nature whether verbal, nonverbal, or physical is strictly prohibited at The Center for Community Transitions.

Prohibited sexual behavior includes sexual assault, sexual misconduct, staff sexual conduct in a correctional institution, and sexual harassment. Every report or observation of prohibited sexual behavior between residents or between residents

	<p>and staff shall follow this policy for the prevention of, response to, training and education of, risk screening for, reporting of, response to, investigation of, for, medical and mental health care following, and data collection of incidents of prohibited sexual behavior.”</p> <p>(b) The Center for Community Transitions PAQ states the agency employs or designates an upper-level, agency-wide PREA Coordinator. The position of the PREA Coordinator in the agency’s organizational structure as the Program Director who reports directly to the Executive Director.</p> <p>Through such reviews of the facility, the facility meets the standard requirements.</p>
--	--

115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <p>1. The Center for Community Transitions PAQ</p> <p>Interviews:</p> <p>1. PREA Coordinator / Program Director</p> <p>The interview with the PREA Coordinator demonstrated the agency does not contract for confinement services.</p> <p>(a-b) The Center for Community Transitions PAQ states the agency does not contract for confinement services of their residents.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>

Auditor Discussion

Document Review:

1. The Center for Community Transitions PAQ
2. The Center for Community Transitions – Staffing Analysis, dated 3.6.2025

Interviews:

1. Program Assistants
2. Executive Director / Head of Agency

The interview with Program Assistants demonstrated they do constant surveillance, regular checks and communicate with residents and oncoming staff as preventative measures throughout each shift. The Program Assistant stated the North Carolina Department of Correction calls once per shift for the facility count information.

The interview with the Executive Director demonstrated there is a budget appropriation of the Department of Adult Correction as well following the General Assembly. Cameras have recently been upgraded from 14 to 24 both inside and outside of the buildings and she works with the PREA Office to establish a staffing plan and will continue this practice in the coming years as this is the first year of PREA compliance for the facility.

Site Observation:

During the tour of the residential building a Resident Tracking Board was observed demonstrating each resident's name was on the board and 'Blue' indicates which resident is off site.

(a) The Center for Community Transitions PAQ states the agency requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents is 27. The average daily number of residents on which the staffing plan was predicted is 30.

The facility provided a Center for Community Transitions – Staffing Analysis for 2025. The staffing analysis documents the following information.

- NCDAC PREA Report
- Agency Information
 - o Mission
 - o Vision
 - o Core Values – PRIDE
- General Information
 - o Offender Population and Special Vulnerabilities
 - o Facility Program and Services
 - o Operational Areas
 - o History of Potentially Violent Infractions
- PREA
 - o Prevalence of Substantiated and Unsubstantiated Incidents of Sexual Abuse and Harassment
 - o Previous Audit Findings
- Conclusion

The staffing plan is signed and dated by the PREA Coordinator and the Executive Director on 3.27.2025

(b) The Center for Community Transitions PAQ states the facility does not deviate from the staffing plan.

(c) The Center for Community Transitions PAQ states at least once every year the facility/agency, in collaboration with the PREA coordinator, reviews the staffing plan to whether adjustments are needed in (a) the staffing, (b) the deployment of monitoring technology, or (c) the allocation of agency/facility resources to commit to the staffing plan to ensure compliance with the staffing plan. This is the provision is not applicable as this is the first year the facility is being audited.

Through such reviews, the facility meets the standard requirements.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none">1. The Center for Community Transitions PAQ2. Center for Community Transitions Standard Operating Procedures, Section Operational Searches, dated 7.7.20243. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 <p>Interviews:</p> <ol style="list-style-type: none">1. Random Residents2. Targeted Residents3. Program Assistants <p>Interviews with five random and five targeted residents to include one transgender two bisexual and two vulnerable residents demonstrated male staff do not work at the facility and most have only received a pat search when coming into the facility. All 10 residents interviewed stated the search and urinalysis testing was conducted respectfully by staff and each felt safe in the program.</p> <p>Interviews with Program Assistants demonstrated each have been trained on pat and strip searches; however, strip searches are not conducted at the facility absent exigent circumstances.</p> <p>Site Review Observation:</p> <p>During the tour dorm rooms with two beds each and bathrooms were observed to have a full door with no window in doors. Bathrooms have four individual showers all equipped with curtains and toilets each had a door allowing for resident privacy.</p> <p>(a) The Center for Community Transitions PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. In the past 12 months, there were zero cross-gender strip or cross-gender visual body cavity searches of residents.</p>

(b) The Center for Community Transitions PAQ states the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The number of pat-down searches of female residents that were conducted by male staff is zero. The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s) was zero.

(c) The Center for Community Transitions PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 6, section v., states, "CCT staff will never conduct strip or body cavity searches under any circumstances."

(d) The Center for Community Transitions PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 6, section iii., states, "CCT staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner."

(e) The Center for Community Transitions PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Such searches have not occurred in the past 12 months.

	<p>(f) The Center for Community Transitions PAQ states 100% of security staff at each facility receive training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner consistent with security needs.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
--	--

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none">1. The Center for Community Transitions PAQ2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 <p>Interviews:</p> <ol style="list-style-type: none">1. Case Manager <p>After review of the facility roster, interviews with staff and residents this category of resident did not appear to be at the facility during the onsite review.</p> <p>The interview with the Case Manager demonstrated she reviews and reads the No Means No brochure information to include resident rights, internal and external reporting options and the agency zero tolerance policy in a group presentation, depending on how many residents enter the program at once. After education is delivered, she meets with each resident one on one and assess their understanding of material presented to them and if cognitive issues are observed she communicates those issues with the Program Director and the Mental Health contractor.</p> <p>(a) The Center for Community Transitions PAQ states the agency has established procedures to provide disabled residents equal opportunities to be provided with and learn about the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment.</p>

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 6-7, section c. i., states, "Residents with Disabilities and Residents who are Limited English Proficiency are not eligible for the Program at CCT however the following provisions will be taken in the event a resident is transferred in error until a return transfer to NCDAC is arranged.

i. Staff shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, staff shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A facility is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act.

ii. ii. Staff shall take reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary within one (1) business day of arrival to the program.

iii. Staff shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations."

(b) The Center for Community Transitions PAQ states the agency has established procedures to provide residents with limited English equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy compliance can be found in provision (a) of this standard.

	<p>(c) The Center for Community Transitions PAQ states the agency prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.64, or the investigation of the resident's allegations. In the last 12 months the facility has had zero instances where residents were used as interpreters. Policy compliance can be found in provision (a) of this standard.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
--	---

115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 3. Center for Community Transitions Criminal Background Authorization Form, not dated 4. CCT Employee/contractor Acknowledgement, dated 4.25.2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Executive Director <p>The interview with the Program Director demonstrated all applicants complete administrative adjudication questions and criminal history background checks upon hire, promotion and or contracts for services and every five years thereafter. Institutional reference checks are completed for each applicable applicant and institutional reference check information is provided to PREA compliant facilities upon request. The Executive Director stated she maintains a spreadsheet to ensure criminal background checks are completed every five years and personnel, volunteers and contractors have immediate affirmative duty to report events of sexual harassment and sexual assault.</p> <p>Site Observation:</p>

By utilizing the PREA Audit Community Confinement Facilities - Documentation Review Employee File/Records template, 7 of 7 employees, one contractor and two volunteer files reviewed had background checks upon hire and within every five years, thereafter. The facility was able to demonstrate administrative adjudication questions were asked during the hiring and promotion processes and institutional references were requested and completed for applicable applicants.

(a) The Center for Community Transitions PAQ states the agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 5, section C. 1. i-iv., states, "DAC shall not hire or promote anyone who may have contact with person in confinement residents, or safekeepers, and shall not enlist the services of any contractor who may have contact with person in confinement residents, or safekeepers, who:

- i. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, , or other institution (as defined in 42 U.S.C. 1997);
- ii. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
- iii. Has a substantiated finding of abuse, neglect, or other rights infringement on any applicable NC registry, criminal justice standards commission, or other licensing authorities or bodies; or
- iv. "Has been civilly or administratively adjudicated to have engaged in the activities described in this section."

The facility provided a Center for Community Transitions Criminal Background Authorization form demonstrating a system exists to conduct criminal background checks.

The facility provided a CCT Employee / Contractor Acknowledgement for the one agency contractor which was completed on 4.25.2025.

(b) The Center for Community Transitions PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any contractor, who may have contact with residents.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 24, section M. Hiring and Promotions, a. Hiring, Promotion, Employment, and Contractor Service Decisions, states, "CCT shall not hire or promote anyone who may have contact with person in confinement residents, or safekeepers, and shall not enlist the services of any contractor who may have contact with person in confinement residents, or safekeepers, who:

A) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997);

B) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;

C) Has a substantiated finding of abuse, neglect, or other rights infringement on any applicable NC registry, criminal justice standards commission, or other licensing authorities or bodies; or

D) Has been civilly or administratively adjudicated to have engaged in the activities described in this section.

b. In the event an employee is alleged to have engaged in any of the any sexual harassment activities or abuse, they will be removed from duty.

c. CCT shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or custodial agents, who may have contact with residents."

(c) The Center for Community Transitions PAQ states agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months, the number of people hired who may have contact with residents who have had criminal background checks was one.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 25, section M. Hiring and Promotions d. states, "Before hiring new employees who may have contact with residents, CCT shall:

A) Perform a criminal and administrative background records check, to include any applicable North Carolina registry, criminal justice standards commission, or other licensing authorities or bodies; and

B) Consistent with Federal, State, and local law, make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

C) CCT shall perform a criminal background records check before enlisting the services of any contractor who may have contact with residents.

D) For current employees and contractors who may have contact with residents, CCT shall conduct criminal background records checks at least once every five years."

(d) The Center for Community Transitions PAQ states the agency policy requires that criminal background records be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months there were zero contracts for services where criminal background record checks were conducted on all contractors covered in the contract who might have contact with residents. Policy compliance can be found in provision (c) of this standard.

(e) The Center for Community Transitions PAQ states the agency requires background checks to be completed every five years.

(g) The Center for Community Transitions PAQ states that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 25, section M. Hiring and Promotions h. states, "All employees shall have a continuing affirmative duty to disclose sexual misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

	Through such reviews, the facility meets the standard requirements.
--	---

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>1. The Center for Community Transitions PAQ</p> <p>Interviews:</p> <p>1. Executive Director / Head of Agency</p> <p>Interviews with the Executive Director demonstrated the agency has not acquired a new facility or modifications have been made to the existing facility since the last PREA audit. However, the Executive Director spoke to additional cameras being added from 14 to 24 cameras to include perimeter cameras being able to view residents while they walk to and from the bus stop.</p> <p>Site Observation:</p> <p>During the tour cameras were reviewed in the Program Assistant work area. Cameras in the washroom, living room, hallways and perimeter appeared to be clear and all in working order.</p> <p>(a) The Center for Community Transitions PAQ states the facility has not made substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>(a) The Center for Community Transitions PAQ states the facility has installed electronic surveillance system since the last PREA audit.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.221	Evidence protocol and forensic medical examinations
----------------	--

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none">1. The Center for Community Transitions PAQ2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.20243. Center for Community Transitions Advocacy Memorandum Attempt, dated 3.11.20254. Charlotte-Mecklenburg Police Department Memorandum, not dated <p>Interviews:</p> <ol style="list-style-type: none">1. PREA Coordinator / Program Director2. Atrium Health Website Review <p>The interview with the PREA Coordinator demonstrated residents would be taken to Atrium Health University nearest to the facility which is the university location.</p> <p>Atrium Health Website Review</p> <p>SANE exams depend on the needs of the patient. A SANE exam starts with speaking to the patient about what happened, which then determines the rest of the exam. The website states the exam may include medical care, pictures of injuries, collecting evidence and after care. The website states services provided include: If you have been assaulted, visit an Atrium Health Emergency Department and ask to see a Sexual Assault Nurse Examiner.</p> <p>(a) The Center for Community Transitions PAQ states the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility is the Charlotte-Mecklenburg Police Department.</p> <p>(b) The Center for Community Transitions PAQ states the protocol is not</p>

developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

(c) The Center for Community Transitions PAQ states the facility does not offer residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. The number of forensic exams conducted during the past 12 months is zero.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 15-16, section iii A), states, "

(d) The Center for Community Transitions PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff or community member.

The facility provided a memorandum addressed to the DOJ PREA Auditor from the Executive Direction stating the following.

"Please be advised of our ongoing efforts to comply with PREA Standard 115.221(d) by securing a letter of agreement with Safe Alliance to provide victim advocacy services for individuals in our Center for Women community corrections facility.

As required under this standard, we have made multiple attempts to establish a formal agreement with Safe Alliance. Our outreach efforts include the following:

- February 24, 2025: Initial contact was made via email to Safe Alliance CEO
- March 4, 2025: A follow-up communication was sent to a general inquiry email address posted on the Safe Alliance website. On the same day, a response was received by Safe Alliance Director of Corporate and Community Engagement, noting my email was shared with the Chief Program Officer and Director of Sexual Trauma Resource Center

	<p>· March 10, 2025: A third attempt was made via email to the Director of Corporate and Community Engagement, as email addresses were not made available for the Chief Program Officer or Director of Sexual Trauma Resource Center</p> <p>Despite these efforts, we have yet to receive confirmation from Safe Alliance regarding their commitment to a formal agreement. We will continue our efforts to ensure compliance with PREA standards and to secure appropriate victim services for individuals in our care. Please advise on any further steps or documentation that may be required for our audit process.”</p> <p>(e) The Center for Community Transitions PAQ states qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals.</p> <p>(f, g, h) The Center for Community Transitions PAQ states the agency is responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency requested that the responsible agency follows the requirements of paragraphs §115.21 (a) through (e) of the standards.</p> <p>The facility provided a Charlotte-Mecklenburg Police Department Memorandum stating, “The purpose of this memo is to note that the Charlotte-Mecklenburg Police Department (CMPD), as the investigation agency, complies with the Prison Rape Elimination Act.” The memorandum is signed by the Lieutenant of Special Victims Division.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
--	---

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>1. The Center for Community Transitions PAQ</p>

2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024

Interviews:

1. Program Assistants
2. Captain / Investigator

Interviews with all staff demonstrated each would contact their immediate supervisor with any information regarding sexual harassment and sexual abuse regardless to how the allegation was received.

Interviews with the Anson Correction Institution Captain demonstrated all allegations of sexual harassment and sexual abuse are investigated incidents meeting the definition of sexual abuse will be reported to law enforcement.

On Site Review:

The facility has not had a sexual harassment or sexual abuse allegation in the past 12 months.

(a) The Center for Community Transitions PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had zero allegations of sexual abuse and sexual harassment.

(b) The Center for Community Transitions PAQ states the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website at via the organizations website at <https://centerforcommunitytransitions.org/programs/center-for-women/>

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 15, section G. ii., states, "For criminal investigations, the Executive Director shall refer to the local law enforcement agency and notify the

	<p>referring agency.</p> <p>· The Executive Director shall also notify the NCDAC Central Region Office and the NCDAC PREA Office.”</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none">1. The Center for Community Transitions PAQ2. PREA PowerPoint Presentation: Sexual Abuse and Sexual Harassment, dated 7.1.20243. The Center for Community Transitions Training Course Record, not dated4. Post Audit: Center for Community Transitions PREA Policy Acknowledgement <p>Interviews:</p> <ol style="list-style-type: none">1. Program Assistants <p>Interviews with staff demonstrated each were aware of and received initial and annual PREA training either in person or through weekend Zoom calls. Program Assistants stated education was provided before they had access to residents.</p> <p>Site Observation:</p> <p>Utilization of the PREA Audit Community Confinement Documentation Review Employee File / Records Review template demonstrated 7 of 7 employee training files reviewed had annual and refresher training completed upon hire and every year thereafter for applicable staff members.</p> <p>Due to multiple policy revisions through the process of the pre and post audit phases 10 facility personnel completed education on the final revision of the agency PREA policy.</p>

(a) The Center for Community Transitions PAQ states the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.

The facility provided a PREA PowerPoint presentation with the following learning objectives.

- Identify the "Prison Rape Elimination Act" (PREA) of 2003"
- Define Sexual Abuse and Sexual Harassment
- Define resident's right to be free from sexual abuse and sexual harassment, and from retaliation for reporting
- Identify relevant laws
- Define employee responsibilities when responding to sexual abuse and sexual harassment.
- Define unique attributes of working with females in confinement and supervision.
- Define the vulnerabilities of persons in confinement and other supervision.
- Identify the dynamics of sexual abuse and sexual harassment in confinement and under supervision.
- Identify how to detect signs of threatened and actual sexual abuse in confinement and under supervision.
- Identify the common reactions to sexual abuse and sexual harassment.
- Identify methods of avoiding inappropriate relationships with residents
- Identify techniques for communicating effectively and professionally with all residents

(b) The Center for Community Transitions PAQ states training is tailored to the gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

(c) The Center for Community Transitions PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with

	<p>which employees who may have contact with residents receive refresher training on PREA requirements annually.</p> <p>(d) The Center for Community Transitions PAQ states the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>The facility provided a Center for Community Transitions Training Course Record demonstrating the following is documented for verification of training.</p> <ul style="list-style-type: none"> · Course title / Session Locator / Training Hours/Credits · Division / Section / Training Location Location # · Instructor Name / Personnel / Beacon # · Employee Printed Name / Employee Signature / Work Location / Personnel/ Beacon # <p>Through such reviews, the facility meets standard requirements.</p>
--	--

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. PREA PowerPoint Presentation: Sexual Abuse and Sexual Harassment, dated 7.1.2024 3. The Center for Community Transitions PREA Acknowledgement Form, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Contractor – Behavioral Health Director 2. Volunteer – Shopping, Transition <p>The interview with the volunteer and the Behavioral Health Director demonstrated</p>

each had completed education on the agency zero tolerance policy before having access to residents with the Executive Director. Both the volunteer and the contract personnel are aware of reporting requirements and would speak with the Program Director or the Executive Director.

Site Observation:

Utilization of the PREA Audit Community Confinement Documentation Review Employee File / Records Review template demonstrated the volunteer and contractor had received education on the agency zero tolerance policy in 2025.

(a) The Center for Community Transitions PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who may have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is 15.

The facility provided a PREA PowerPoint presentation with the following learning objectives.

- Identify the "Prison Rape Elimination Act" (PREA) of 2003"
- Define Sexual Abuse and Sexual Harassment
- Define resident's right to be free from sexual abuse and sexual harassment; and from retaliation for reporting
- Identify relevant laws
- Define employee responsibilities when responding to sexual abuse and sexual harassment.
- Define unique attributes of working with females in confinement and supervision.
- Define the vulnerabilities of persons in confinement and other supervision.
- Identify the dynamics of sexual abuse and sexual harassment in confinement and under supervision.
- Identify how to detect signs of threatened and actual sexual abuse in confinement and under supervision.
- Identify the common reactions to sexual abuse and sexual harassment.

	<ul style="list-style-type: none"> · Identify methods of avoiding inappropriate relationships with residents · Identify techniques for communicating effectively and professionally with all residents <p>(b) The Center for Community Transitions PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>(c) The Center for Community Transitions PAQ states the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.</p> <p>The facility provided a The Center for Community Transitions PREA Acknowledgement form providing agency policy, standard 115.6 and NC General Statute information. Contractors and volunteers attest by way of signature to the following. "I acknowledge understanding of the Prison Rape Elimination Act of 2003, NC General Statute Chapter 14-27.31, and CCT's zero tolerance policy for sexual abuse and sexual harassment. I also acknowledge that I must report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately."</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	--

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 3. Reporting - Help Stop Sexual Violence Flyer, not dated

4. The Center for Community Transitions PREA Person in Confinement or Under Supervision Education Acknowledgement, dated 4.14.2025

Interviews:

1. Random Residents
2. Targeted Residents
3. Case Manager

Interviews with the five random, one transgender, two bisexual and three vulnerable residents demonstrated each were provided with PREA education within one to three days of intake and had an awareness of the facility zero tolerance policy, their rights and being able to report sexual harassment and sexual abuse directly to staff, calling the hotline number posted in both buildings of the facility, reporting to a trusted adult in the community, having the option of being anonymous or filing a grievance.

The interview with the Case Manager demonstrated she reviews and reads the No Means No brochure information to include resident rights, internal and external reporting options and the agency zero tolerance policy in a group presentation, depending on how many residents enter the program at once. After education is delivered, she meets with each resident one on one and assess their understanding of material presented to them and if cognitive issues are observed she communicates those issues with the Program Director and the Mental Health contractor.

Site Observation:

During the tour Reporting – Help Stop Sexual Violence flyers with facility zero tolerance policy information, resident rights and internal and external reporting information was observed to be posted in the residential building.

Utilizing the PREA Audit – Community Confinement Facilities Documentation Review – Resident Files/Records template demonstrated 10 of 10 residents interviewed had been admitted into the facility within the past 12 months and each of the resident files reviewed had evidence of PREA intake and comprehensive education within one week of entering the facility.

(a) The Center for Community Transitions PAQ states residents receive

information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The number of residents admitted during the past 12 months who were given this information at intake was 20.

(b) The Center for Community Transitions PAQ states the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from a different community confinement facility during the past 12 months was zero. During the past 12 months, the number of residents transferred from a different community confinement facility who received refresher information was zero.

(c) The Center for Community Transitions PAQ states Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled and those who have limited reading skills.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 8, section A) states, "During orientation all residents shall receive information explaining CCT's zero Tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse and sexual harassment."

(d) The Center for Community Transitions PAQ states the agency maintains documentation of resident participation in PREA education sessions.

The facility provided a Center for Community Transitions PREA Person in Confinement or Under Supervision Education Acknowledgement demonstrating residents attest by way of signature to the following. "I have received education on the Prison Rape Elimination Act, information on Rape Crisis Center services, and have been afforded an opportunity to ask questions related to the material presented. I understand that I am encouraged to report any threat or occurrence of undue familiarity or offender sexual abuse and sexual harassment to the Center of Community Transitions staff so that any potential victim may be protected and the abuser can be prosecuted to the fullest extent of the law. By my signature below, I acknowledge that I received and understand the information provided about "PREA: People in Confinement or Under Supervision,"

	<p>(e) The Center for Community Transitions PAQ states the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	--

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>1. The Center for Community Transitions PAQ</p> <p>Interviews:</p> <p>1. Anson Correctional Institution Captain / Investigator</p> <p>The interview with the Investigator demonstrated he had completed specialized training for investigators during in person classes and the North Carolina Department of Adult Correction training classes and learning management system.</p> <p>Site Observation:</p> <p>During the pre-audit phase certificates of completion were uploaded to the online audit system.</p> <p>(a) The Center for Community Transitions PAQ states the facility does not have PREA investigators.</p> <p>Through such reviews the facility meets standard requirements.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. The Center for Community Transitions PAQ
2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024
3. Post Audit: PREA for Health Services Certificate, dated 1.15.2025
4. Post Audit: Center for Community Transitions Training Course Record, dated 4.21.2025

Interviews:

1. Contract Mental Health Provider
2. Registered Nurse

The interview with the contract mental health provider demonstrated she had not completed specialized medical and mental health care training. The interview with the registered nurse demonstrated she has completed specialized training through the North Carolina Department of Adult Correction PREA for Health Services.

Site Observation:

The facility provided a training course record for the contract mental health provider.

(a) The Center for Community Transitions PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is one.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 8, section iv. A) states, "CCT and NCDAC will make sure to have full- and part-time medical and mental health care practitioners, volunteers and contractors who work regularly in its facilities trained in PREA standards and policies. Such specialized staff, volunteers and contractors will participate in the staff training as well as a specialized training designed specifically for medical and/or mental health practitioners who are credentialed and working clinically with residents within the residential facility. Such training will include:

	<p>a. How to detect and assess signs of sexual abuse and sexual harassment</p> <p>b. How to preserve physical evidence of sexual abuse</p> <p>c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and</p> <p>d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.”</p> <p>b) The Center for Community Transitions PAQ states the Agency medical staff at this facility do not conduct forensic medical exams.</p> <p>c) The Center for Community Transitions PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>During the onsite review and post audit the facility provided documentation demonstrating the medical and mental health practitioners have completed the required specialized training.</p> <p>Through such reviews the facility meets the standard requirements.</p>
--	--

115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 3. NCDAC OPA-S010 Screening for Risk, dated 12.18.2023 4. Post Audit: The Center for Community Transitions Memorandum, RE: 115.241 (c), dated 4.14.2025

Interviews:

1. Random Residents
2. Targeted Residents
3. Case Manager

Interviews with five random and five targeted residents demonstrated each remembered being asked risk screening questions by the Case Manager. Each resident interviewed stated mental health services were offered and all but two residents stated they accepted those services.

The interview with the Case Manager demonstrated that all residents are assessed within 72 hours of being admitted, are told they are in a safe space and explains why the facility is asking risk screening questions. The Case Manager states she conducts risk screenings one on one with residents in the privacy of her office. The Case Manager reported during a 2024 internal facility audit it was brought to her attention that risk assessments were not completed within the retired time frames.

Site Observation:

Utilization of the PREA Community Confinement Documentation Review Resident File / Records Review template, eight of 10 residents interviewed have been in the program under 12 months. Four of eight residents had a completed risk assessment within 72 hours of intake and three of eight residents had a completed risk assessment within 30 days of intake and one resident has not been in the facility for 30 days. Due to the facility having only one to three discharges and intakes per year a corrective action plan was not put into place; however, a memorandum with an ongoing action plan from Administration was requested.

Post audit the facility provided a memorandum from the Program Director / PREA Coordinator addressed to the DOJ Auditor stating, "Please be advised that during preparation of the PREA audit, it was found that risk assessments of residents transferred to CCT were not conducted within the 72 hour and 30-day time frame per standard and CCT policy. Upon this discovery the following actions were taken.

- On Mar 21, 2025, an email was sent to the CCT Case Manager detailing the policy and the discrepancies discovered. Directive was given from the Program Director to complete the risk assessments of the 3 newly transferred residents within the specified timelines.
- On Mar 21, 2025, an email was also sent to the CCT Executive Director indicating the discrepancies and the directives given for corrective action.

The assessments have been completed timely for the residents transferred to CCT on 3/19/25. CCT will receive a new resident transfer on 7/1/25 at which time the corrective action will continue to be in place.”

(a) The Center for Community Transitions PAQ states the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 9, section (D)(a) “Screening for Risk of Sexual Victimization and Abusiveness i. CCT will complete an initial assessment interview within 72 hours and then again in 30 days to review if a resident is at risk or there is a history of sexual victimization or sexually aggressive behavior to assist in housing, work and program assignments. (CCT does not house high-risk abusers)

A. The residents risk level shall be reassessed in the following conditions: by referral, by request, an incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

B. Every resident will be reassessed annually.

C. This will be done in order to comply with Federal PREA standards and to identify known and/or potential sexual aggressors and victims.

D. Residents will not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked about being a known and/or potential sexual aggressor or victim.

(b) The Center for Community Transitions PAQ states the agency policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 20.

(c-e) The Center for Community Transitions PAQ states the risk assessment is conducted using an objective screening instrument.

The facility provided an NCDAC-S010 Screening for Risk. The screening includes the following components:

A. Ask the Person in Confinement

1. (§115.41(d)1-3 and 115.241(d)1-3 (fig.1, q.1-3, 10)

i. General information such as gender, body build, race, age, date of birth, and height

ii. Health class information to include physical capability and mental health

iii. Education level to include: Highest grade completed (if Person in Confinement is a HS graduate or has a GED? Years of college- if applicable

iv. If the Offender has any ADA status requirements?

v. Status as Developmental Disability?

2. (§115.41(d)4-6 and 115.241(d)4-6 (fig.1, q.4-6)

i. Previous incarceration

ii. Criminal History (Fig 2)

iii. Prior convictions for sex offenses against an adult or child

Note: This information reassesses in the event new charges have been added.

3. (§115.41(d)7-9 and 115.241(d)7-9 (fig.1, q.7,11-13)

i. If the Offender is gay, lesbian, bisexual, transgender, intersex, or gender non-conforming

ii. If the Offender has experienced prior sexual victimization

iii. Offender's/resident's own perception of vulnerability (115.81(a-c)), they will be afforded an opportunity for a follow-up meeting with mental health. (fig.1, q.13)

B. Observe the Offender

1. (§115.41(d)7 and 115.241(d)7 (fig.1, q.14)

Does the screener perceive the Offender to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming?

C. Alerts and Referrals

	<p>1. An automatic referral is made to mental health when there is a “Yes” response to any question 1-6.”</p> <p>(e) The Center for Community Transitions PAQ states the agency policy requires that the facility reassesses each resident’s risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident’s arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional relevant information received since intake was 20. The PAQ, “At the bottom of the form is where the 30-day reassessment findings are recorded.” Policy compliance can be found in provision (a) of this standard.</p> <p>(f) The Center for Community Transitions PAQ states the agency policy requires that a resident’s risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness. Policy compliance can be found in provision (a) of this standard.</p> <p>(g) The Center for Community Transitions PAQ states the agency policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the residents own perception of vulnerability.</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>1. The Center for Community Transitions PAQ</p>

2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024

Interviews:

1. Targeted Residents
2. Case Manager

Interviews with one transgender, two bisexual and three vulnerable residents, stated they were well respected in the facility by both staff and residents and were very happy with their room assignments.

The interview with the Case Manager demonstrated resident room assignments are assigned based on the outcome of their risk assessment and the 'best fit' with like residents and vulnerable residents are placed closer to the Program Assistant work area. The Case Manager stated if there is a single room available, a vulnerable or aggressive resident would be placed alone; however, the facility is currently full.

(a) The Center for Community Transitions PAQ states the agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 19, section (A) states, "The information from the screening for risk of victimization and abusiveness shall be used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive."

(b) The Center for Community Transitions PAQ states the agency/facility makes individualized determinations about how to ensure the safety of each resident. Policy compliance can be found in §115.41 (a).

(c) The Center for Community Transitions PAQ states the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

	<p>Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 5, section iv., states, “CCT will make individualized determinations about whether the placement of a transgender resident is appropriate.</p> <p>A. Transgender and intersex residents may have special housing needs, where facility capacity can/cannot accommodate them. Housing may be determined using the following criteria:</p> <p>a. Seriously consider the residents own ideas and concerns regarding housing placement.</p> <p>b. Review facility capacity and accommodations with consideration of safety and security concerns.</p> <p>c. Work with residents to make the most appropriate placement to enhance their safety and security.”</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 3. Reporting – Stop Sexual Violence Flyer <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Residents 2. Targeted Residents <p>Interviews with 10 residents demonstrated each would report through the hotline number posted in the facility, directly to staff, a family or friend or through the grievance procedure.</p>

Site Observations:

During the tour, Report – Stop Sexual Abuse flyers were observed to be posted in the residential building. Flyer information included information on the facility zero tolerance policy, rights and internal and external reporting information. Pay phones were observed to be available; however, the facility is having the current phones replaced in order to program those phones with the external reporting hotline and advocate phone numbers.

(a) The Center for Community Transitions PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, section N. Reporting of Sexual Abuse and Sexual Harassment, 1. Resident Reporting a. 1-4 state,

1) “Multiple internal ways shall be provided for residents to privately report sexual abuse and/or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and/or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

2) At least one way shall be provided for residents to report sexual abuse and/or sexual harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and/or sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

3) Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

4) Ways of reporting incidents of sexual abuse and sexual harassment:

- To any Alcoholism and Chemical Dependency Program or Department of Adult Correction employee.
- Administrative remedy process.
- PREA/Grievance locked box where applicable.

b. Third Party Reporting: can be made via email, phone, or letter.”

(b) The Center for Community Transitions PAQ states the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 25, section (f) Reporting states, "Toll free telephone number for reporting directly to an external agency or entity, incidents of sexual abuse and sexual harassment."

The facility provided an End the Silence brochure providing family members, friends, legal counsel, or anyone else outside the facility with a 1.844.208.4018 reporting phone number.

(c) The Center for Community Transitions PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 16, section (H)(a) "Staff Reporting Duties

i. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone, other than to the extent necessary to make treatment, investigation, and other security and management decisions.

ii. If staff receives any information, regardless of its source, concerning any suspected prohibited sexual behavior, observes an incident of prohibited sexual behavior, or has suspicion or knowledge of retaliation against residents or staff for reporting an incident, staff is required to immediately report the incident to the Program Director."

(d) The Center for Community Transitions PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Policy compliance can be found in provision (c) of this standard.

On 3.1.2025 at 10:21 am MST this writer left a message on the voice mail of 919.825.2754 requesting a call back with an explanation of how the agency

	<p>manages calls from staff or offenders when received. The following Monday a call back was received stating all messages are forwarded to the NCDAC PREA Director.</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none">1. The Center for Community Transitions PAQ2. Center for Community Transitions Standard Operating Procedure, Section: Administrative Remedy, dated 7.7.2024 <p>Interviews:</p> <ol style="list-style-type: none">1. Random Residents2. Targeted Residents3. PREA Coordinator / Program Director <p>Interviews with 10 residents demonstrated nine were aware of the grievance procedures and each could retrieve grievances on their own. All 10 residents interviewed stated they have not had the need to submit a grievance on their own.</p> <p>The interview with the PREA Coordinator demonstrated all grievances received were immediately investigated.</p> <p>Site Observation:</p> <p>During the tour a red PREA box was observed in the resident Business Center which is available to residents when searching for jobs and have approval to enter the center.</p> <p>(a) The Center for Community Transitions PAQ states the agency does have an</p>

	<p>administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>Center for Community Transitions Standard Operating Procedure, Section: Administrative Remedy, page 15, section G. i. states, "CCT shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>· Grievances are forwarded to the Central Region Office by the Executive Director for investigation."</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	--

115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 3. The Center for Community Transitions Advocacy Memorandum Attempt, dated 3.11.2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Executive Director / Head of Agency <p>The interview with the Executive Director demonstrated she is current conversations for an agreement for advocacy services.</p> <p>(a) The Center for Community Transitions PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline</p>

numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment page 20, section I. Intervention states,

ii. CCT will maintain or attempt to enter into memorandum of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The Executive Director or PREA Coordinator shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

iii. Staff will provide residents access to the addresses and telephone numbers, (toll-free hotline numbers where available), of the local contact who can provide these services either during intake, in writing, and/or posted throughout the facility.

iv. CCT will inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.”

(b) The Center for Community Transitions PAQ states the facility the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. Policy compliance can be found in provision (a) of this standard.

(c) The Center for Community Transitions PAQ states the agency, or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that can provide residents with emotional support services related to sexual abuse.

The facility provided a memorandum addressed to the DOJ PREA Auditor from the Executive Direction stating the following.

“Please be advised of our ongoing efforts to comply with PREA Standard 115.221(d) by securing a letter of agreement with Safe Alliance to provide victim advocacy services for individuals in our Center for Women community corrections facility.

	<p>As required under this standard, we have made multiple attempts to establish a formal agreement with Safe Alliance. Our outreach efforts include the following:</p> <ul style="list-style-type: none"> · February 24, 2025: Initial contact was made via email to Safe Alliance CEO · March 4, 2025: A follow-up communication was sent to a general inquiry email address posted on the Safe Alliance website. On the same day, a response was received by Safe Alliance Director of Corporate and Community Engagement, noting my email was shared with the Chief Program Officer and Director of Sexual Trauma Resource Center · March 10, 2025: A third attempt was made via email to the Director of Corporate and Community Engagement, as email addresses were not made available for the Chief Program Officer or Director of Sexual Trauma Resource Center <p>Despite these efforts, we have yet to receive confirmation from Safe Alliance regarding their commitment to a formal agreement. We will continue our efforts to ensure compliance with PREA standards and to secure appropriate victim services for individuals in our care. Please advise on any further steps or documentation that may be required for our audit process.”</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Residents

	<p>2. Targeted Residents</p> <p>3. Program Assistants</p> <p>Interviews with 10 residents demonstrated all were aware of third-party reporting options to include a family member, friend, or reporting to one another.</p> <p>Interviews with staff demonstrated each would accept any type of report regarding allegations received through a third party.</p> <p>Site Observation:</p> <p>During the facility tour, Reporting – Stop the Violence flyers with internal and external reporting information were observed to have been posted in the residential building.</p> <p>(a) The Center for Community Transitions PAQ states the agency, or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p>Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 10, section b., states, “Residents Access to Outside Confidential Support Services/ Third-party Reporting</p> <p>i. The facility shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute or post publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. These methods are to be used in cases of allegations of sexual abuse, sexual harassment and retaliation and not the formal grievance process.</p> <p>· All residents: Send a letter to the NCDAC PREA Office.”</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

1. The Center for Community Transitions PAQ
2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024

Interviews:

1. Random Residents
2. Targeted Residents
3. Program Assistants
4. PREA Coordinator / Program Director

Interviews with the staff and residents demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment.

On Site Observation:

The facility has not had a sexual harassment or sexual abuse allegation reported in the past 12 months.

(a) The Center for Community Transitions PAQ states the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 16, section ii. states, "If staff receives any information, regardless of its source, concerning any suspected prohibited sexual behavior, observes an incident of prohibited sexual behavior, or has suspicion or knowledge of retaliation against residents or staff for reporting an incident, staff is required to immediately report the incident to the Program Director."

	<p>(a) The Center for Community Transitions PAQ states, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 16, section i. states, "Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone, other than to the extent necessary to make treatment, investigation, and other security and management decisions."</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Assistants <p>Interviews with staff demonstrated that victims would be immediately separated from aggressors and placed in a safe place until administrative personnel or law enforcement could arrive.</p> <p>(a) The Center for Community Transitions PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was zero.</p>

	<p>Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 10-11, section ii. states, “Upon notification of an incident. Once it has been discovered that an incident has occurred, staff will move the resident to a designated room until the investigation is completed. The aggressor will be secured in a place and separate building if possible, or with staff supervision until transfer can be arranged. CCT does not have restrictive housing.”</p> <p>Through such reviews the facility meets standard requirements.</p>
--	---

115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Director <p>The interview with the Program Manager demonstrated that she was aware that upon receiving an allegation that a resident was sexually abused while confined at another facility, she had the responsibility to notify the head of the facility where the allegation occurred within 72 hours, although she would make this notification immediately. The Program Director stated she would document communications in the email system.</p> <p>(a-b) The Center for Community Transitions PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero.</p>

	<p>Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 20, section F. a-d., states,</p> <p>a. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director or designee of the facility that received the allegation shall notify the administrator of the facility or appropriate office of the facility where the alleged abuse occurred.</p> <p>b. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>c. The Program Director or designee shall document that he/she has provided such notification.</p> <p>d. If the Program Director or designee receives notification that a resident under his/her supervision was sexually abused while confined at another facility, he/she shall ensure that the allegation is investigated in accordance with these policies.”</p> <p>(c) The Center for Community Transitions PAQ states the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy compliance can be found in provision (a) of this standard.</p> <p>(d) The Center for Community Transitions PAQ states the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
--	--

115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024

Interviews:

1. Program Assistants

Interviews with Program Assistants demonstrated each would separate the victim and the aggressor, make sure those involved did not disturb evidence on their bodies and or in the area where the event had taken place. Make sure the victim was made to feel safe and keep them in their line of sight until administrative staff could arrive.

(a) The Center for Community Transitions PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, zero allegations occurred where a resident was sexually abused.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 11, section E. a. i. states, "Staff First Responder Duties (CCT Staff are not correctional officers)

i. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

a. Separate and isolate both the victim and the alleged perpetrator until instructed otherwise by the Program Director (CCT does not maintain segregation units).

b. Immediately notify the Program Director and local law enforcement

c. Instruct both the victim and the alleged perpetrator not to shower, wash, brush their teeth, use the restroom, change clothing or anything else that could

	<p>potentially compromise evidence.</p> <p>d. Staff shall separate and isolate any and all witnesses to the alleged incident until instructed otherwise by the Program Director.</p> <p>e. Follow the crime scene management priorities of personal safety, preserve life, prevent further hostilities, protect the scene, and preserve evidence.</p> <p>f. Secure the crime scene and maintain a log of everyone who enters, including their purpose for entry. Staff must be vigilant in preserving the integrity of the scene by avoiding contamination. Do not step in blood, touch weapons, move or handle evidence, or permit access to anyone not essential to the investigation.”</p> <p>(b) The Center for Community Transitions PAQ states the facility’s’ policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero.</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Sexual Abuse Institutional Response Plan: The Center for Community Corrections, dated 3.6.2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator / Program Director <p>During the interview with the Program Director demonstrated the Emergency Binder has information entailing the steps to be taken when sexual harassment or sexual abuse occurs.</p>

	<p>Site Observation:</p> <p>During the tour, the PREA binder was observed to be maintained at the Program Assistant's desk.</p> <p>(a) The Center for Community Transitions PAQ states the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The facility provided a PREA Sexual Abuse Institutional Response Plan: The Center for Community Transitions. The plan components include instruction for the following facility personnel.</p> <ul style="list-style-type: none"> · First Responder Duties · Medical · Notification Procedures · Investigations · PREA Compliance Manager (PCM) · PREA Support Person (PSP) · Sexual Abuse Response Team · Mental Health and Aftercare · Associated Documents and Forms <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

	<p>1. The Center for Community Transitions PAQ</p> <p>Interviews:</p> <p>1. Executive Director / Head of Agency</p> <p>The Executive Director stated the agency has not entered into collective bargaining agreements of any kind.</p> <p>(a) The Center for Community Transitions PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <p>1. The Center for Community Transitions PAQ</p> <p>2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024</p> <p>Interviews:</p> <p>1. Anson Correctional Institution Case Manager / PREA Support Person (PSP)</p> <p>The interview with the PSP demonstrated she would be assigned PREA Support services at the Center for Community Transitions and upon being assigned as a PSP she will meet with the offender, explain retaliation monitoring, ask if they want PSP services and ask if they have any questions. The PSP stated regardless of if the offender wants PSP services retaliation monitoring and documentation of periodic checks begins as she is reviewing disciplinary reports, housing changes, and program changes each week for three weeks and every 30 days thereafter for 90</p>

	<p>days or until necessary.</p> <p>(a) The Center for Community Transitions PAQ states the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The Anson Correctional Institution PREA Support Person is the designated staff completing retaliation monitoring.</p> <p>Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 20, section b. i., states, “The facility shall protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Staff is required to immediately report any suspicion or knowledge of retaliation or negligence of duties that result in retaliation.”</p> <p>(c) The Center for Community Transitions PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the resident is discharged. The facility acts promptly to remedy any such retaliation. The number of times an incident of retaliation occurred in the past 12 months was zero.</p> <p>Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 20-21, section b. ii., states, “The facility shall implement protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.”</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

1. The Center for Community Transitions PAQ
2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024

Interviews:

1. Anson Correctional Institution Captain/ Investigator

The interview with the investigator demonstrated he would begin investigations processes immediately upon receipt of a report of sexual harassment or sexual abuse. The Investigator stated he first conducts a preliminary investigation to ensure the allegation meets the definition of PREA, and if so, he makes sure parties are separated, the crime scene is secured until he arrives, reviews resident records, completes interviews with all involved and or in the area of the incident, reviews video footage, makes notifications and writes his report.

Site Observation:

The facility has not received a sexual harassment or sexual abuse in the past 12 months.

(a) The Center for Community Transitions PAQ states the agency/facility has a policy related to criminal and administrative agency investigations.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 12, section F. a-d. state

a. Where sexual harassment is alleged, the facility shall investigate promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. If the incident is determined to be founded by the PREA Coordinator, the incident will be passed on to local law enforcement.

b. Where sexual abuse is alleged, the facility shall contact the local law enforcement agency to conduct the investigation. Promptly, thoroughly and objectively, the facility shall take into consideration all allegations, including third-party and anonymous reports that meet the definition of abuse as defined in this policy.

c. For criminal investigations, local law enforcement investigators shall have the responsibility to gather and preserve direct and circumstantial evidence, including

	<p>any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p>d. When the quality of evidence appears to support criminal prosecution, the assigned investigator shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.”</p> <p>(h) The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later was zero.</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	--

115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Anson Correctional Institution Captain/ Investigator <p>Interviews with the Investigator demonstrated he would apply a preponderance of evidence when deciding the outcome for substantiated or unsubstantiated sexual abuse investigations.</p> <p>(a) The Center for Community Transitions PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p>

	<p>Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 14, section E. i., states, “The facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Administrative investigations are conducted by NCDAC.”</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 3. NCDAC PREA Support Services Status Notification, dated 1.1.2023 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Anson Correctional Institution Captain/ Investigator <p>The interview with the Investigator demonstrated the PREA Support Person would notify the victim of the outcome of unsubstantiated or substantiated sexual abuse investigations.</p> <p>Site Observation:</p> <p>The facility has not had a sexual abuse allegation in the past 12 months.</p> <p>(a) The Center for Community Transitions PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or</p>

administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was zero.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 18-19, section C., states, "Following a resident's allegation that a staff member has committed sexual abuse against the resident, the Program Director or designee shall subsequently inform the resident {unless the facility has determined that the allegation is unfounded) whenever:

- The staff member is no longer employed at the facility;
- The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- Following a resident's allegation that they have been sexually abused by another resident, the Program Director or designee shall subsequently inform the alleged victim whenever:
 - The facility learns that the alleged perpetrator has been indicted on a charge related to sexual abuse within the facility; or
 - The facility learns that the alleged perpetrator has been convicted on a charge related to sexual abuse within the facility.
- All such notifications or attempted notifications shall be documented."

The facility provided a NCDAC PREA Support Services Status Notification Form. The form documents:

Section I: Aggressor (Staff)

- The staff member is temporarily reassigned away from the alleged victim's housing until
- The staff member is no longer posted within the alleged victims housing unit.
- The staff member is no longer employed at the facility.
- The agency has learned that the staff member has been indicted on a charge related to sexual abuse within the facility.
- The agency has learned that the staff member has been convicted on a charge related to sexual abuse within the facility.

Section II: Aggressor (Person Who is Confined)

- The alleged abuser has been temporarily reassigned away from the alleged victim's housing unit.
- The Agency has learned that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
- The Agency has learned that the alleged abuser has been convicted on a charge related to sexual abuse with the facility

Section III: Notification Verification

The notification is meant to be signed and dated by the alleged victim and the PREA Support Person.

(b) The Center for Community Transitions PAQ states an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity to inform the resident of the outcome of the investigation. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero.

(c) The Center for Community Transitions PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There have been zero substantiated and unsubstantiated complaints in the past 12 months. Policy compliance can be found in provision (a) of this standard.

(d) The Center for Community Transitions PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Policy

	<p>compliance can be found in provision (a) of this standard.</p> <p>(e) The Center for Community Transitions PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there have been zero notifications to a resident, pursuant to this standard. Policy compliance can be found in provision (a) of this standard.</p> <p>Through such reviews, the facility meets the standards requirements.</p>
--	--

115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none">1. The Center for Community Transitions PAQ2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 <p>Interviews:</p> <ol style="list-style-type: none">1. Program Director <p>Interviews with the Program Director demonstrated the facility has had zero staff who have been disciplined for violation of an agency sexual abuse or sexual harassment policy in the past 12 months. The Program Director stated staff would be relieved of their duties, law enforcement and any applicable licensing agencies would be notified of the incident.</p> <p>(a) The Center for Community Transitions PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 23-24, section K. a. states, "Staff including interns, volunteers or contractors shall be subject to disciplinary sanctions up to and</p>

including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

i. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be based on 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.

ii. Staff may be placed on administrative leave pending investigation. Staff, volunteers and contractors will be prohibited from contact with residents during the investigation or when evidence finds that they have engaged in sexual abuse with a resident.

iii. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

iv. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff (or any contractor or volunteer) who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”

(b) The Center for Community Transitions PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero.

(c) The Center for Community Transitions PAQ states the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (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. In the past 12 months there have been zero staff requiring discipline for sexual abuse or sexual harassment.

(d) The Center for Community Transitions PAQ states all terminations for violations of agency sexual abuse or sexual harassment policies, 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

	<p>relevant licensing bodies. In the past 12 months, zero staff members have been terminated for sexual abuse or harassment.</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Director <p>Interviews with the Program Director demonstrated the facility has had zero volunteers and contractors who have been involved sexual abuse or sexual harassment investigation in the past 12 months. The Program Director stated volunteers and contractors would be relieved of their duties, the agency is which they worked with, law enforcement and any applicable licensing agencies would be notified of the incident.</p> <p>(a) The Center for Community Transitions PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, two contractors have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero. Policy compliance can be found in §115.277.</p> <p>(b) The Center for Community Transitions PAQ the facility takes appropriate</p>

	<p>remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	--

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Director <p>The interview with the Program Director demonstrated zero residents had been involved in a sexual harassment or sexual abuse incident, ever. The Program Director stated residents involved in a sexual abuse incident as the aggressors would be administratively transferred back to the North Carolina Department of Adult Correction and would no longer be appropriate for the program.</p> <p>(a-b) The Center for Community Transitions PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero. In the past 12 months, the number of criminal findings guilty of resident-on-resident sexual abuse that have occurred at the facility was zero.</p> <p>Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 24 section b-d. state,</p>

	<p>b. Residents guilty of sexual behavior/misconduct of any kind with other employees or residents will be immediately regressed.</p> <p>c. A resident will only be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>d. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.”</p> <p>(c) The Center for Community Transitions PAQ states the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The PAQ states, “CCT residents found guilty of sexual abuse would be removed from the program at CCT transferred back to NCDAC.”</p> <p>(d) The Center for Community Transitions PAQ states the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.</p> <p>(e) The Center for Community Transitions PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation. Policy compliance can be found in provision (c) of this standard.</p> <p>(f) The Center for Community Transitions PAQ states the agency prohibits all sexual activity between residents.</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. The Center for Community Transitions PAQ
2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024

Interviews:

1. PREA Coordinator / Program Director

The interview with the PREA Coordinator demonstrated residents would be transported to Atrium Health University forensic exams.

(a) The Center for Community Transitions PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The facility would always refer to local mental health or the emergency room for medical and mental health emergency situations.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 21-22, section J. a., states, "Access to Emergency Medical and Mental Health Services

i. Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment."

(c) The Center for Community Transitions PAQ states, resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 22, section ii.-iv state,

ii. "At the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

	<p>iii. Resident victims of sexual abuse while in CCT's custody shall be offered by a medical provider timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>iv. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”</p> <p>(d) The Center for Community Transitions PAQ states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Policy compliance can be found in provision (c) of this standard.</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	---

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Contract – Behavioral Health Director <p>Interviews with contract personnel demonstrated that victims and perpetrators of sexual abuse would be immediately evaluated, and it is their responsibility to provide individual medical and mental health care.</p> <p>(a) The Center for Community Transitions PAQ states the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have</p>

been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 22, section i-ii, state,

i. “The facility shall refer for medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in confinement.

ii. Referral for evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.”

(d) The Center for Community Transitions PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 15, section C-D, state,

C. “Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

D. If pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.”

(c) The Center for Community Transitions PAQ states If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

(f) The Center for Community Transitions PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 15, section E., states, “Resident victims of sexual abuse while incarcerated shall offered tests for sexually transmitted infections as

	<p>medically appropriate.”</p> <p>(h) This The Center for Community Transitions PAQ states the facility does attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.</p> <p>Through such reviews of the facility evaluating victims and perpetrators the same day as the abuse would occur, the facility exceeds standard requirements.</p>
--	---

115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Director <p>The interview Program Director demonstrated the incident review team is comprised of the Program Director, Case Manager, Executive Director, Investigator, Mental Health and the PREA Support Person. The team reviews the location, circumstances surrounding the incident, what is the opportunity for the event to happen again, what could the facility change and any evidence collected. The Program Director stated she would oversee implementation of any recommendations.</p> <p>Site Observation:</p> <p>The facility has not had a sexual abuse allegation in the past 12 months.</p> <p>(a) The Center for Community Transitions PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual</p>

abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there have been zero criminal and administrative investigations of alleged sexual abuse completed at the facility,

Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 24-25, section I. a. state,

i. CCT shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

ii. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

iii. The Post Incident Review team shall include Executive Director, Program Director, Case Manager, Behavioral Health Director and the Investigator.

(b) The Center for Community Transitions PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents was zero.

(c) The Center for Community Transitions PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

(d) The Center for Community Transitions PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator.

(e) The Center for Community Transitions PAQ states the facility implements recommendations for improvement or documents its reasons for not doing so.

Through such reviews, the facility meets standard requirements.

115.287	Data collection
	<p data-bbox="280 188 981 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 544 378">Document Review:</p> <ol style="list-style-type: none"> <li data-bbox="280 412 954 445">1. The Center for Community Transitions PAQ <li data-bbox="280 490 1401 568">2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 <p data-bbox="280 669 1469 792">(a) The Center for Community Transitions PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="280 896 1433 974">Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, page 26, section b. states,</p> <ol style="list-style-type: none"> <li data-bbox="280 1008 1453 1131">i. “CCT shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The PREA Coordinator will collect, analyze and report the findings as outlined in this policy. <li data-bbox="280 1164 1433 1198">ii. CCT shall aggregate the incident-based sexual abuse data at least annually. <li data-bbox="280 1232 1417 1355">iii. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. <li data-bbox="280 1388 1433 1512">iv. CCT shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.” <p data-bbox="280 1612 1369 1691">(b) The Center for Community Transitions PAQ states the agency aggregates incident-based sexual abuse at least annually.</p> <p data-bbox="280 1792 1469 1960">(c) The Center for Community Transitions PAQ states the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p>

	<p>(d) The Center for Community Transitions PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>(e) This provision is not applicable as The Center for Community Transitions does not have private facilities.</p> <p>(f) The Center for Community Transitions PAQ states the agency did not provide the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
--	--

115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Center for Community Transitions PAQ 2. Center for Community Transitions Standard Operating Procedures, Section Sexual Abuse and Harassment, dated 7.7.2024 3. NCDAC Prison Rape Elimination Act (PREA) of 2003 Sexual Abuse Annual Report 2022-2023 <p>(a) The Center for Community Transitions PAQ states the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>The facility provided the NCDAC Prison Rape Elimination Act (PREA) of 2003 Sexual Abuse Annual Report 2022-2023. The report demonstrates the following information is documented in the annual report.</p>

- Introduction
- Message from the Secretary
- Overview: North Carolina Department of Adult Correction
- NCDAC Strategic Plan in the PREA Program
- Departmental Accomplishments
- Definitions Related to Sexual Abuse and Sexual Harassment
- Sexual Abuse
- Sexual Harassment
- Comparative Data
- 2023: The Department's Year in Review
- 2023 Substantiated Sexual Abuse Cases with Corrective Actions
- 2022: The Department's Year in Review
- 2022 Substantiated Sexual Abuse Cases with Corrective Actions
- Comparison Charts for Years 2022-2023
- Data Overview
- Victim Data Overview
- Audit Findings
- Conclusion
- Agency Information

(b) The Center for Community Transitions PAQ states the annual report includes a comparison of the current year's data and corrective actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The agency annual report data will be reported by and on the North Carolina Department of Adult Correction's annual report.

(c) The Center for Community Transitions PAQ states the agency makes its annual report readily available to the public, at least annually, through the North Carolina Department of Adult Correction's website. Annual reports are approved by the agency head.

	<p>(d) The Center for Community Transitions PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> <p>Through such reviews, the facility meets standard requirements.</p>
--	--

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>1. The Center for Community Transitions PAQ</p> <p>(a) The Center for Community Transitions PAQ states the agency ensures that incident-based and aggregate data are securely retained.</p> <p>(b) The Center for Community Transitions PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through the North Carolina Department of Adult Corrections website.</p> <p>(c) The Center for Community Transitions PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>Through such reviews, the facility meets standard requirements.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once.</p> <p>(b) This is the first audit cycle for the Center for Community Transitions and the third year of the fourth audit cycle.</p> <p>(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p>(i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>(m) The Auditor was permitted to conduct private interviews with residents.</p> <p>(n) Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p>
--	--

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(b) This is the first audit for the Center for Community Transitions.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	no
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	na

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	na
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	na

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	no
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	na

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	no

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	no
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	no
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na