

# PREA Facility Audit Report: Final

**Name of Facility:** North Piedmont Confinement in Response to Violation Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 03/02/2026

**Date Final Report Submitted:** 04/02/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
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.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Aaron C. Uldricks	<b>Date of Signature:</b> 04/02/2026

AUDITOR INFORMATION	
<b>Auditor name:</b>	Uldricks, Aaron
<b>Email:</b>	confinementsolutions@gmail.com
<b>Start Date of On-Site Audit:</b>	01/08/2026
<b>End Date of On-Site Audit:</b>	01/09/2026

FACILITY INFORMATION	
<b>Facility name:</b>	North Piedmont Confinement in Response to Violation Center
<b>Facility physical address:</b>	1420 Raleigh Road, Lexington, North Carolina - 27292
<b>Facility mailing address:</b>	PO Box 948, Lexington, North Carolina - 27293

Primary Contact
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<b>Name:</b>	Jerry Laws
<b>Email Address:</b>	Jerry.Laws @DAC.NC.GOV
<b>Telephone Number:</b>	3362497528

<b>Facility Director</b>	
<b>Name:</b>	Jerry Laws
<b>Email Address:</b>	Jerry.Laws @DAC.NC.GOV
<b>Telephone Number:</b>	3362497528

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Jesse Smith
<b>Email Address:</b>	jesse.smith@dac.nc.gov
<b>Telephone Number:</b>	3363095805
<b>Name:</b>	Patricia Chargois
<b>Email Address:</b>	patricia.chargois@dac.nc.gov
<b>Telephone Number:</b>	(336) 590-6025

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	136
<b>Current population of facility:</b>	77
<b>Average daily population for the past 12 months:</b>	85
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Women/girls
<b>Age range of population:</b>	18-99

<b>Facility security levels/resident custody levels:</b>	minimum/medium
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	44
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	2
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	71

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	North Carolina Department of Adult Correction
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	214 West Jones Street , Raleigh , North Carolina - 27603
<b>Mailing Address:</b>	
<b>Telephone number:</b>	9198252739

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Charlotte Jordan-Williams	<b>Email Address:</b>	charlotte.williams@dac.nc.gov

# Facility AUDIT FINDINGS

## Summary of Audit Findings

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.

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.

### Number of standards exceeded:

1

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

### Number of standards met:

40

### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-01-08
2. End date of the onsite portion of the audit:	2026-01-09

#### 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:	Family Services of Davidson County

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	136
15. Average daily population for the past 12 months:	85
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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**

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	73
<b>25. 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:</b>	1
<b>26. 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:</b>	0
<b>27. 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:</b>	0
<b>28. 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:</b>	1
<b>29. 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:</b>	1
<b>30. 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:</b>	1

<p><b>31. 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:</b></p>	<p>0</p>
<p><b>32. 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:</b></p>	<p>0</p>
<p><b>33. 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:</b></p>	<p>0</p>
<p><b>34. 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:</b></p>	<p>0</p>
<p><b>35. 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):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>36. 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:</b></p>	<p>22</p>
<p><b>37. 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:</b></p>	<p>0</p>

<p><b>38. 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:</b></p>	<p>5</p>
<p><b>39. 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:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>12</p>
<p><b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Multiple selections from each dorm.</p>
<p><b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>

<b>44. 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):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	4
<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>	
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>48. 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:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>Auditor spoke with medical and programing staff to confirm response.</p>
<p><b>49. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>Auditor spoke with medical and programing staff to confirm response.</p>
<p><b>50. 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:</b></p>	<p>1</p>

<p><b>51. 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:</b></p>	<p>1</p>
<p><b>52. 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:</b></p>	<p>1</p>
<p><b>53. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>Auditor spoke with screening, programing, and medical staff to confirm response.</p>
<p><b>54. 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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>Auditor spoke with medical and investigative staff to confirm response.</p>
<p><b>55. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>Auditor spoke with screening and administrative staff to confirm response.</p>

<p><b>56. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>The warden confirmed the facility does not have segregated housing.</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></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><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>9</p>
<p><b>63. Were you able to interview the Agency Head?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Explain why it was not possible to interview the Agency Head:</b></p>	<p>Interviewed agency head designee</p>

<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<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)

**67. 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
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	5
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	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.

<b>71. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>72. 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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>73. 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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p><b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
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**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.

<p><b>77. 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?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>
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**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.

**79. 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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**80. 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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	Zero investigation files for 2025. Auditor reviewed investigation file with unsubstantiated outcome from 2024.

<p><b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>Zero investigation files for 2025.</p>
<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

102. 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

103. 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

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

## AUDITING ARRANGEMENTS AND COMPENSATION

108. 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

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

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• North Piedmont Confinement in Response to Violation Center (NPCRVC) Pre-Audit Questionnaire (PAQ) <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ North Carolina Department of Adult Correction (NCDAC) Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.09.2022</i></li> <li>◦ NCDAC Policy and Procedure PREA-100 <i>PREA Prevention Planning and Screening, dated 09.04.2025</i></li> <li>◦ NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, 09.02 <i>PREA Offender Sexual Abuse and Sexual Harassment, dated 07.09.2025</i></li> <li>◦ NCDAC Leadership Organizational Chart, <i>dated 10.16.2025</i></li> </ul> </li> </ul>

**Reasoning and analysis:**

**115.211(a)**

- Facility response:
  - The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.
  - The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.
  - The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.
  - The policy includes sanctions for those found to have participated in prohibited behaviors.
  - The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of offenders.
- North Carolina Department of Adult Correction (NCDAC) Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - DAC is committed to a standard of zero-tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders.
  - Provided definitions of prohibited behaviors regarding sexual abuse and sexual harassment.
  - Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the offender/staff member's disciplinary history, and the sanctions imposed for comparable offenses by other offenders/staff with similar histories.
- NCDAC Policy and Procedure PREA-100 *PREA Prevention Planning and Screening*:
  - DAC is committed to a standard of zero-tolerance of sexual abuse and sexual harassment toward person in confinement residents, and safekeepers either by employees, volunteers, contractors, and custodial agents, or by other persons in confinement, residents, or safekeepers. Therefore, it is the policy of DAC to provide a safe, humane, and appropriately secure environment, free from the threat of sexual abuse and sexual harassment for all persons in confinement, residents, and safekeepers by maintaining a program of prevention and detection.
- NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, 09.02 *PREA Offender Sexual Abuse and Sexual Harassment*:
  - Describes prevention efforts through staff training, offender education, screening; and detection efforts through multiple reporting options.

	<ul style="list-style-type: none"> <li>◦ Outlines the facility's coordinated response to an incident of sexual abuse or sexual harassment including actions taken by first responders, medical and mental health practitioners, investigators, PREA compliance manager (PCM), PREA support person (PSP), and facility/agency leadership.</li> </ul> <p><b>115.211(b)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ The agency employs an upper-level, agency-wide PREA coordinator.</li> <li>◦ The PREA coordinator has sufficient time and authority to develop, implement, and oversee all facility efforts to comply with the PREA standards.</li> </ul> </li> <li>• NCDAC Leadership Organizational Chart: <ul style="list-style-type: none"> <li>◦ The PREA coordinator has the title of PREA director and reports to the NCDAC Institution Administration Programs and Standards Deputy Secretary.</li> </ul> </li> <li>• Interview with PREA Coordinator: <ul style="list-style-type: none"> <li>◦ Indicated sufficient time to manage all PREA related responsibilities.</li> <li>◦ Oversees 56 PREA compliance managers (PCM). Facilities designate a secondary PREA compliance manager. Interacts with PCM through continuous sharing information sharing, trainings, and mock audits. <ul style="list-style-type: none"> <li>■ Develops and oversees a 30-day corrective action plan for a facility if a compliance issue is identified.</li> </ul> </li> <li>◦ Supervises four PREA analysts and a PREA training coordinator who also advise and assist facility staff by region with PREA compliance.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility exceeds the standard.</p> <ul style="list-style-type: none"> <li>• Continual process improvement by the PREA coordinator through mock audits and corrective action plans.</li> </ul>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> </ul> </li> <li>• NCDAC contract <i>DPS-11836258-JEC amendment, dated 07.05.2023</i></li> </ul>

- Supplemental documentation
  - The Center for Women *PREA Facility Audit Report: Final, dated 07.21.2025*
- Interview with agency's contract administrator

**Reasoning and analysis:**

**115.212(a)**

- Facility response:
  - Once contract has been entered into or renewed for the confinement of offenders since the last PREA audit.
  - The contract requires contractors to adopt and comply with PREA standards.
  - Zero contracts that did not require contractors to adopt and comply with PREA standards.
- NCDAC contract *DPS-11836258-JEC amendment*:
  - Extends agreement between NCDAC and Center for Community Transitions until the subsequent execution of a new contractual agreement.
- The Center for Women *PREA Facility Audit Report: Final*:
  - Facility auditor determined the facility was compliant with 40 PREA Standards and exceeded one PREA Standard during previous cycle audit.

**115.212(b)**

- Facility response:
  - The above contract requires the agency to monitor the contractor's compliance with PREA standards.
  - Zero contracts referenced in 115.212 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA standards:
- Interview with agency's contract administrator:
  - PREA director indicated the agency has one contract with a non-profit entity for confinement of offenders.
  - Indicated monitoring of facility compliance through ongoing communication and annual review of compliance.
  - Indicated obligation to comply with the PREA standards stated in contract and renewals.

**115.212(c)**

- Facility response:
  - Since August 20, 2012, the agency has entered into zero contracts with a private agency or other entity that failed to comply with the PREA standards.
- Interview with agency's contract administrator:
  - Indicated contracted entity is scheduled for a PREA audit

	<p>during the current three-year cycle.</p> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ <i>North Piedmont Confinement in Response to Violation (CRV) 115.13 PREA Staffing Analysis [2025], dated 08.01.2025</i></li> <li>◦ <i>115.13 Staffing Analysis North Piedmont CRV, dated 06.08.2023</i></li> <li>◦ <i>NCDAC Prisons Post Chart - North Piedmont CRV, dated 11.18.2025</i></li> <li>◦ <i>NPCRVC Memorandum - Staffing Plan Deviation, dated 02.23.2026</i></li> <li>◦ <i>All Staff Report NPCRV.pdf, undated</i></li> </ul> </li> <li>• Interview with warden:</li> <li>• Interview with the PREA compliance manager</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.213</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ For each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect offenders against sexual abuse.</li> <li>◦ 89 was the average daily number of offenders since last PREA audit.</li> <li>◦ 89 was the average daily number of offenders on which the staffing plan was predicated since last PREA audit.</li> </ul> </li> <li>• <i>North Piedmont Confinement in Response to Violation (CRV) 115.13 PREA Staffing Analysis [2025]:</i> <ul style="list-style-type: none"> <li>◦ Plan considered a variety of factors including the physical layout of the facility, composition of offender population, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and history of potentially violent infractions.</li> </ul> </li> <li>• <i>NCDAC Prisons Post Chart - North Piedmont CRV:</i> <ul style="list-style-type: none"> <li>◦ Defined facility post assignments for correctional officers and supervisors.</li> </ul> </li> </ul>

- Accounted for offender housing, programing, vocational, recreational, visitation, medical, and other areas of the facility.
- Site review:
  - Auditor observed:
    - Staff assigned to all housing units, programming, support services, and other areas of the facility where offenders were present.
    - Supervisors interacted regularly with staff and offenders.
    - A combination of camera and mirror placements were deployed to eliminate previously identified blind spots and improve offender safety.
- Interview with warden:
  - Indicated that the staffing plan takes into account posts and staff needed to ensure the safety of all offenders. Staffing plan is documented in OPUS system.
  - The need for video monitoring factors in potential blind spots and optimizing camera coverage while still ensuring offender privacy in bathrooms. Staffing plan considers areas of previous allegations and incidents, offender makeup including those at high risk for victimization or high risk for abusiveness.
  - Staffing is documented on the shift narratives which is then compared to the post chart.
- Interview with PREA Compliance Manager
  - Indicated the staff plan address how the facility is laid out, identifies improvements that need to be made such as a mirror that was installed based on a blind spot, and other input from our interdepartmental meetings to improve offender safety.

**115.213(b)**

- Facility response:
  - Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.
  - No common reasons for deviating from the staffing plan in the last 12 months.
- NPCRVC Memorandum - *Staffing Plan Deviation*:
  - Warden stated zero evidence or documentation to suggest that the staffing plan has been deviated from at any time during the past 12 months.
- Interview with warden:
  - Indicated all instances of non-compliance with the staffing plan are documented and include explanations.
  - Indicated there have not been any deviations over the last 12 months.

**115.213(c)**

	<ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ At least once every year the facility, reviews the staffing plan to see whether adjustments are needed in the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.</li> </ul> </li> <li>• North Piedmont Confinement in Response to Violation (CRV) 115.13 PREA Staffing Analysis [2025]: <ul style="list-style-type: none"> <li>◦ Documentation of annual facility staffing plan review and analysis.</li> </ul> </li> <li>• <i>115.13 Staffing Analysis North Piedmont CRV</i>: <ul style="list-style-type: none"> <li>◦ Documentation of annual facility staffing plan review and analysis.</li> </ul> </li> <li>• <i>All Staff Report NPCRV.pdf</i> <ul style="list-style-type: none"> <li>◦ Displayed 38 filled and 7 vacant positions assigned to NPCRVC.</li> </ul> </li> <li>• Interview with PREA coordinator: <ul style="list-style-type: none"> <li>◦ Indicated that there is an annual staffing plan analysis that includes facility administration and PREA coordinator to identify and correct any issues.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure PREA-100 <i>PREA Prevention Planning and Screening, dated 09.04.2025</i></li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.09.2022</i></li> <li>◦ NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure <i>02.06 Custody and Security, 09.21.2025</i></li> <li>◦ NPCRVC Memorandum - <i>Cross Gender Search Documentation, dated 01.28.2026</i></li> <li>◦ <i>North Piedmont CRV Center Complete Search Log, 01.27.26</i></li> <li>◦ NCDAC Form OPA-T30 <i>Cross-Gender Viewing, Announcement, and Acknowledgement, dated 01.12.2023</i></li> <li>◦ <i>North Piedmont CRV Center Post Narrative, date range 01.08.2026 - 01.12.2026</i></li> </ul> </li> <li>• Site Review</li> </ul>

- Interviews with random sample of staff
- Interviews with offenders

**Reasoning and analysis:**

**115.215(a)**

- Facility response:
  - The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of offenders.
  - Zero cross-gender strip or cross-gender visual body cavity searches of offenders have been conducted in the past 12 months.
- NCDAC Policy and Procedure PREA-100 *PREA Prevention Planning and Screening*:
  - The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.
- Site Review:
  - Screens and curtains were used in intake, medical, and other areas of the facility where strip searches or exams take place to obstruct possible cross-gender viewing by non-medical staff.
  - Five staff reiterated to auditor that male staff do not conduct cross-gender pat, strip, or visual body cavity searches of female offenders.

**115.215(b)**

- Facility response:
  - The facility does not permit cross-gender pat-down searches of female offenders, absent exigent circumstances.
  - The facility does not restrict female offenders' access to programing or other out-of-cell opportunities to comply with cross-gender pat-down prohibition.
  - Zero pat-down searches of female offenders were conducted by male staff.
- NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure *02.06 Custody and Security*:
  - Routine searches are pat and frisk searches with the person clothed.
  - Routine searches of female offenders may only be conducted by female staff.
- Site Review:
  - Auditor observed zero documentation of cross-gender searches in daily shift narratives provided.
- Interviews with random sample of staff:
  - Indicated that female staff are always available for pat-down searches.
- Interviews with offenders:
  - Indicated that female staff are always available for pat-down searches and opportunities have never been restricted.

**115.215(c)**

- Facility response:
  - Facility policy requires all cross-gender strip and cross-gender visual body cavity searches be documented.
  - Facility policy requires all cross-gender pat down searches by documented.
- NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure

*02.06 Custody and Security:*

- Complete (strip) searches of offenders will be conducted only by correctional officers of the same sex as the Offender, except in exigent circumstances as determined by the shift supervisor. Afterwards, the staff conducting the search will submit a “statement by witness form” explaining the exigent circumstances justifying the search exception. A supervisor will be responsible for completing an incident report.
- NPCRVC Memorandum - *Cross Gender Search Documentation:*
  - Warden stated:
    - Zero cross gender pat/frisk or complete searches have been conducted at North Piedmont CRV during this audit cycle.
    - Any cross-gender pat/frisk or complete searches will be conducted only in an emergency.
      - Immediately reported through chain of command, documented on the appropriate search log, shift narrative, and incident report.
- *North Piedmont CRV Center Complete Search Log:*
  - 11 complete searches conducted by a female sergeant.

**115.215(d)**

- Facility response:
  - Facility policy and procedures enable offenders to shower, perform bodily functions, and change clothing without opposite-gender, non-medical staff viewing their breasts, buttocks, or genitalia, absent exigent circumstances or incidental to routine cell checks.
  - Facility policy and procedures require opposite gender staff to announce their presence when entering a housing unit.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy:*
  - When making unannounced rounds, an intermediate, or higher, level supervisor must make a cross-gender announcement (e.g. male or female on the block) upon entering the housing unit.
- NCDAC Policy and Procedure PREA-100 *PREA Prevention Planning and Screening:*
  - Facility opposite-gender staff are required to announce their presence when entering a housing unit.
  - Facility enables offenders to shower, perform bodily functions, and change clothing without opposite-gender, non-medical staff viewing their breasts, buttocks, or genitalia, absent exigent circumstances or incidental to routine cell checks.
- NCDAC Form OPA-T30 *Cross-Gender Viewing, Announcement, and Acknowledgement:*
  - Staff acknowledgement for the prohibitions of the standard.
- *North Piedmont CRV Center Post Narrative:*
  - Included documentation of opposite-gender announcement ("male in the dorm").
- Site review:
  - Shower curtains are of sufficient height and width to prevent cross-gender viewing.
  - Male staff made loud opposite gender announcements when entering housing units.
  - Female staff made a loud announcement and checked bathroom and shower before auditor entered those areas.
  - Housing unit post narratives contained written record of opposite-gender announcements by male staff.
  - Auditor viewed electronic monitoring of housing units and observed zero instances of areas where offenders were in a state of undress..

	<ul style="list-style-type: none"> <li>• Interviews with random sample of staff: <ul style="list-style-type: none"> <li>◦ Indicated that male staff announce their presence when entering a housing unit.</li> <li>◦ Indicated that offenders are able to dress, shower, and toilet without being viewed by male staff.</li> </ul> </li> <li>• Interviews with offenders: <ul style="list-style-type: none"> <li>◦ Indicated that male staff announce their presence when entering their housing unit.</li> <li>◦ Indicated that offenders are never naked in full view of male staff.</li> </ul> </li> </ul> <p><b>115.215(e)</b></p> <ul style="list-style-type: none"> <li>• This provision is no longer applicable to the compliance finding.</li> </ul> <p><b>115.215(f)</b></p> <ul style="list-style-type: none"> <li>• This provision is no longer applicable to the compliance finding.</li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response:</li> <li>◦ NCDAC Policy and Procedure PREA-100 <i>PREA Prevention Planning and Screening, dated 09.04.2025</i></li> <li>◦ NCDAC Policy and Procedure E.2600 <i>Reasonable Accommodations for offenders with Disabilities, dated 02.25.2025</i></li> <li>◦ <i>Acolad Interpretation &amp; Translation Services "Access Contact Sheet", dated 12.2025</i></li> <li>◦ <i>NCDAC Training ADA Offender Service, undated</i></li> <li>◦ <i>NCDAC Training Disability Cultural Sensitivity and Accessible Communication Training, undated.</i></li> <li>◦ <i>NCDAC Form OPA-T100 Person In Confinement of Under Supervision, Education Acknowledgement Form, dated 01.19.2023</i></li> <li>◦ <i>NCDAC Form OPA-I30S Ley Para La Eliminación De La Violación En Las Prisiones (PREA) Servicios De Apoyo, dated 01.01.2023</i></li> <li>◦ <i>Form OPA-T102S LAS DENUNCIAS RELACIONADAS CON LA PREA</i></li> </ul> </li> </ul>

AYUDAN A PREVENIR LA VIOLENCIA SEXUAL, dated 01.24.2026.

- Site review

**115.216(a)**

- Facility response:
  - The agency has established procedures to provide disabled offenders 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.
- NCDAC Policy and Procedure PREA-100 *PREA Prevention Planning and Screening*:
  - Effective communication with deaf or hard of hearing offenders by providing access to interpreters.
  - Written materials are in formats or through methods that ensure effective communication with offenders with disabilities.
- NCDAC Policy and Procedure E.2600 *Reasonable Accommodations for offenders with Disabilities*:
  - Eligible otherwise qualified offenders with a disability shall have the same opportunity for access to jobs, programs, activities, or services as eligible otherwise qualified non-disabled offenders. Offenders in North Carolina Institutions shall be provided the same equal effective access, including additional time where necessary, to properly operate the assistive devices/auxiliary aids as those offenders who are non-disabled in completing the same or similar activity.
- NCDAC Training *Disability Cultural Sensitivity and Accessible Communication Training* and NCDAC Training *ADA Offender Services*:
  - Staff training courses to improve interactions with disabled offenders.
- *Acolad Interpretation & Translation Services "Access Contact Sheet"*:
  - Provided instructions for on-site and remote video American Sign Language (ASL) interpretation service.
- Interview with agency head designee:
  - Indicated that NCDAC works with the state's Americans with Disabilities Act (ADA) office. Receives ADA office approval for offender education materials.
- Interviews with offenders with disabilities:
  - Indicated that facility sexual abuse and sexual harassment information was understood.
  - Indicated that program staff or a case manager could offer assistance if needed.

**115.216(b)**

- Facility response:
  - The agency has established procedures that provide limited English proficient offenders 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.

- NCDAC Policy and Procedure PREA-100 *PREA Prevention Planning and Screening*:
  - Ensure effective communication with limited English proficient offenders by providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
- NCDAC Form OPA-T100 *Person In Confinement of Under Supervision, Education Acknowledgement Form*:
  - Section II in Spanish:
    - Listed agency standard of zero-tolerance for sexual abuse or sexual harassment of offenders.
    - Signature line to affirm understanding of information provided.
- NCDAC Form OPA-T102S *LAS DENUNCIAS RELACIONADAS CON LA PREA AYUDAN A PREVENIR LA VIOLENCIA SEXUAL*:
  - Spanish language form that Described ways for offenders to report sexual abuse, sexual harassment, and retaliation.
  - Included telephone number, mailing address, and email address.
  - Stated that the agency accepts anonymous and third-party reports.
- NCDAC Form OPA-I30S *Ley Para La Eliminación De La Violación En Las Prisiones (PREA) Servicios De Apoyo*:
  - Spanish language form that described the PREA Support Person's (PSP) role, investigation process, services available, and how to report retaliation.
- *Acolad Interpretation & Translation Services "Access Contact Sheet"*:
  - Provides instructions for telephonic and remote video interpretation service with limited English proficient offenders.
- Site review:
  - Auditor accessed an interpreter by phone, on-demand, for interviews with limited English proficient offenders.
  - Phone prompts asked for an OPUS number but auditor was able to input a random number.
- Interviews with offenders who are limited English proficient:
  - Indicated that information about sexual abuse and sexual harassment in Spanish was provided in intake upon arrival.
  - Indicated that information was understood.
  - Indicated that PREA-related posters in Spanish are posted in housing units.

**115.216(c)**

- Facility response:
  - Agency policy prohibits use of offender interpreters, offender readers, or other types of offender assistants except in limited circumstances when offender safety, first-responder staff duties, or investigations could be compromised.
  - In the past 12 months, zero instances where offender interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the offender's safety, the performance of first-response duties under §115.64, or the investigation of the offender's allegations.
- NCDAC Policy and Procedure PREA-100 *PREA Prevention Planning and Screening*:

	<ul style="list-style-type: none"> <li>◦ Staff will not rely on offender interpreters, readers, or other types of assistants except in limited circumstances where delays could compromise offender safety, staff response, or the investigation process.</li> <li>• Interview with random sample of staff: <ul style="list-style-type: none"> <li>◦ Indicated facility staff would use the language line available.</li> <li>◦ Indicated facility staff would not use offender interpreters to assist limited English proficient offenders when making an allegation of sexual abuse or sexual harassment.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure PREA-100 <i>PREA Prevention Planning and Screening, dated 09.04.2025</i></li> <li>◦ NCDAC Form DAC-HR 013 <i>DAC Employee Acknowledgement, dated 07.2023</i></li> <li>◦ NCDAC Form DAC-HR 004 <i>Criminal History Record Check, dated 07.2023</i></li> <li>◦ NCDAC Form DAC-HR 005 <i>Applicant Verification, dated 07.2023</i></li> <li>◦ North Piedmont CRV #3095 <i>Staff Roster, dated 01.05.2026</i></li> </ul> </li> <li>• Documentation review</li> <li>• Interview with administrative (human resources) staff</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.217(a)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ Agency policy prohibits hiring or promoting any staff or contractor who may have contact with offenders who: <ul style="list-style-type: none"> <li>■ Has engaged in sexual abuse in an institutional setting (as defined in 42 U.S.C. 1997).</li> <li>■ 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</li> <li>■ Has been civilly or administratively adjudicated to have engaged in the any activity listed in (ii).</li> </ul> </li> </ul> </li> <li>• NCDAC Policy and Procedure PREA-100 <i>PREA Prevention Planning and Screening:</i> <ul style="list-style-type: none"> <li>◦ Restated the language of the provision.</li> </ul> </li> <li>• Review of staff files:</li> </ul>

- 18 of 18 files reviewed by auditor contained completed form DAC-HR 013 *and/or* DAC-HR 005 for hiring and prohibitions questions.

**115.217(b)**

- Facility response:
  - Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders.
- NCDAC Policy and Procedure PREA-100 *PREA Prevention Planning and Screening*:
  - Restated the language of the provision.
- Form DAC-HR 005 *Applicant Verification*:
  - Stated "The NCDAC may not hire or promote anyone who may have contact with inmates, residents, or offenders under supervision who answers 'Yes' to any of the following questions."
  - Listed six PREA hiring and promotion prohibition questions.
  - Asked "Have you ever been accused of sexual harassment?"
  - Contained "yes" and "no" check boxes and a signature line to affirm understanding of requirements
- Form DAC-HR 013 *DAC Employee Acknowledgement*:
  - States "The NCDAC may not hire or promote anyone who may have contact with inmates, residents, or offenders under supervision who answers 'Yes' to any of the following questions."
  - Lists six PREA hiring and promotion prohibition questions.
  - Asks "Have you ever been accused of sexual harassment?"
  - Contains "yes" and "no" check boxes and a signature line to affirm understanding of requirements.
- Interview with administrative (human resources) staff:
  - Indicated the facility consider priors incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders.

**115.217(c)**

- Facility response:
  - Agency policy requires that before it hires any new employees who may have contact with offenders, 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, 27 persons hired who may have contact with inmates who have had criminal background record checks:
- NCDAC Policy and Procedure PREA-100 *PREA Prevention Planning and Screening*:
  - 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.
  - Contained language from the provision.
- Review of staff files:
  - 18 of 18 files reviewed by the auditor contained background checks.
- Interview with administrative (human resources) staff:
  - Indicated criminal record background checks are conducted for all

newly hired employees and employees considered for promotions, who may have contact with offenders.

**115.217(d)**

- Facility response:
  - Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with offenders.
  - In the past 12 months, two contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with offenders.
- NCDAC Policy and Procedure PREA-100 *PREA Prevention Planning and Screening*:
  - Restated the language of this provision.
  - Review of staff files:  
5 of 5 files reviewed by the auditor contained background checks.
- Interview with administrative (human resources) staff:
  - Indicated criminal record background checks are conducted for all contractors, who may have contact with offenders.

**115.217(e)**

- Facility response:
  - Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who have contact with offenders, or that a system is in place for otherwise capturing such information for current employees.
- NCDAC Policy and Procedure PREA-100 *PREA Prevention Planning and Screening*:
  - For current employees and contractors who may have contact with offenders, DAC shall conduct criminal background records checks at least once every five years.
- Documentation Review
  - North Piedmont CRV #3095 Staff Roster:
    - Spreadsheet lists employee names, date of employment, date of last completed background check, date of next five-year background check due.
  - 48 of 48 employees and contractors are current on their 5-year background checks.
- Interview with administrative (human resources) staff:
  - Indicated Division of Criminal Investigation (DCI) background checks are conducted both initially and every five years.

**115.217(f)**

- NCDAC Policy and Procedure PREA-100 *PREA Prevention Planning and Screening*:
  - For all applicants and employees who may have contact with offenders, DAC shall ask about previous misconduct described in this section in written applications, in interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees.
  - All employees shall have a continuing affirmative duty to disclose sexual misconduct.
- Interview with administrative (human resources) staff:

- Indicated employees have a continuing affirmative duty to disclose any such previous misconduct.
- Indicated previous misconduct questions described in section (a) are asked on forms DAC-HR 005 *Applicant Verification* and DAC-HR 013 *DAC Employee Acknowledgement*.

**115.217(g)**

- Facility response:
  - Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- NCDAC Policy and Procedure PREA-100 *PREA Prevention Planning and Screening*:
  - Restated the language of the provision.

**115.217(h)**

- NCDAC Policy and Procedure PREA-100 *PREA Prevention Planning and Screening*:
  - Unless prohibited by law, upon receiving a request from an institutional employer for whom an employee or former employee has applied to work, DAC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving the employee or former employee.
- Interview with administrative (human resources) staff:
  - Indicated reference check forms are sent to previous institutional employers which request information on substantiated allegations of sexual abuse or sexual harassment involving the former employee.

**Determination:**

The facility meets the standard.

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence relied upon in making the compliance determinations:</b> <ul style="list-style-type: none"> <li>• NPCRVC PAQ           <ul style="list-style-type: none"> <li>◦ Facility response</li> </ul> </li> <li>• Interview with agency head</li> <li>• Interview with warden</li> </ul>
	<b>Reasoning and analysis:</b>
	<b>115.218(a)</b> <ul style="list-style-type: none"> <li>• Facility response:</li> </ul>

	<ul style="list-style-type: none"> <li>◦ The agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</li> <li>• Interview with agency head designee: <ul style="list-style-type: none"> <li>◦ Indicated maintenance and engineering staff receive training to think about safety and prevention when designing or altering spaces. PREA director has walked through spaces with maintenance and engineering staff to point out blind spots and identify areas of past incidents.</li> </ul> </li> <li>• Interview with warden: <ul style="list-style-type: none"> <li>◦ Indicated any facility expansion or modification must evaluate the impact that it would have on the facility's ability to protect offenders from sexual abuse.</li> </ul> </li> </ul> <p><b>115.218(b)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ The agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</li> </ul> </li> <li>• Interview with agency head designee: <ul style="list-style-type: none"> <li>◦ Indicated video monitoring equipment cannot always replace staff, but it augments their ability to protect offenders. Monitoring equipment is also used post-incident for investigations and corroboration.</li> </ul> </li> <li>• Interview with warden: <ul style="list-style-type: none"> <li>◦ Indicated NPCRV staff worked with engineers to identify camera placement and positioning in order to reduce blind spots and high risk areas while maximizing total video coverage of the facility.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.09.2022</i></li> <li>◦ <i>Agency Support Agreement - 2025 Lexington Police Department, 04.16.2025</i></li> <li>◦ <i>Agency Support Agreement - 2025 Thomasville Medical Center, 02.21.2025</i></li> <li>◦ <i>NCDAC Internal Investigation PREA Investigator Guidelines Facility,</i></li> </ul> </li> </ul>

*dated 01.01.2023*

- NCDAC Health Services Policy CP-18 *Sexual Abuse*, dated 02.2014
- NCDAC *Sexual Abuse and Harassment Victim Support Mutual Aid Agreement*, dated 01.30.2025
- NCDAC *PREA Support Person Training Certificate*, dated 10.07.2025
- Form OPA-I30 *Support Services for Persons in Confinement*, dated 01.01.2023.
- Form OPA-I30S *LEY PARA LA ELIMINACIÓN DE LA VIOLACIÓN EN LAS PRISIONES (PREA) SERVICIOS DE APOYO*, dated 01.01.2023
- Supplemental files
  - NPCRVC *PREA Sexual Abuse Institutional Response Plan*, dated 04.19.2016
  - *Novant Health sexual assault services - Thomasville*, undated
  - NCDAC Memorandum - *Compliance with PREA Investigations Standards*, dated 04.02.2025
- Interview with random sample of staff
- Interview with PREA coordinator

**Reasoning and analysis:**

**115.221(a)**

- Facility response
  - The agency/facility is responsible for conducting administrative sexual abuse investigations (including offender-on-offender sexual abuse or staff sexual misconduct).
  - The Lexington Police Department is responsible for conducting criminal sexual abuse investigations (including offender-on-offender sexual abuse or staff sexual misconduct).
  - NCDAC investigators follow a uniform evidence protocol when conducting a sexual abuse investigation.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data including video and/or audio recordings; shall interview alleged victims, suspected perpetrators, and witnesses.
- NPCRVC *PREA Sexual Abuse Institutional Response Plan*:
  - Contains uniform evidence protocol including victim and abuser separation, evidence preservation and collection, scene isolation, tracking log, and chain of custody requirements.
- *Agency Support Agreement - 2025 Lexington Police Department*:
  - In the event of an emergency or criminal sexual assault or sexual abuse allegation at North Piedmont CRV Center, physical address

1420 Raleigh Rd. Lexington, NC 27292 that requires outside Law Enforcement assistance, Lexington Police Department shall be contacted, and assistance requested immediately.

- NCDAC *Internal Investigation PREA Investigator Guidelines - Facility*:
  - Gather relevant documentation and evidence, such as:
    - OPUS screens
    - written statements by staff and/or offenders if already provided
    - photos
    - videos telephone transcripts
    - letters or other materials collected from offender's personal belongings
    - history of prior complaints and reports of sexual abuse involving the suspected perpetrator
- Interview with random sample of staff:
  - Indicated the steps to be taken to preserve evidence on individuals involved and of the scene.
  - Indicated there is sergeant who is the investigator for the facility.

**115.221(b)**

- Facility response:
  - The protocol is 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".

**115.221(c)**

- Facility response:
  - The facility offers all offenders who experience sexual abuse access to forensic medical examinations.
  - Forensic medical examinations are offered without financial cost to the victim.
  - Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).
  - When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.
  - The facility documents efforts to provide SANEs or SAFEs.
  - Zero forensic medical exams conducted during the past 12 months.
- *NCDOC Health Services Policy CPG-18 Sexual Abuse*:
  - All care for sexual abuse will be provided at no cost.
- *Agency Support Agreement - 2025 Thomasville Medical Center*:
  - In the event of an emergency at North Piedmont CRV Center, 1420

Raleigh Rd. Lexington, NC 27292 that requires additional medical assistance, Thomasville Medical Center shall be contacted, and assistance requested immediately.

- *Novant Health sexual assault services - Thomasville:*
  - Sexual Assault Nurse Examiner (SANE) team is comprised of registered nurses who have received specialized training in the care and treatment of sexual assault victims. In addition to providing compassionate care to survivors, our examiner collects forensic evidence for criminal prosecution and may be called as an expert witness in a court case.
  - Our sexual assault services include:
    - Medical screening in the emergency room;
    - Private setting in the hospital for evidence collection;
    - Forensic evidence gathered by certified sexual assault nurse examiners;
    - Support for both the victim and their family members, provided by trained advocates;
    - Follow-up counseling services, including crisis intervention, support groups and counseling for individuals, couples or families;
    - Criminal justice support and advocacy; and
    - Follow-up healthcare referrals.

**115.221(d)**

- Facility response:
  - The facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means.
  - These efforts are documented.
  - If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.
- *NCDAC Sexual Abuse and Harassment Victim Support Mutual Aid Agreement:*
  - Memorandum of Understanding between North Piedmont CRV Center and Family Services of Davidson County entered into on 01.30.2025.
  - North Piedmont CRV Center agrees to make involvement of certified rape crisis counselors a component of the standard response to a report of sexual abuse and harassment and/or request for help from a survivor of sexual abuse and harassment.
  - Family Services of Davidson County agrees to provide victim support via phone and/or mail to provide counseling to survivors of sexual abuse and harassment who are incarcerated with the NC Department of Adult Correction.
- *NCDAC PREA Support Person Training Certificate:*

- Certificate of completed PREA support person training for NPCRVC staff person assigned as qualified agency staff member to provide victim advocacy.
- Interview with PREA coordinator:
  - Indicated the facility has an agreement with Family Services of Davidson County for victim advocacy services.

**115.221(e)**

- Facility response:
  - If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Victim Support shall be offered by a PREA Support Person (PSP). The PSP shall:
    - As requested by the victim, the PREA support person, of the same gender, shall accompany and support the victim through the forensic medical examination process.
    - As requested by the victim, the PREA support person shall accompany and support the victim through the investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.
- Form OPA-I30 *Support Services for Persons in Confinement*:
  - Described the role of the PSP and allows the offender to accept or decline support services.
  - Form OPA-I30S provides Spanish language information.
- Interview with PREA coordinator:
  - Indicated an outside victim advocate or facility PSP will be available.

**115.221(f)**

- Facility response:
  - The agency has requested that the responsible agency follow the requirements of paragraphs §115.21 (a) through (e) of the PREA Standards.
- NCDAC Memorandum - *Compliance with PREA Investigations Standards*:
  - Requested the agency responsible for criminal investigations follow the requirements of paragraphs (a) through (e) of §115.221
  - Provided by facility as resolution to auditor's corrective action recommendation.

**115.221(g)**

- Auditor is not required to audit this provision.

	<p><b>115.221(h)</b></p> <ul style="list-style-type: none"> <li>• Site review: <ul style="list-style-type: none"> <li>◦ Auditor spoke with programming staff who are well qualified to fill the role of PSP/victim advocate.</li> </ul> </li> <li>• NCDOC PREA Support Person (PSP) Training: <ul style="list-style-type: none"> <li>◦ Video based training modules covering: <ul style="list-style-type: none"> <li>■ Victim centered response to sexual abuse in confinement;</li> <li>■ Understanding PREA Standards and victim services;</li> <li>■ Understanding sexual abuse and trauma;</li> <li>■ Reporting sexual abuse and sexual harassment;</li> <li>■ First responder duties;</li> <li>■ Sexual assault response teams (SART);</li> <li>■ Understanding your role as a PREA support person; and</li> <li>■ 20 question quiz at the end of each module.</li> </ul> </li> </ul> </li> </ul> <p><b>Corrective action recommendation:</b></p> <p><b>115.221(f)</b></p> <p>Ensure that the agency has requested that the responsible agency for criminal investigations follow the requirements of paragraphs (a) through (e) of §115.221.</p> <p><b>Corrective action completed by facility:</b></p> <p><b>115.221(f)</b></p> <p>Facility provided NCDAC Memorandum - <i>Compliance with PREA Investigations Standards</i>, which requested the agency responsible for criminal investigations follow the requirements of paragraphs (a) through (e) of §115.221</p> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response:</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and</i></li> </ul> </li> </ul>

*Sexual Harassment Policy, dated 06.01.2022*

- NPCRVC Memorandum *PREA Allegations, dated 01.07.2026*
- NCDAC Policy and Procedure *PREA-300 PREA Official Response and Investigations, dated 09.04.2025*
- *Agency Support Agreement - 2025 Lexington Police Department, 04.16.2025*
- Supplemental documentation
  - <https://public.powerdms.com/NCDAC>
- Interview with agency head
- Interview with investigative staff

**Reasoning and analysis:**

**115.222(a)**

- Facility response:
  - The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including offender-on-offender sexual abuse or staff sexual misconduct).
  - Three allegations of sexual abuse and sexual harassment that were received in the past 12 months.
  - Zero allegations resulted in an administrative investigation.
  - Zero allegations referred for criminal investigation.
  - All administrative and/or criminal investigations were completed for the allegations received during the past 12 months.
- NPCRVC Memorandum - *PREA Allegations*:
  - The warden stated: "The three PREA allegations referenced in 115.222(a)-2 were determined to be Non-PREA First Time Sexual Harassment after preliminary review."
- Interview with agency head:
  - Indicated an investigation is initiated for every allegation received.
  - Indicated facility notifies law enforcement for criminal cases and documents law enforcement's response.
  - Indicated preliminary reviews determine who the allegation involves, what the allegation entails, and does the allegation meet the definition for offender-on-offender or staff-on-offender, contractor- or volunteer-on-offender, sexual abuse and or sexual harassment.

**115.222(b)**

- Facility response:
  - 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 or made publicly available via other means.
- The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - PROSECUTIONS: Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The facility investigator shall work with law enforcement and the district attorney's office to ensure appropriate criminal prosecution of cases of sexual abuse.
- NCDAC Policy and Procedure PREA-300 *PREA Official Response and Investigations*:
  - Accurate, uniform data for every allegation of sexual abuse shall be documented in OPUS by all facilities.
- <https://public.powerdms.com/NCDAC>:
  - Publicly accessible link to NCDAC Policy and Procedure PREA-300 *PREA Official Response and Investigations*.
- Interview with investigative staff:
  - Indicated facility policy requires allegations involving potentially criminal behavior be referred to the Lexington Police Department.

**115.222(c)**

- NCDAC Policy and Procedure PREA-300 *PREA Official Response and Investigations*:
  - DAC confinement or treatment facilities shall cooperate with non-DAC law enforcement agencies investigating sexual abuse, providing information upon request, unless prohibited by law. Facilities shall endeavor to remain informed about the progress of the investigation.

**115.222(d)**

- Auditor is not required to audit this provision.

**115.222(e)**

- Auditor is not required to audit this provision.

**Determination:**

The facility meets the standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Evidence relied upon in making the compliance determinations:**

- NPCRVC PAQ
  - Facility response
  - NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*, dated 06.09.2022
  - NCDAC Office of Staff Development and Training, PREA: *Sexual Abuse and Sexual Harassment 101*, dated 07.01.2025
  - NCDAC Office of Staff Development and Training, PREA: *Sexual Abuse and Sexual Harassment 201*, dated 07.01.2025
  - *Poster Red Flags - Are We Paying Attention to Staff?*, dated 12.2000
  - *Course DAC-050 Staff and Offender Relationships - Maintaining Professional Boundaries*, dated 07.01.2023
  - *Form OPA-T10 PREA Staff Training Acknowledgement of Understanding*, dated 11.07.2023
- Documentation review
- Interview of random sample of staff

**Reasoning and analysis:**

**115.231(a)**

- Facility response:
  - The agency trains all employees who may have contact with offenders on:
    - The agency's zero-tolerance policy for sexual abuse and sexual harassment;
    - How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
    - The right of offenders to be free from sexual abuse and sexual harassment;
    - The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
    - The dynamics of sexual abuse and sexual harassment in confinement;
    - The common reactions of sexual abuse and sexual harassment victims;
    - How to detect and respond to signs of threatened and actual sexual abuse;
    - How to avoid inappropriate relationships with offenders;
    - How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender,

- intersex, or gender-nonconforming offenders; and
  - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - New Employees shall receive the Sexual Abuse and Harassment 101 training that addresses the following:
    - Restated elements one through 10 of this provision; and
    - Annual refresher training and information.
  - All staff shall receive SAH 101 refresher training every two years and receive SAH 201 refresher information during the alternate years on offender sexual abuse and sexual harassment issues emphasizing the zero-tolerance and duty to report, as well as covering current sexual abuse and sexual harassment policies and procedures.
- NCDAC Office of Staff Development and Training, *PREA: Sexual Abuse and Sexual Harassment 101*:
  - Training objectives included:
    - Identify the “Prison Rape Elimination Act (PREA) of 2003” and the agency’s zero-tolerance policy of sexual abuse and sexual harassment for offenders/persons under supervision.
    - Define sexual abuse and sexual harassment.
    - Define people in confinement and under supervision 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 the unique attributes of working with females in confinement/under supervision.
    - Define the unique attributes of working with males in confinement/under supervision.
    - Define the vulnerabilities of people in confinement/under supervision.
    - Identify the dynamics of sexual abuse and sexual harassment of people in confinement and under supervision.
    - Identify how to detect signs of threatened and actual sexual abuse of people in confinement and under supervision.
    - Identify the common reactions to sexual abuse and sexual harassment.
    - Identify methods of avoiding inappropriate relationships with people in confinement and under supervision.
    - Identify techniques for communicating effectively and professionally with people in confinement and under supervision including lesbian, gay, bisexual, transgender, intersex (LGBTI) and gender nonconforming populations.
- Course DAC-050 *Staff and Offender Relationships - Maintaining Professional*

*Boundaries:*

- Prevention strategies to assist staff in dealing with undue familiarity;
- Identifying red flags for inappropriate behavior; and
- Identifying legal ramifications of undue familiarity and sexual contact with offenders.
- Documentation review:
  - Eight of eight staff files reviewed by auditor contained completion documentation for PREA-101-Sexual Abuse and Sexual Harassment.
- Interview of random sample of staff:
  - Indicated that staff receive instruction for the 10 elements of the provision in basic training and in annual in-service training.

**115.231(b)**

- Facility response:
  - Training is not tailored to the gender of the offenders at the facility.
  - Employees who are reassigned from facilities housing the opposite gender are not given additional training.
  - All staff are trained on both genders.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - New Employees: shall receive the *Sexual Abuse and Harassment 101* training that addresses the following:
    - Unique attributes of working with males and/or females in confinement/supervision.
- NCDAC Office of Staff Development and Training, PREA: *Sexual Abuse and Sexual Harassment 101*:
  - Defines the unique attributes of working with females in confinement/under supervision.
  - Defines the unique attributes of working with males in confinement/under supervision.

**115.231(c)**

- Facility response:
  - Between trainings the agency provides employees who may have contact with offenders with refresher information about current policies regarding sexual abuse and sexual harassment.
  - Employees who may have contact with offenders receive annual refresher training on PREA requirements.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Annual Refresher Training and Information:
    - All staff shall receive SAH 101 refresher training every two years; and
    - All staff shall receive SAH 201 refresher information during

the alternate years.

- Emphasizing zero-tolerance, duty to report, and current sexual abuse and sexual harassment policies and procedures.
- NCDAC Office of Staff Development and Training, *PREA: Sexual Abuse and Sexual Harassment 201*:
  - Lesson Purpose: To provide refresher training to NCDAC employees on current agency sexual abuse and sexual harassment (SAH) policies and procedures.
  - Poster *Red Flags - Are We Paying Attention to Staff?*:
    - Contained a list of events, actions or activities that should tip staff off sooner to the possibility of staff sexual misconduct.
- Form OPA-T10 *PREA Staff Training Acknowledgement of Understanding*:
  - Staff acknowledgement of understanding for:
    - Zero-tolerance policy;
    - Professional boundaries;
    - Sexual abuse and sexual harassment definitions;
    - NC General Statute 14-27.31: Sex act by institutional agent or employee; and
    - Duty to report and reporting methods.

**115.231(d)**

- Facility response:
  - The agency documents that employees who may have contact with offenders understand the training they have received through employee signature or electronic verification.
- NCDAC Policy and Procedure F.3400 Offender Sexual Abuse and Sexual Harassment Policy:
  - Certification of employee understanding of material shall be documented by signing the Form OPA-T10 *PREA Acknowledgement*; or electronic signature when completing the E-Learning course authorized by the agency.
- Documentation review:
  - NCDAC training is documented in each employee's electronic training records file.
  - Eight of eight staff files reviewed contained completion documentation for OPA-T10 *PREA Staff Training Acknowledgement of Understanding*.

**Determination:**

The facility meets the standard.

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 1294 378"><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li data-bbox="352 445 1398 815"> <p>• NPCRVC PAQ</p> <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, <i>09.02 PREA Offender Sexual Abuse and Sexual Harassment, dated 07.09.2025</i></li> <li>◦ Form OPA-T10 <i>PREA Staff Training Acknowledgement of Understanding, dated 11.07.2023</i></li> </ul> </li> </ul> <p data-bbox="280 860 667 893"><b>Reasoning and analysis:</b></p> <p data-bbox="280 927 464 960"><b>115.232(a):</b></p> <ul style="list-style-type: none"> <li data-bbox="352 1028 1474 1263"> <p>• Facility response:</p> <ul style="list-style-type: none"> <li>◦ All volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</li> <li>◦ 73 volunteers and contractors have received this training.</li> </ul> </li> <li data-bbox="352 1285 1474 1644"> <p>• NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy:</i></p> <ul style="list-style-type: none"> <li>◦ Review information on Form OPA-T10 PREA Acknowledgement which addresses: <ul style="list-style-type: none"> <li>■ The agencies standard of zero-tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders; and</li> <li>■ Applicable methods to report incidents of sexual abuse and harassment.</li> </ul> </li> </ul> </li> <li data-bbox="352 1666 1442 1812"> <p>• NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, <i>09.02 PREA Offender Sexual Abuse and Sexual Harassment:</i></p> <ul style="list-style-type: none"> <li>◦ Restated the relevant language of NCDAC Policy and Procedure F.3400.</li> </ul> </li> <li data-bbox="352 1834 1458 1935"> <p>• Interview with volunteer or contractor who have contact with offenders:</p> <ul style="list-style-type: none"> <li>◦ Indicated PREA training was completed before any interactions with offenders.</li> </ul> </li> </ul> <p data-bbox="280 1980 456 2013"><b>115.232(b)</b></p>

	<ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ 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 offenders.</li> <li>◦ All volunteers and contractors who have contact with offenders have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</li> </ul> </li> <li>• Form OPA-T10 <i>PREA Staff Training Acknowledgement of Understanding</i>: <ul style="list-style-type: none"> <li>◦ Staff acknowledgement of understanding for: <ul style="list-style-type: none"> <li>■ Zero-tolerance policy;</li> <li>■ Professional boundaries;</li> <li>■ Sexual abuse and sexual harassment definitions;</li> <li>■ NC General Statute 14-27.31: Sex act by institutional agent or employee; and</li> <li>■ Duty to report and reporting methods.</li> </ul> </li> </ul> </li> <li>• Interview with volunteer or contractor who have contact with offenders: <ul style="list-style-type: none"> <li>◦ Indicated training consisted of understanding zero-tolerance, how and to whom to report sexual abuse or sexual harassment, and definitions of sexual abuse and sexual harassment.</li> </ul> </li> </ul> <p><b>115.232(c)</b></p> <ul style="list-style-type: none"> <li>• Documentation review: <ul style="list-style-type: none"> <li>◦ Eight of eight volunteer / contractor files reviewed by the auditor contained completed OPA-T10 forms.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ NCDAC Policy and Procedure PREA-100 <i>PREA Prevention Planning and Screening, dated 09.04.2025</i></li> <li>◦ Form OPA-T102S <i>LAS DENUNCIAS RELACIONADAS CON LA PREA</i></li> </ul> </li> </ul>

AYUDAN A PREVENIR LA VIOLENCIA SEXUAL, dated 01.24.2026.

- NCDAC form OPA-T100 *Prison Rape Elimination Act (PREA) Person in Confinement or Under Supervision Education Acknowledgement*, dated 01.19.2023
- NCDAC OPUS Information - *CM Screening List*, undated
- NCDAC pamphlet *End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Act*, dated 03.24.2023.
- NCDAC manual Language Access Plan, dated 07.2024
- Supplemental documentation
  - NCDAC Factsheet OPA-T101 Facilitator Talking Points: *Offender Sexual Abuse & Sexual Harassment Intake and Orientation Upon Transfer for People in Confinement*, dated 01.01.2023
- Site review
- Documentation review
- Interview with intake staff
- Interviews with offenders

### **Reasoning and analysis:**

#### **115.233(a)**

- Facility response:
  - Offenders 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.
  - 504 offenders admitted during the past 12 months were given this information at intake.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - All offenders shall receive, during reception, information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse and sexual harassment, prevention/intervention, self-protection, treatment, and counseling.
- Form OPA-T100: *Prison Rape Elimination Act (PREA) Person in Confinement or Under Supervision Education Acknowledgement*:
  - Receipt of PREA education information (zero-tolerance policy and reporting);
  - Rape crisis center advocacy services;
  - Opportunity to ask questions related to material presented; and
  - Signature line.
- Documentation review:
  - 21 of 21 offender records reviewed by auditor received the initial sexual safety information at a diagnostic facility.
- Site review:
  - Intake staff explained that initial intake process occurs at a diagnostic facility before transfer to NPCRVC.
  - Intake staff explained form OPA-T100 to offender upon arrival and answered offender question.
- Interview with intake staff:
  - Indicated PREA education, including zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, is reviewed with each offender.Indicated all offenders, upon admission or transfer to the facility, are

presented with required sexual safety information.

- Interviews with offenders:
  - Indicated that information about sexual abuse and sexual harassment were given upon arrival to the facility.

#### **115.233(b)**

- Facility response:
  - The facility provides offenders who are transferred from a different facility with refresher information referenced in 115.233(a)-1.
  - 504 offenders transferred from a different facility during the past 12 months, who received refresher information.
- NCDAC Factsheet OPA-T101 Facilitator Talking Points: *Offender Sexual Abuse & Sexual Harassment Intake and Orientation Upon Transfer for People in Confinement*:
  - Right to be free from sexual abuse and sexual harassment;
  - Ways to report an allegation;
  - Agency and facility response to an allegation; and
  - Access to outside confidential support services.
- NCDAC OPUS Information - *CM Screening List*:
  - Lists all case management screenings for an offender.
  - Case management screenings include:
    - Required offender PREA initial and comprehensive education sessions at a diagnostic facility; and
    - Required offender PREA refresher information sessions at all other facilities.
- NCDAC pamphlet *End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Act*:
  - Contains PREA refresher information
- Interview with intake staff:
  - Indicated offenders receive required refresher information in written formats with verbal explanations from staff.
  - Indicated offenders receive comprehensive sexual safety information at diagnostic facility.
- Interviews with offenders:
  - Indicated received information about reporting and right to be free from sexual abuse, sexual harassment, and retaliation for reporting upon arrival.

#### **115.233(c)**

- Facility response:
  - Offender PREA education is available in formats accessible to all offenders, including:
    - Those who are limited English proficient;
    - Those who are deaf;
    - Those who are visually impaired;
    - Those who are otherwise disabled;
    - Those who are limited in their reading skills.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels.
- NCDAC Policy and Procedure PREA-100 *PREA Prevention Planning and Screening*:
  - Restated the relevant language of NCDAC Policy and Procedure F.3400.

- NCDAC Form OPA-T102S *LAS DENUNCIAS RELACIONADAS CON LA PREA AYUDAN A PREVENIR LA VIOLENCIA SEXUAL*:
  - Spanish language form.
  - Described ways for offenders to report sexual abuse, sexual harassment, and retaliation.
  - Included telephone number, mailing address, and email address.
  - Stated that the agency accepts anonymous and third-party reports.
- Site review:
  - Spanish language copies of offender education materials available:
    - Section II of NCDAC Form OPA-T100 *Prison Rape Elimination Act (PREA) Person in Confinement or Under Supervision Education Acknowledgement*;
    - NCDAC pamphlet *End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Act*
  - Access to interpretation services including American Sign Language (ASL).
  - Access to program and case management staff for assistance.

**115.233(d)**

- Facility response:
  - The agency maintains documentation of offender participation in PREA education sessions.
- Documentation review:
  - 21 of 21 offender records reviewed by auditor included PREA refresher information session at NPCRVC.

**115.233(e)**

- Facility response:
  - The agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, offender handbooks, or other written formats.
- Site review:
  - NCDAC pamphlet *End the Silence* is posted, in English and Spanish, on housing unit bulletin boards, hallways, dining hall, and in other areas of the facility.

**Determination:**

The facility meets the standard.

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence relied upon in making the compliance determinations:</b>
	<ul style="list-style-type: none"> <li>• NPCRVC PAQ           <ul style="list-style-type: none"> <li>◦ Facility response</li> </ul> </li> </ul>

- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*, dated 06.01.2022
- NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, 09.02 *PREA Offender Sexual Abuse and Sexual Harassment*, 07.09.2025
- NCDAC Course *PREA: Investigating Sexual Abuse in a Confinement Setting*, undated
- NCDAC Course Certificate *PREA: Investigating Sexual Abuse in a Confinement Setting*, dated 11.01.2025
- Interview with investigative staff

**Reasoning and analysis:**

**115.234(a)**

- Facility response:
  - Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Investigators shall receive training on conducting sexual abuse and harassment investigations in a confinement setting.
- NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, 09.02 *PREA Offender Sexual Abuse and Sexual Harassment*:
  - Restated relevant language of NCDAC Policy F.3400.
- Interview with investigative staff:
  - Indicated investigator training included multiple modules on evidence collection and documentation, interacting with victims, interviews, and dynamics of sexual abuse in confinement.

**115.234(b)**

- NCDAC Course *PREA: Investigating Sexual Abuse in a Confinement Setting*:
  - Sexual abuse in confinement;
  - Investigative process;
  - Working with victims;
  - Interview techniques;
  - Institutional culture;
  - Evidence standards;
  - N.C. specific sexual assault and harassment investigator training; and
  - Quiz at the end of each chapter.
- Interview with investigative staff:
  - Indicated training included reviewing proper use of Miranda and Garrity warnings, strategies for interviewing sexual abuse victims; and using the *preponderance of the evidence* standard to determine

the outcome of an administrative investigation.

**115.234(c)**

- Facility response:
  - The agency maintains documentation showing that investigators have completed the required training.
  - One investigator currently employed has completed the required training.
- NCDAC Course Certificate *PREA: Investigating Sexual Abuse in a Confinement Setting*:
  - Certificate of course completion for the facility's investigator.

**115.234(d)**

Auditor is not required to audit this provision.

**Determination:**

The facility meets the standard.

**115.235 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Evidence relied upon in making the compliance determinations:**

- NPCRVC PAQ
  - Facility response
  - NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022*
  - NCDAC training certificate *PREA - for Health Services, various dates*
  - NCDAC training transcripts, various dates

**Reasoning and analysis:**

**115.235(a)**

- Facility response:
  - The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.
  - Three medical and mental health care practitioners who work regularly at this facility who received the training required by agency

policy:

- 100 percent of medical and mental health care practitioners who work regularly at this facility received the training required by agency policy.
- NCDAC Policy and Procedure F.3400 Offender Sexual Abuse and Sexual Harassment Policy:
  - All full- and part-time medical and mental health care practitioners who work regularly in its facilities shall be trained in:
    - Detecting and assessing signs of sexual abuse and sexual harassment.
    - Preserving physical evidence of sexual abuse.
    - Responding effectively and professionally to victims of sexual abuse and sexual harassment
    - How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- Interviews with medical and mental health staff:
  - Indicated specialized training is taken annually. *PREA for Health Services* training covers detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively to victims, and how to report allegations.

#### **115.235(b)**

- Facility response:
  - Agency medical staff at this facility do not conduct forensic medical exams.
- Interview with medical and mental health staff:
  - Indicated forensic medical exams are conducted at Thomasville Medical Center.

#### **115.235(c)**

- Facility response:
  - The agency maintains documentation showing that medical and mental health practitioners have completed the required training.
  - NCDAC training certificate *PREA - for Health Services*:
    - Course completion certificates for the facility's three practitioners.

#### **115.235(d)**

- Document review:
  - Auditor observed documentation of practitioner's completion for training mandated from employees under § 115.31 including one or more of the following:

	<ul style="list-style-type: none"> <li>■ DAC-PREA-OPA 10 <i>Information for Person(s) with Direct and Indirect Contact</i>;</li> <li>■ PREA-101-<i>Sexual Abuse and Sexual Harassment (In-Service)</i>; and/or</li> <li>■ PREA-201-<i>Sexual Abuse and Sexual Harassment (In-Service)</i>.</li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.09.2022</i></li> <li>◦ NCDAC Form OPA-T100 <i>Prison Rape Elimination Act (PREA) Person in Confinement or Under Supervision Education Acknowledgement, dated 01.19.2023</i></li> <li>◦ NCDAC OPA-S010 <i>Screening for Risk, dated 10.22.2024</i></li> </ul> </li> <li>• Site review</li> <li>• Documentation review</li> <li>• Interview with staff responsible for risk screening</li> <li>• Interviews with offenders</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.241(a)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ 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 offenders.</li> </ul> </li> <li>• NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy</i>: <ul style="list-style-type: none"> <li>◦ All offenders in a DAC confinement or treatment facility shall receive a screening inventory, administered via the web-based OPUS intake system, within 24 hours after admission to a facility.</li> <li>◦ Upon transfer to another facility, within 24 hours, the PCM and/or OIC</li> </ul> </li> </ul>

shall review an offender's risk of victimization and abusiveness by reviewing the dashboard and acknowledging housing placement is appropriate.

- Site review:
  - Program director and intake staff complete intake screening with offender upon transfer to NPCRVC.
  - Staff affirmatively asked offenders to confirm or update answers from initial screening at diagnostic facility.
  - Offenders were interviewed one at a time to ensure privacy.
- Interview with staff responsible for risk screening:
  - Indicated offenders, upon transfer from another facility, are screened for risk of sexual victimization and sexual abusiveness within 24 hours of arrival.
- Interviews with offenders:
  - Indicated offenders were asked screening questions very soon after arriving at the facility.

**115.241(b)**

- Facility response:
  - The policy requires that offenders be screened for risk of sexual victimization or risk of sexually abusing other offenders within 72 hours of their intake.
  - 483 of 483 entering the facility within the past 12 months, whose length of stay in the facility was for 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other offenders within 72 hours of their entry into the facility.
- Documentation review:
  - 21 of 21 offender records reviewed by auditor were screened within a day of admission.
- Interview with staff responsible for risk screening:
  - Indicated offenders are screened within 24 hours of admission.
- Interviews with offenders:
  - Indicated screening questions included being asked about prior sexual abuse, sexual orientation, and perceived safety.

**115.241(c)**

- Facility response:
  - Risk assessment is conducted using an objective screening instrument.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - The screening tool shall utilize a standardized, objective screening instrument established by DAC and implemented uniformly across all DAC facilities.

**115.241(d) and (e)**

- NCDAC OPA-S010 *Screening for Risk*:
  - Screening instrument questions included:
    - Have you ever been a victim of sexual abuse?
    - Have you ever been charged or convicted of a sex offense of any kind?
    - Have you ever engaged in violent behavior that has caused injuries to another individual and/or has caused property damage?
    - Where you in special classes in school?
    - What is your sexual orientation?
    - Do you feel you are at risk for being attacked or harmed, either physically, emotionally, or sexually?
  - Screening inventory also asked the offender and included data from offender information screen regarding:
    - Age
    - Body build
    - Previous incarceration
    - Prior convictions for sex offenses against an adult or child
    - Criminal history
    - Any ADA status requirements
    - If the offender is developmentally disabled.
    - If the offender is gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
  - Screening staff's perception of offender being lesbian, gay, bisexual, transgender, intersex, or gender nonconforming.
- Interview with staff responsible for risk screening:
  - Indicated the initial screening is completed at a diagnostic facility prior to arrival at NPCRVC.
  - Indicated the initial screening inventory considers all factors listed in 115.41(d) and (e).
  - Indicated the initial screening inventory is a combination of offender responses and offender data previously collected.
  - Indicated the rescreening at the NPCRBC asks offenders to confirm or update answers from initial screening responses given at diagnostic facility.

**115.241(f)**

- Facility response:
  - The policy requires that the facility reassess each offenders' risk of victimization or abusiveness within a set time period, not to exceed 30 days after the offenders' arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

- 410 of 410 who entered the facility within the past 12 months and whose length of stay in the facility was over 30 days or more, 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.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Restated the language of the provision.
- Documentation review:
  - NCDAC *CM Screening List*:
    - 15 of 15 offender files reviewed by auditor, of offenders who had been at the facility for 30 or more days, contained risk rescreening dates within 30 days of initial screening date.
- Interview with staff responsible for risk screening:
  - Indicated offenders are rescreened within 30 days of initial screening.
- Interviews with offenders:
  - Indicated offenders were asked similar questions during a second meeting with screening staff.

**115.241(g)**

- Facility response:
  - The policy requires that an offender'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 offender's risk of sexual victimization or abusiveness.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Restated the language of the provision.

**115.241(h)**

- Facility response:
  - The policy prohibits disciplining offenders for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the offender has a mental, physical, or developmental disability; (b) whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the offender has previously experienced sexual victimization; and (d) the offender's own perception of vulnerability.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Offenders may not be disciplined for refusing to answer or for not disclosing complete information during screening or assessment.

	<ul style="list-style-type: none"> <li>• Interview with staff responsible for risk screening: <ul style="list-style-type: none"> <li>◦ Indicated offenders are never disciplined for refusing to respond to a question.</li> </ul> </li> </ul> <p><b>115.241(i)</b></p> <ul style="list-style-type: none"> <li>• Site review: <ul style="list-style-type: none"> <li>◦ Access to electronic files is profile based.</li> <li>◦ Access to physical file storage is restricted by locks.</li> </ul> </li> <li>• Interview with PREA coordinator: <ul style="list-style-type: none"> <li>◦ Indicated access to offender risk assessments are based on staff roles and profiles to protect sensitive information. The warden, PREA compliance staff, and screening staff have access to this information.</li> </ul> </li> <li>• Interview with staff responsible for risk screening: <ul style="list-style-type: none"> <li>◦ Indicated screening information access is restricted based on staff profile.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, <i>09.02 PREA Offender Sexual Abuse and Sexual Harassment, 07.09.2025</i></li> </ul> </li> <li>• Supplemental documentation: <ul style="list-style-type: none"> <li>◦ NCDAC OPA-S010 <i>Screening for Risk, dated 10.22.2024</i></li> </ul> </li> <li>• Interview with PREA compliance manager:</li> <li>• Interview with staff responsible for risk screening:</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.242(a)</b></p>

- Facility response:
  - The agency/facility uses information from the risk screening required by §115.41 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.
- NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, *09.02 PREA Offender Sexual Abuse and Sexual Harassment*:
  - Restated the language of the provision.
  - Upon transfer to the facility and within 24 hours, the PCM and/or the OIC shall review an offender's risk of victimization and abusiveness by reviewing the dashboard and acknowledging housing placement is appropriate.
- NCDAC OPA-S010 *Screening for Risk*:
  - Electronic dashboard contains:
    - List of offenders who are high risk for victimization (HRV) and those at high risk of abusiveness (HRA).
    - Link to view current facility bed assignments that shows where HRV and HRA offenders are housed as well as available open beds to help coordinate changes.
- Interview with PREA compliance manager:
  - Indicated use of an electronic dashboard which displays bed assignments for HRV and HRA offenders to ensure separation. HRV and HRA information is a factor for determining job, education, and program assignments.

**115.242(b)**

- Facility response:
  - The agency/facility makes individualized determinations about how to ensure the safety of each offender.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - The facility shall make individualized determination for bed assignments, based on facility housing designs, to ensure the safety of each offender.
- Interview with staff responsible for risk screening:
  - Indicated offender's screening information is used to determine if offender is at high risk for victimization or at high risk of abusiveness.

**115.242(c)**

Auditor no longer audits this provision.

**115.242(d)**

	<p>Auditor no longer audits this provision.</p> <p><b>115.242(e)</b></p> <p>Auditor no longer audits this provision.</p> <p><b>115.242(f)</b></p> <p>Auditor no longer audits this provision.</p> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ <i>NCDAC Poster OPA-T102 PREA Reporting, Help Prevent Prison Sexual Violence, dated 03.24.2023</i></li> <li>◦ <i>NCDAC Pamphlet End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Act, dated 03.24.2023</i></li> <li>◦ <i>NCDAC Handbook for Success, Improving Lives UchangeU CRV90 Improving Outcomes, undated</i></li> <li>◦ <i>NCDAC Form DC-138B Statement by Witness, dated 12.01.2025</i></li> <li>◦ <i>NCDAC Form OPA-T10 PREA Staff Training Acknowledgement of Understanding, 11.07.2023</i></li> </ul> </li> <li>• Site review</li> <li>• Documentation review</li> <li>• Interviews with random sample of staff</li> <li>• Interviews with offenders</li> <li>• Interview with PREA compliance manager</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.251(a)</b></p> <ul style="list-style-type: none"> <li>• Facility response:</li> </ul>

- The agency has established procedures allowing for multiple internal ways for offenders to report privately to agency officials about: sexual abuse or sexual harassment; retaliation by other offenders or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Offenders may report sexual abuse or sexual harassment allegations via the following methods:
    - Notifying any DAC employee;
    - Administrative remedy process;
    - PREA/Grievance locked box located at each DAC confinement or treatment facility; or
    - Contacting the DAC PREA Office by email at PREA@NCDAC.gov
- NCDAC Poster OPA-T102 *PREA Reporting, Help Prevent Prison Sexual Violence*:
  - Offenders may report:
    - To any departmental employee; or
    - By writing to the PREA Office at MSC 5230, Raleigh, NC.
- NCDAC Pamphlet *End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Act*:
  - Offenders may report:
    - By writing to the PREA Office at MSC 5230, Raleigh, NC;
    - Reporting to any staff, volunteer, contractor, or medical or mental health staff;
    - Submitting a grievance or sick call slip; or
    - Reporting to the PREA Coordinator or PREA Compliance Manager.
- NCDAC *Handbook for Success, Improving Lives UchangeU CRV90 Improving Outcomes*:
  - Ways to report for people in confinement:
    - To any departmental employee;
    - Through the administrative remedy process (grievance); or
    - By writing to the PREA Office at MSC 5230, Raleigh, NC
- Site review:
  - Auditor observed poster OPA-T102 and pamphlet *End the Silence* posted in housing units, programs area, and dining hall.
  - Auditor observed a locked grievance box outside of dining hall.
  - Auditor tested written grievance system and received an email confirmation from the warden of test grievance received.
- Interviews with random sample of staff:
  - Indicated that offenders can report privately to staff, supervisors, through the grievance process, or to the NCDAC PREA Office.
- Interviews with offenders:

- Indicated reports could be made to officers, supervisors, administrators, medical staff, case managers, probation officers, and by grievances.

**115.251(b)**

- Facility response:
  - The agency provides at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - At least one way shall be provided for offenders to report abuse 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 offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. There shall also be no time limit on when an offender may report sexual misconduct.
- NCDAC Poster OPA-T102 *PREA Reporting, Help Prevent Prison Sexual Violence*:
  - External reporting for offenders:
    - By using the People in Confinement Hotline at 972-535-3499; or
    - To the local rape crisis center, with offender consent.
- NCDAC Pamphlet *End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Act*:
  - External reporting for offenders by calling the People in Confinement Reporting Sexual Abuse and Sexual Harassment hotline at (972)535-3499.
- NCDAC *Handbook for Success, Improving Lives UchangeU CRV90 Improving Outcomes*:
  - External reporting for offenders:
    - To the local rape crisis center, with offender consent; or
    - By calling the People in Confinement Reporting Sexual Abuse and Sexual Harassment Hotline at (972)535-3499.
- Site review:
  - Auditor tested the external hotline for people in confinement and was able to make test call.
  - Auditor's test call message was routed to the NCDAC office, who then emailed confirmation to the auditor.
  - Auditor tested the number posted for the local rape crisis center, Family Services of Davison County, and was able to speak to a representative.
  - Representative confirmed that, with offender consent, a report would be forwarded to facility officials.

- Interviews with offenders:
  - Indicated phone numbers posted by the phones for the hotline and rape crisis center.
- Interview with PREA compliance manager:
  - Indicated phone numbers posted by the phones for offenders to report to an external entity.

**115.251(c)**

- Facility response:
  - 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.
  - Staff are required to immediately document verbal reports.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - All reports of sexual abuse and sexual harassment, however made, are to be reported to the warden and the DAC PREA Office.
- Documentation review:
  - NCDAC Form DC-138B *Statement by Witness*:
    - Verbal report containing a PREA allegation against staff was documented in a timely manner.
- Interviews with random sample of staff:
  - Indicated offenders can make reports verbally, in writing, anonymously, and through third parties.
  - Indicated reports are documented immediately or in a timely manner.
- Interviews with offenders:
  - Indicated reports can be made verbally to staff, anonymously, in writing, and through a family member.

**115.251(d)**

- Facility response:
  - The agency has established procedures for staff to privately report sexual abuse and sexual harassment of offenders.
  - Staff are informed of these procedures through policy, posters, handouts, and flyers.
- NCDAC Form OPA-T10 *PREA Staff Training Acknowledgement of Understanding*:
  - Ways to report include:
    - To the DAC PREA Office by email at PREA@NCDAC.gov or by telephone at (919) 825-2754;
    - To Division Director or Region Office; or
    - To NCDAC Fraud, Waste, Abuse, or Misconduct hotline @ (844)208-4018.

	<ul style="list-style-type: none"> <li>• Site review: <ul style="list-style-type: none"> <li>◦ Staff communicated with auditor that private reporting could be made to the warden, the office-in-charge (OIC), or the NCDAC PREA Office.</li> </ul> </li> <li>• Interview with random sample of staff: <ul style="list-style-type: none"> <li>◦ Indicated staff could report privately directly to the warden, the OIC, the PCM, or to the NCDAC PREA Office.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy G.0300 <i>Administrative Remedy Procedures, dated 10.01.2023</i></li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ NPCRVC Correspondence Tracking System report, <i>date range 01.01.2025 - 12.31.2025</i></li> </ul> </li> <li>• Site review</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.252(a)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ The agency has an administrative procedure for dealing with offender grievances regarding sexual abuse.</li> </ul> </li> <li>• NCDAC Policy G.0300 <i>Administrative Remedy Procedures:</i> <ul style="list-style-type: none"> <li>◦ If a grievance complains about sexual abuse or sexual harassment of an offender(s), immediate notification shall be made to the facility PREA Compliance Manager and a PREA investigation shall be initiated, if not already in the process. DAC’s PREA office may review offender grievances to ensure compliance with PREA standards.</li> </ul> </li> </ul> <p><b>115.252(b)</b></p>

- Facility response:
  - Agency policy or procedure allows an offender to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.
  - Agency policy does not require an offender to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.
- NCDAC Policy G.0300 *Administrative Remedy Procedures*:
  - No offender grievance alleging sexual abuse or harassment shall be rejected.
  - No employee who appears to be involved in a grievance shall participate in any capacity in the resolution process, except as a witness where necessary.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Offenders can report incidents of sexual abuse and harassment through the administrative remedy process.

**115.252(c)**

- Facility response:
  - The agency's policy and procedure allow an offender to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.
  - The agency's policy and procedure require that an offender grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.
- NCDAC Policy G.0300 *Administrative Remedy Procedures*:
  - Any aggrieved offender in the custody of DAC may submit a paper grievance Form DC-410 at their housing facility. Paper forms may be submitted to custody staff, through facility mail, or in designated drop-box locations.
  - No employee who appears to be involved in an offender sexual abuse or harassment allegation shall accept a grievance which suggests such personal involvement or shall participate in any capacity in the response to the grievance.

**115.252(d)**

- Facility response:
  - The agency's policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.
  - Zero grievances filed that alleged sexual abuse in the past 12 months.
  - The agency always notifies an offender in writing when the agency

files for an extension, including notice of the date by which a decision will be made.

- NCDAC Policy G.0300 *Administrative Remedy Procedures*:
  - The staff responsible for investigation and response to the offender grievance shall provide this formal Step 1 response within 15 days.
  - The warden/designee shall investigate the grievance and review records gathered at Step 1 and complete the investigation within 20 days after the appeal to Step 2.
  - The IGE shall forward their decision to the offender within 30 days from the date of the offender's appeal from Step 2.
- NPCRVC Correspondence Tracking System report, *date range 01.01.2025 - 12.31.2025*.
  - Zero PREA-related grievances during the selected date range.

**115.252(e)**

- Facility response:
  - Agency policy and procedure permits third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of offenders.
  - Agency policy and procedure requires that if an offender declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the offender's decision to decline.
  - Zero grievances alleging sexual abuse filed by offenders in the past 12 months in which the offender declined third-party assistance, containing documentation of the offender's decision to decline.
- NCDAC Policy G.0300 *Administrative Remedy Procedures*:
  - Only PREA-related grievances regarding allegations of sexual abuse may be submitted by third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, on an offender's behalf. Such PREA related grievances from third parties must be submitted to the Warden of the facility where the offender is housed. A facility may require, as a condition of processing the third-party grievance, that the alleged victim consent to have the grievance submitted on their behalf and require their participation in subsequent steps in the grievance process. If the offender declines to have the third-party grievance processed on their behalf, the facility shall document the offender's decision.
- Site review:
  - Auditor completed a third-party test of the written grievance system and received an email confirmation from the warden of test grievance received.

**115.252(f)**

- Facility response:
  - The agency has a policy and established procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse.
  - The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.
  - Zero emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.
  - The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.
- NCDAC Policy G.0300 *Administrative Remedy Procedures*:
  - Emergency grievances must be labeled as such and are grievances regarding matters which pose imminent substantial risk of personal injury or serious and irreparable harm to an offender.
  - Emergency grievances shall be submitted at an offender's housing facility and forwarded immediately, without substantive review, to the level at which corrective action can be taken by the facility screening officer.
  - Review at the corrective action level shall conclude with a Step 2 response, including any action taken in response to the grievance, within five days.

**151.252(g)**

- Facility response:
  - The agency has a written policy that limits its ability to discipline an offender for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the offender filed the grievance in bad faith.
  - In the past 12 months, zero offender grievances alleging sexual abuse that resulted in disciplinary action by the agency against the offender for having filed the grievance in bad faith.
- NCDAC Policy G.0300 *Administrative Remedy Procedures*:
  - No reprisals shall be taken against any offender or staff member for a good faith use of or participation in the grievance procedure.

**Determination:**

The facility meets the standard.

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Evidence relied upon in making the compliance determinations:

- NPCRVC PAQ
  - Facility response
  - NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*, dated 06.01.2022
  - NCDAC Pamphlet *End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Act*, dated 03.24.2023
  - NCDAC Memorandum of Understanding - *Sexual Abuse and Harassment Victim Support Mutual Aid Agreement*, dated 01.30.2025
- Site review
- Interview with offenders

### Reasoning and analysis:

#### 115.253(a)

- Facility response:
  - The facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse.
  - Offenders are given mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations.
  - The facility provides offenders with access to such services by enabling reasonable communication between offenders and these organizations in as confidential a manner as possible.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Restates the language of the provision.
- NCDAC Pamphlet *End the Silence - Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Act*:
  - Support services are available from the local Rape Crisis Center and can be reached at \*63 from a dorm phone.
- Site review:
  - Auditor observed signage containing phone number to reach emotional support services was posted by each offender phone.
  - Auditor completed a test call and was able to speak to a staff person at Family Services of Davidson County.
  - Staff person stated Family Services of Davidson County offers advocacy and counseling to incarcerated survivors of sexual abuse and harassment.
- Interview with offenders:
  - Indicated there is a number for emotional support services posted by the phones.

- Indicated that the number is free to call.

### **115.253(b)**

- Facility response:
  - The facility informs offenders, prior to giving them access to outside support services:
    - The extent to which such communications will be monitored; and
    - The mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Restated the language of the provision.
- Site review:
  - Initial announcement when placing a phone call: "This call will be monitored and recorded."
- Interview with offenders:
  - Indicated that there is an announcement on the phones about being recorded.

### **115.253(c)**

- Facility response:
  - The facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide offenders with emotional support services related to sexual abuse.
  - The facility maintains copies of the MOU.
- NCDAC Memorandum of Understanding - *Sexual Abuse and Harassment Victim Support Mutual Aid Agreement*:
  - NPCRVC agreed to make involvement of certified rape crisis counselors a component of the standard response to a report of sexual abuse and harassment and/or request for help from a survivor or sexual abuse and harassment.
  - Family Services of Davidson County agreed to provide victim support via phone and/or mail to provide counseling to survivors of sexual abuse and harassment who are incarcerated with the NC Department of Adult Correction.

### **Determination:**

The facility meets the standard.

<b>115.254</b>	<b>Third party reporting</b>
	<p data-bbox="280 188 981 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 1294 378"><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li data-bbox="352 445 1433 763"> <ul style="list-style-type: none"> <li data-bbox="352 445 1433 562">• NPCRVC PAQ <ul style="list-style-type: none"> <li data-bbox="459 483 1398 562">◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy</i>, dated 06.01.2022</li> <li data-bbox="459 568 1433 647">◦ NCDAC Poster OPA-T102 <i>Prison Rape Elimination Act (PREA) Reporting, Help Prevent Prison Sexual Violence</i>, dated 03.24.2023</li> <li data-bbox="459 654 1433 763">◦ NCDAC Poster <i>END THE SILENCE Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Act</i>, dated 2023.03.24</li> </ul> </li> <li data-bbox="352 779 544 813">• Site review</li> </ul> </li> </ul> <p data-bbox="280 853 663 887"><b>Reasoning and analysis:</b></p> <p data-bbox="280 920 453 954"><b>115.254(a)</b></p> <ul style="list-style-type: none"> <li data-bbox="352 1025 1398 1267">• Facility responses: <ul style="list-style-type: none"> <li data-bbox="459 1066 1382 1144">◦ The agency or facility provides a method to receive third-party reports of offender sexual abuse or sexual harassment.</li> <li data-bbox="459 1151 1398 1267">◦ The agency or facility publicly distributes information on how to report offender sexual abuse or sexual harassment on behalf of offenders.</li> </ul> </li> <li data-bbox="352 1279 1465 1435">• NCDAC Poster OPA-T102 <i>Prison Rape Elimination Act (PREA) Reporting, Help Prevent Prison Sexual Violence</i>: <ul style="list-style-type: none"> <li data-bbox="459 1357 1398 1435">◦ Family members and friends of offenders can report by email to <a href="mailto:SVC_dac.prea@dac.nc.gov">SVC_dac.prea@dac.nc.gov</a>.</li> </ul> </li> <li data-bbox="352 1447 1481 1648">• NCDAC Poster <i>END THE SILENCE Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Act</i>: <ul style="list-style-type: none"> <li data-bbox="459 1525 1398 1648">◦ Third-party reporting by telling a family member, friend, legal counsel, or anyone else outside the facility. They can report on offender's behalf by calling 1(844) 208-4018.</li> </ul> </li> <li data-bbox="352 1659 1449 1861">• Site review: <ul style="list-style-type: none"> <li data-bbox="459 1693 1449 1771">◦ Auditor made a third-party test report and received confirmation of receipt of test report.</li> <li data-bbox="459 1778 1382 1861">◦ Auditor observed OPA-T102 and <i>END THE SILENCE</i> posters and pamphlets displayed in the visitation area.</li> </ul> </li> </ul> <p data-bbox="280 1895 520 1928"><b>Determination:</b></p> <p data-bbox="280 1962 730 1995">The facility meets the standard.</p>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 1294 378"><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li data-bbox="352 445 1385 680"> <ul style="list-style-type: none"> <li data-bbox="352 445 571 479">• NPCRVC PAQ <ul style="list-style-type: none"> <li data-bbox="459 490 730 524">◦ Facility response</li> <li data-bbox="459 535 1331 568">◦ NCDAC Policy PREA-200 <i>PREA Reporting, dated 09.04.2025</i></li> <li data-bbox="459 580 1385 680">◦ NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, <i>09.02 PREA Offender Sexual Abuse and Sexual Harassment, 07.09.2025</i></li> </ul> </li> </ul> </li> <li data-bbox="352 703 544 736">• Site review</li> <li data-bbox="352 748 943 781">• Interviews with random sample of staff</li> </ul> <p data-bbox="280 815 667 848"><b>Reasoning and analysis:</b></p> <p data-bbox="280 882 453 916"><b>115.261(a)</b></p> <ul style="list-style-type: none"> <li data-bbox="352 994 1481 1442"> <ul style="list-style-type: none"> <li data-bbox="352 994 635 1028">• Facility response: <ul style="list-style-type: none"> <li data-bbox="459 1039 1461 1442">◦ The agency requires all staff to report immediately and according to agency policy: <ul style="list-style-type: none"> <li data-bbox="563 1117 1453 1274">■ 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.</li> <li data-bbox="563 1285 1445 1352">■ Any retaliation against offenders or staff who reported such an incident.</li> <li data-bbox="563 1364 1481 1442">■ Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</li> </ul> </li> </ul> </li> </ul> </li> <li data-bbox="352 1453 1481 2024"> <ul style="list-style-type: none"> <li data-bbox="352 1453 963 1487">• NCDAC Policy PREA-200 <i>PREA Reporting</i>: <ul style="list-style-type: none"> <li data-bbox="459 1498 1385 1688">◦ Employees, volunteers, contractors, and custodial agents shall immediately report: <ul style="list-style-type: none"> <li data-bbox="563 1576 1390 1688">■ Any knowledge, suspicion, or information regarding an incident of offender sexual abuse or sexual harassment involving an offender.</li> <li data-bbox="563 1700 1481 1812">■ Any allegation that an offender is having a sexual relationship with another offender, or with an employee, volunteer, contractor or custodial agent.</li> <li data-bbox="563 1823 1453 1935">■ Any retaliation against offenders, or employees, volunteers, contractors, and custodial agents who reported such an incident.</li> <li data-bbox="563 1946 1481 2024">■ Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.</li> </ul> </li> </ul> </li> </ul> </li> <li data-bbox="352 2036 555 2069">• Site review:</li> </ul>

- Staff reported to auditor that verbal reports to a supervisor or the Officer in Charge (OIC) are the most immediate way to begin the facility response to an allegation.

**115.261(b)**

- Facility response:
  - 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.
- NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, *09.02 PREA Offender Sexual Abuse and Sexual Harassment*:
  - The Facility Investigator and all others involved in the PREA process, to the extent possible, will ensure the confidentiality of PREA complaints as well as all data collected through the investigation of those complaints except as required in the following circumstances:
    - To cooperate with law enforcement in any investigation and prosecution of the incidents alleged in such complaints;
    - To take and enforce disciplinary action against any staff member as a result of the incidents alleged in the complaints;
    - To defend against claims brought by the offender for violation of the offender's rights for having been subjected to sexual abuse; and
    - To otherwise comply with the law.
- Interviews with random sample of staff:
  - Indicated allegation and investigation information is restricted to those staff who are part of the investigation and ongoing response post-incident.

**115.261(c)**

- Interviews with medical and mental health staff:
  - Indicated limitations of confidentiality and mandatory reporting duties are disclosed prior to providing services.
  - Indicated duty to report information about sexual victimization to supervisors or the OIC.
  - Indicated has not needed to report but would do so immediately when relevant information is obtained.

**115.261(d)**

- Interview with warden:

	<ul style="list-style-type: none"> <li>◦ Indicated that the facility does not house youthful offenders.</li> </ul> <p><b>115.261(e)</b></p> <ul style="list-style-type: none"> <li>• Interview with warden: <ul style="list-style-type: none"> <li>◦ Indicated all allegations are reported to the facility investigator including third-party and anonymous reports.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy <i>PREA-200 PREA Reporting, dated 09.04.2025</i></li> <li>◦ <i>NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, 09.02 PREA Offender Sexual Abuse and Sexual Harassment, dated 07.09.2025</i></li> </ul> </li> <li>• Interview with agency head designee</li> <li>• Interview with warden</li> <li>• Interview with random sample of staff</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.262(a)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ When the agency or facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</li> <li>◦ Zero times when the agency or facility determined that an offender was subject to a substantial risk of imminent sexual abuse in the past 12 months.</li> </ul> </li> <li>• <i>NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, 09.02 PREA Offender Sexual Abuse and Sexual Harassment:</i></li> </ul>

	<ul style="list-style-type: none"> <li>◦ When the staff learns that an offender is subject to a substantial risk of imminent sexual abuse immediate action shall be taken to protect the offender.</li> <li>• Interview with agency head designee: <ul style="list-style-type: none"> <li>◦ Indicated the coordinated facility response plan would be initiated immediately. Offender would be separated from the imminent threat.</li> </ul> </li> <li>• Interview with warden: <ul style="list-style-type: none"> <li>◦ Indicated offender would be moved to a safe area where they would be highly visible to staff and away from high-risk aggressors. PCM and custody staff would continue to monitor the offender's status.</li> </ul> </li> <li>• Interview with random sample of staff: <ul style="list-style-type: none"> <li>◦ Indicated immediate removal of offender from threat, communicate with supervisor or OIC, and monitor the offender.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy PREA-200 <i>PREA Reporting, dated 09.04.2025</i></li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, <i>09.02 PREA Offender Sexual Abuse and Sexual Harassment, 07.09.2025</i></li> </ul> </li> <li>• Interviews with random sample of staff</li> <li>• Interviews with medical and mental health staff</li> <li>• Interview with warden</li> <li>• Interview with PREA coordinator</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.263(a)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ The agency has a policy requiring that, upon receiving an allegation</li> </ul> </li> </ul>

that an offender 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.

- The facility received zero allegations during the past 12 months that an offender was abused while confined at another facility.
- NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, *09.02 PREA Offender Sexual Abuse and Sexual Harassment*:
  - Restated the language of the provision.

**115.263(b)**

- Facility response:
  - Agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.
- NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, *09.02 PREA Offender Sexual Abuse and Sexual Harassment*:
  - Restated the language of the provision.

**115.263(c)**

- Facility response:
  - The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.
  - NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
    - The warden shall document such notification by completing a memorandum to file, and uploading into the correspondence tracking system (CTS).

**115.263(d)**

- Facility response:
  - The agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards.
  - The facility received zero allegations of sexual abuse from other facilities during the past 12 months.
- NCDAC Policy PREA-200 *PREA Reporting*:
  - Upon receiving notification from another facility or agency that an allegation of sexual abuse and/or sexual harassment has been reported, the warden shall ensure the allegation is investigated in accordance with the DAC-PREA-200 PREA Investigations policy and applicable Division policies.

	<ul style="list-style-type: none"> <li>• Interview with agency head designee: <ul style="list-style-type: none"> <li>◦ Indicated the NCDAC PREA office is the designated point of contact as well as notifying the warden of the facility where the allegation occurred.</li> <li>◦ Indicated the NCDAC PREA office ensures the facility completes an investigation of the allegation. No such notifications to the NCDAC PREA office in the past 12 months.</li> </ul> </li> <li>• Interview with warden: <ul style="list-style-type: none"> <li>◦ Indicated the allegation notice from another facility triggers an investigation just like it would if the offender was still at NPCRVC.</li> <li>◦ Indicated facility has not had any relevant notifications from other facilities in the past 12 months.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure <i>F.3400 Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> </ul> </li> <li>• Interviews with random sample of staff</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.264(a)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ The agency has a first responder policy for allegations of sexual abuse.</li> <li>◦ The policy requires that, upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report: <ul style="list-style-type: none"> <li>■ To separate the alleged victim and abuser; and</li> <li>■ To preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.</li> </ul> </li> <li>◦ The policy requires that, if the abuse occurred within a time period</li> </ul> </li> </ul>

that still allows for the collection of physical evidence, the first security staff member to respond to the report:

- 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; and
  - 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.
- Zero allegations of offender sexual abuse were reported in the past 12 months.
- NCDAC Policy and Procedure F.3400 Offender Sexual Abuse and Sexual Harassment Policy:
  - Restated the language of the provision.

**115.264(b)**

- Facility response:
  - Agency 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.
  - Zero allegations of sexual abuse where a non-security staff member was the first responder during the past 12 months.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Restated the language of the provision.
- Interview with random sample of staff:
  - Indicated separation of alleged victim and abuser, contact supervisor or OIC, ensure evidence is not destroyed on victim, and document actions by writing a statement.

**Determination:**

The facility meets the standard.

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence relied upon in making the compliance determinations:</b>

- NPCRVC PAQ
  - Facility response
  - NPCRVC PREA Sexual Abuse Institutional Response Plan, undated
- Interview with warden

**Reasoning and analysis:**

**115.265(a)**

- Facility response:
  - 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.
- NPCRVC *PREA Sexual Abuse Institutional Response Plan*:
  - Provides guidelines for the training, response, tracking, staff accountability, responsibility and the investigation of offender on offender and staff on offender sexual abuse and sexual harassment at NPCRVC.
  - Outlines response duties of NPCRVC staff including:
    - First responder,
    - Medical and mental health practitioners,
    - PREA support person,
    - Investigator,
    - Facility leadership (including the PREA Compliance Manager), and
    - Sexual Abuse Response Team (SART)
- Interview with warden:
  - Indicated a coordinated response that includes first responding staff, supervisors, medical, mental health, investigator, PSP, PCM, and administrative staff.

**Determination:**

The facility meets the standard.

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence relied upon in making the compliance determinations:</b>

- NPCRVC PAQ
  - Facility response
- Interview with agency head designee

**Reasoning and analysis:**

**115.266(a)**

- Facility response:
  - The agency, facility, or any other governmental entity 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.
- Interview with agency head designee:
  - Indicated North Carolina is not a collective bargaining state.

**115.266(b)**

- Auditor is not required to audit this provision.

**Determination:**

The facility meets the standard.

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ               <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, <i>09.02 PREA Offender Sexual Abuse and Sexual Harassment, 07.09.2025</i></li> <li>◦ NCDAC Form OPA-I24 <i>Retaliation Monitoring for Persons in Confinement, dated 01.01.2023</i></li> <li>◦ NCDAC Form OPA-I22 <i>Retaliation Monitoring - Staff, dated 01.01.2023</i></li> <li>◦ <i>PREA Incident Report Tracker: North Piedmont CRVC, undated</i></li> </ul> </li> </ul>

**Reasoning and analysis:**

**115.267(a)**

- Facility response:
  - The agency has a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff.
  - The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.
- NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, *09.02 PREA Offender Sexual Abuse and Sexual Harassment*:
  - The PSP shall monitor retaliation against the victim and the offender who either report allegations, or cooperate with investigations, of sexual abuse or sexual harassment.
  - Upon notification of a sexual abuse or sexual harassment allegation the PSP will initiate monitoring the alleged victim and offender who reported the allegation or cooperated with officials during the investigation.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Restated the language of Procedure *09.02 PREA Offender Sexual Abuse and Sexual Harassment*:

**115.267(b)**

- Interview with agency head designee:
  - Indicated PREA support person (PSP) is tasked with monitoring any offender who alleges to be a victim, who reported, or who participates in the investigation. The PREA compliance manager is tasked with monitoring retaliation for a staff member who may have reported and or been involved in that investigative process.
- Interview with warden:
  - Indicated PSP will monitor victim for retaliation including periodic meetings. Abuser will be moved to another housing unit or transferred to another facility.
- Interview with staff member charged with monitoring:
  - Indicated as PSP would identify any housing, programming, or work assignment concerns of the victim offender through monitoring and periodic check-ins.
  - Indicated checking in with victim offender every week or two, or more often as warranted for 90 days.

**115.267(c)**

- Facility response:
  - The agency/facility monitors the conduct or treatment of offenders or staff who reported sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by offenders or staff.
  - The PSP monitors for 90 days.
  - The agency/facility acts promptly to remedy any such retaliation.
  - The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
  - Zero incidents of retaliation occurred in the past 12 months.
- NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, *09.02 PREA Offender Sexual Abuse and Sexual Harassment*:
  - Restated the language of the provision.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Restated the language of the provision.
- NCDAC Form OPA-I24 *Retaliation Monitoring for Persons in Confinement*:
  - At a minimum, disciplinary reports, housing or program changes will be monitored. During the monitoring for retaliation, periodic status checks are required.
  - Length of monitoring period: A minimum of 90 days, or beyond 90 days if the initial monitoring indicates a continuing need.
- NCDAC Form OPA-I22 *Retaliation Monitoring - Staff*:
  - At a minimum, negative performance reviews and reassignments will be monitored.
  - Length of monitoring period: A minimum of 90 days, or beyond 90 days if the initial monitoring indicates a continuing need.
- Interview with warden:
  - Indicated increasing contact with the PSP, and removal of retaliating individual.
- Interview with staff member charged with monitoring retaliation:
  - Indicated looks for changes in behavior and changes in group dynamics.
  - Indicated monitors for 90 days but would extend the time if there was a concern.

**115.267(d)**

- *PREA Incident Report Tracker: North Piedmont CRVC*:
  - Zero incidents of sexual abuse or sexual harassment based on the respective definitions provided in the PREA Standards.

**115.267(e)**

- Interview with warden:
  - Indicated PSP will monitor any other offender who cooperates with

	<p style="text-align: center;">an investigation and fears retaliation.</p> <ul style="list-style-type: none"> <li>◦ Indicated individual who retaliated against any other offender will be moved.</li> </ul> <p><b>115.267(f)</b></p> <ul style="list-style-type: none"> <li>• Auditor is not required to audit this provision.</li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, <i>09.02 PREA Offender Sexual Abuse and Sexual Harassment, 07.09.2025</i></li> </ul> </li> <li>• Site review</li> <li>• Documentation review</li> <li>• Interview with investigative staff</li> <li>• Interview with offenders who reported a sexual abuse</li> <li>• Interview with warden</li> <li>• Interview with PREA coordinator</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.271(a)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ The agency/facility has a policy related to criminal and administrative agency investigations.</li> </ul> </li> <li>• NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, <i>09.02 PREA Offender Sexual Abuse and Sexual Harassment:</i> <ul style="list-style-type: none"> <li>◦ Investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and</li> </ul> </li> </ul>

objectively for all allegations, including third-party and anonymous reports.

- If an alleged act of sexual abuse or sexual harassment is reported or discovered, an immediate preliminary investigation shall be conducted to determine if the incident meets the standards of PREA.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Restated relevant language of *09.02 PREA Offender Sexual Abuse and Sexual Harassment*.
- Interview with investigative staff:
  - Indicated investigations begin immediately and thoroughly by completing all steps of the investigation process.

**115.271(b)**

- Interview with investigative staff:
  - Indicated investigator training included interacting with male and female victims, evidence collection, interviewing techniques, and relevant N.C general statutes.
  - Indicated proper use of Miranda and Garrity warnings were reviewed.
  - Indicated *preponderance of the evidence* standard is used in administrative investigations.

**115.271(c)**

- Documentation review:
  - Zero incidents of sexual abuse or sexual harassment at the facility in 2025.
  - Auditor review of incident reports from 2024 indicated the reports contained list of supporting documentation including staff and offender witness statement forms, investigative actions, and number of prior reports where the alleged victim and/or alleged abuser was involved.
- Interview with investigative staff:
  - Indicated investigations begin with reviewing allegation and ensuring all evidence is preserved and then collected.
  - Indicated investigations include collecting any physical evidence, reviewing video and phone calls, collecting witness statements for all parties involved, and interviewing alleged victim, staff, offender witnesses, and alleged abuser if willing.

**115.271(d)**

- Interview with investigative staff:
  - Indicated that the Lexington Police Department would be consulted

on allegations that appear to include criminal acts.

**115.271(e)**

- Interview with investigative staff:
  - Indicated credibility is assessed by evaluating all the evidence collected.
  - Indicated polygraph examinations are never administered as part of the administrative investigation.

**115.271(f)**

- Interview with investigative staff:
  - Indicated staff actions or failure to act are documented in reports.
  - Indicated written reports include a description of the allegation, staff actions and responses, investigator actions and all evidence gathered.
- Site review:
  - Auditor observed physical storage areas are equipped with a keyed lock and electronic storage is profile based and password protected.

**115.271(g)**

- Document review:
  - Zero substantiated allegations in 2024 and 2025.
- Interview with investigative staff:
  - Indicated criminal reports would be documented by the Lexington Police Department.

**115.271(h)**

- Facility response:
  - Substantiated allegations of conduct that appear to be criminal are referred for prosecution.
  - Zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Restated the language of the provision.
- Interview with investigative staff:
  - Indicated if the allegation includes possible criminal acts it is referred to Lexington Police Department.

**115.271(i)**

- Facility response:
  - The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- NCDAC Policy and Procedure *F.3400 Offender Sexual Abuse and Sexual Harassment Policy*:
  - All written reports referenced in paragraph (g) of this section shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

**115.271(j)**

- Interview with investigative staff:
  - Indicated an investigation is still completed when an alleged abuser, whether offender or staff, is no longer at the facility.

**115.271(k)**

- Auditor is not required to audit this provision.

**115.271(l)**

- Interview with warden:
  - Indicated facility administration receives a case number and contact information from the criminal investigator.
- Interview with PREA coordinator:
  - Indicated facility wardens and the office of internal affairs liaise with investigators to stay updated on case status.
- Interview with PREA compliance manager:
  - Indicated contact information and case number are received from the criminal investigator.
- Interview with investigative staff:
  - Indicated sharing of reports with criminal investigator.

**Determination:**

The facility meets the standard.

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> </ul> </li> <li>• Documentation review</li> <li>• Interview with investigative staff</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.272(a)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ The agency imposes a standard of a <i>preponderance of the evidence</i> or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</li> </ul> </li> <li>• NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy</i>: <ul style="list-style-type: none"> <li>◦ The agency shall impose no standard higher than a <i>preponderance of the evidence</i> in determining whether allegations of sexual abuse or sexual harassment are substantiated, §115.72 of the national standards.</li> </ul> </li> <li>• Documentation review: <ul style="list-style-type: none"> <li>◦ Investigators used <i>preponderance of the evidence</i> as the standard to determine whether allegations were substantiated in administrative investigations review by the auditor.</li> </ul> </li> <li>• Interview with investigative staff: <ul style="list-style-type: none"> <li>◦ Indicated <i>preponderance of the evidence</i> is the evidentiary standard used in administrative investigations.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and</i></li> </ul> </li> </ul>

*Sexual Harassment Policy, dated 06.01.2022*

- *NCDAC Form OPA-I30 Support Services Status Notification for Persons in Confinement, dated 01.01.2023*

- Documentation review
- Interview with warden
- Interview with investigative staff

**Reasoning and analysis:**

**115.273(a)**

- Facility response:
  - The agency has a policy requiring that any offender 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.
  - Zero criminal and/or administrative investigations of alleged offender sexual abuse that were completed by the agency/facility in the past 12 months.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Following an investigation into an offender's allegation that he or she suffered sexual abuse in a facility, the PSP shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
  - Notification shall be documented on Form OPA-I30 *Support Services*.
  - If the DAC did not conduct the investigation, the PSP shall request, through the chain of command, the relevant information from the investigative agency in order to inform the offender.
- Interview with warden:
  - Indicated outcome notification is provided by PSP to victim offender upon completion of the investigation.
- Interview with investigative staff:
  - Indicated the PSP provides the notification to the victim.

**115.273(b)**

- Facility response:
  - If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the offender of the outcome of the investigation.
  - Zero investigations of alleged offender sexual abuse in the facility that were completed by an outside agency in the past 12 months.

**115.273(c)**

- Facility response:
  - Following an offender's allegation that a staff member has committed sexual abuse against the offender, the agency/facility subsequently informs the offender (unless the agency has determined that the allegation is unfounded) whenever:
    - The staff member is no longer posted within the offender's unit;
    - The staff member is no longer employed at the facility;
    - The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
    - The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
  - There have been zero substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against an offender in an agency facility in the past 12 months.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Following an offender's allegation that a staff member has committed sexual abuse against the offender, the PSP shall subsequently inform the offender of any applicable notifications listed in the provision.

**115.273(d)**

- Facility response:
  - Following an offender's allegation that she has been sexually abused by another offender in an agency facility, the agency subsequently informs the alleged victim whenever:
    - The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
    - The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Restated the language of the provision.

**115.273(e)**

- Facility response:
  - The agency has a policy that all notifications to offenders described under this standard are documented.
  - In the past 12 months, zero notifications to offenders that were provided pursuant to this standard.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:

	<ul style="list-style-type: none"> <li>◦ All such notifications or attempted notifications shall be documented.</li> <li>• NCDAC Form OPA-I30 <i>Support Services Status Notification for Persons in Confinement</i>: <ul style="list-style-type: none"> <li>◦ Provided documentation of the notifications listed in 115.273(c) and (d).</li> <li>◦ OPA-I30S Spanish language form.</li> </ul> </li> </ul> <p><b>115.273(f)</b></p> <ul style="list-style-type: none"> <li>• Auditor is not required to audit this provision.</li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure <i>J.0100 Conduct of Employees, dated 06.03.2024</i></li> <li>◦ NCDAC Policy and Procedure <i>F.3400 Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, <i>09.02 PREA Offender Sexual Abuse and Sexual Harassment, 07.09.2025</i></li> </ul> </li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.276(a)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</li> </ul> </li> <li>• NCDAC Policy and Procedure <i>J.0100 Conduct of Employees</i>: <ul style="list-style-type: none"> <li>◦ An employee shall not engage in sexual misconduct or harassment with an offender.</li> <li>◦ No employee will engage in acts of horseplay or joking with</li> </ul> </li> </ul>

offenders or deliver or send messages or engage in written personal correspondence or conversing with offenders via telephones or electronic devices.

- Any employee involved in such personal dealings with offenders will be subject to disciplinary action up to and including dismissal.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Restated the language of the provision.

**115.276(b)**

- Facility response:
  - In the past 12 months, zero staff from the facility have violated agency sexual abuse or sexual harassment policies.
  - In the past 12 months, zero staff from the facility have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

**115.276(c)**

- Facility response:
  - 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, zero staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).
- NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, *09.02 PREA Offender Sexual Abuse and Sexual Harassment*:
  - Restated the language of the provision.

**115.276(d)**

- Facility response:
  - 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 relevant licensing bodies.
  - In the past 12 months, zero staff from the facility that have been reported to law enforcement or licensing boards following their

	<p style="text-align: center;">termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <ul style="list-style-type: none"> <li>• NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy</i>: <ul style="list-style-type: none"> <li>◦ Restated the language of the provision.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> </ul> </li> <li>• Documentation review</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.277(a)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ 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.</li> <li>◦ Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with offenders.</li> <li>◦ In the past 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of offenders.</li> </ul> </li> <li>• NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy</i>: <ul style="list-style-type: none"> <li>◦ Any contractor or volunteer who engages in sexual abuse shall be immediately prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</li> </ul> </li> <li>• Documentation review: <ul style="list-style-type: none"> <li>◦ Auditor observed the facility had zero incidents and subsequent</li> </ul> </li> </ul>

	<p>reports for 2025 which met the PREA definition of sexual abuse or sexual harassment.</p> <ul style="list-style-type: none"> <li>◦ Auditor observed zero 2024 incident reports where a contractor or volunteer was named as the alleged abuser.</li> </ul> <p><b>115.277(b)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ The facility takes appropriate remedial measures and considers whether to prohibit further contact with offenders in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</li> </ul> </li> <li>• NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy</i>: <ul style="list-style-type: none"> <li>◦ Volunteers /Contracting agents: <ul style="list-style-type: none"> <li>■ Appropriate remedial measures shall be considered whether to prohibit further contact with offenders in the case of any other violation of sexual abuse or sexual harassment policies.</li> </ul> </li> </ul> </li> <li>• Interview with agency director designee: <ul style="list-style-type: none"> <li>◦ Indicated contractor or volunteer would no longer be allowed contact with offenders.</li> <li>◦ Indicated no such violations have occurred.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ NCDAC Policy and Procedure B.0200 <i>Offender Disciplinary Procedures, dated 12.04.2024</i></li> </ul> </li> <li>• Documentation review</li> <li>• Interview with warden</li> <li>• Interview with medical and mental health staff</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.278(a)</b></p>

- Facility response:
  - Offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an offender engaged in offender-on-offender sexual abuse.
  - Offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for offender-on-offender sexual abuse.
  - If the agency prohibits all sexual activity between offenders and disciplines offenders for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.
  - In the past 12 months, zero administrative findings of offender-on-offender sexual abuse that have occurred at the facility.
  - In the past 12 months, zero criminal findings of guilt for offender-on-offender sexual abuse that have occurred at the facility.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Restated the language of the provision.

**115.278(b)**

- NCDAC Policy and Procedure B.0200 *Offender Disciplinary Procedures*:
  - Class A, Category I Offenses:
    - (A05) Commit an assault on another offender with intent to commit any sexual act.
    - (A11) Commit an assault on a staff member with intent to commit any sexual act.
    - (A17) Commit an assault on any person, other than an employee or offender, with intent to commit any sexual act.
    - (A25) Commit, solicit, or incite others to commit any sexual act or indecently expose oneself, or touch the sexual or other intimate parts of oneself or another person for the purpose of sexual gratification.
- Interview with warden:
  - Indicated a substantiated investigation outcome would lead to a disciplinary process for the abuser.

**115.278(c)**

- Interview with warden:
  - Indicated disciplinary process would consider whether the offender's mental disabilities or mental illness contributed to their behavior when determining if and what type of sanction should be imposed.
  - Indicated a developmentally disabled offender would have a staff person present during the disciplinary process to assist with the process.

**115.278(d)**

- Facility response:
  - The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.
  - The facility considers whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual*

*Harassment Policy:*

- A mental health evaluation shall be conducted after a substantiated incident and the offender shall be offered treatment when deemed appropriate by mental health practitioners. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits.
- Interview with medical and mental health staff:
  - Indicated the facility offers counseling or other interventions to the abusing offender.
  - Indicated the facility considers whether to require the abusing offender to participate but ultimately participation in the intervention needs to be voluntary.

**115.278(e)**

- Facility response:
  - The agency disciplines offenders for sexual conduct with staff only upon finding that the staff member did not consent to such contact.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy:*
  - The agency may not discipline an offender victim for sexual contact with staff unless a finding that the staff member did not consent to such contact.
- Documentation review:
  - The auditor noted zero incidents of offender discipline, relevant to this provision, in incident reports reviewed.

**115.278(f)**

- Facility response:
  - 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 evidence sufficient to substantiate the allegation.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy:*
  - Restated the language of the provision.

**115.278(g)**

- Facility response:
  - The agency prohibits all sexual activity between offenders.
  - If the agency prohibits all sexual activity between offenders and disciplines offenders for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.
- NCDAC Policy and Procedure B.0200 *Offender Disciplinary Procedures:*
  - Class A, Category I Offenses:
    - (A05) Commit an assault on another offender with intent to commit any sexual act.
    - (A11) Commit an assault on a staff member with intent to commit any sexual act.
    - (A17) Commit an assault on any person, other than an employee or offender, with intent to commit any sexual act.

	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>■ (A25) Commit, solicit, or incite others to commit any sexual act or indecently expose oneself, or touch the sexual or other intimate parts of oneself or another person for the purpose of sexual gratification.</li> </ul> </li> </ul> </li> <li>• NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy</i>: <ul style="list-style-type: none"> <li>◦ Sexual abuse of an offender, detainee, or resident by another offender, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse: <ul style="list-style-type: none"> <li>■ Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.</li> <li>■ Contact between the mouth and the penis, vulva, or anus.</li> <li>■ Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and</li> <li>■ Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.</li> </ul> </li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, <i>09.02 PREA Offender Sexual Abuse and Sexual Harassment, 07.09.2025</i></li> <li>◦ NCDPS Health Services Policy &amp; Procedure <i>CP-18 Sexual Abuse, dated 02.2014</i></li> </ul> </li> <li>• Interview with medical and mental health staff</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.282(a)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ Offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</li> <li>◦ The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.</li> </ul> </li> </ul>

- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - If an alleged act of sexual abuse has occurred and there may be forensic medical evidence, the offender may need medical assistance, or other circumstances dictate, arrangements shall be promptly made to have the alleged offender-victim examined by medical services.
- NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, 09.02 *PREA Offender Sexual Abuse and Sexual Harassment*:
  - Restates the language of NCDAC Policy and Procedure F.3400.
- NCDPS Health Services Policy & Procedure *CP-18 Sexual Abuse, dated 02.2014*:
  - It is the policy of the Division of Adult Correction to provide to all offenders who allege sexual abuse a prompt medical evaluation and to offer a referral to Mental Health Services.
  - This protocol is not intended to be applicable to every clinical situation which practitioners may encounter and is not meant as a substitute for individual judgment and professional expertise.
- Interview with medical and mental health staff:
  - Indicated that offender victims of sexual abuse receive timely and unimpeded access to emergency medical treatment as soon as medical is notified.
  - Indicated that treatment provided is determined according to medical staff's professional judgement, training, experience, and medical policies.

**115.282(b)**

- The facility had zero reports of sexual abuse in the past 12 months and therefore zero first responders.

**115.282(c)**

- Facility response:
  - Offender 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.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Medical Services will follow medical protocol, which includes provisions for examination, documentation, and transport to the local emergency department when appropriate, where the following will occur, collection of forensic evidence, testing for sexually transmitted diseases, counseling, and prophylactic treatment. Medical Services will ensure that the offender receives medical follow-up and is offered a referral for mental health services.
- Interview with medical and mental health staff:
  - Indicated offender victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

**115.282(d)**

- Facility response:
  - Treatment services are provided to every victim without financial

	<p>cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <ul style="list-style-type: none"> <li>• NCDPS Health Services Policy &amp; Procedure <i>CP-18 Sexual Abuse</i>: <ul style="list-style-type: none"> <li>◦ All care for sexual abuse will be provided at no cost.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, <i>09.01 Sexual Abuse Institutional Response Plan, dated 04.19.16</i></li> <li>◦ NCDPS Health Services Policy &amp; Procedure <i>CP-18 Sexual Abuse, dated 02.2014</i></li> <li>◦ NCDAC Health Services Policy &amp; Procedure <i>CC-4 Pregnant Inmates, dated 03.2002</i></li> </ul> </li> <li>• Interview with medical and mental health staff</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.283(a)</b></p> <ul style="list-style-type: none"> <li>• Facility response <ul style="list-style-type: none"> <li>◦ The facility offers medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</li> </ul> </li> <li>• NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy</i>: <ul style="list-style-type: none"> <li>◦ Medical Services will follow medical protocol, which includes provisions for examination, documentation, and transport to the local emergency department when appropriate, where the following will occur, collection of forensic evidence, testing for sexually transmitted diseases, counseling, and prophylactic treatment.</li> <li>◦ Medical Services will ensure that the offender receives medical follow-up and is offered a referral for mental health services.</li> </ul> </li> <li>• NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, <i>09.01 Sexual Abuse Institutional Response Plan</i>: <ul style="list-style-type: none"> <li>◦ Ongoing medical and mental health care for sexual abuse victims and abusers: <ul style="list-style-type: none"> <li>■ North Piedmont CRV Center shall offer medical and mental health evaluation and as appropriate, treatment to all</li> </ul> </li> </ul> </li> </ul>

offenders who have been victimized by sexual abuse.

**115.283(b)**

- Interview with medical and mental health staff:
  - Indicated victimized offenders receive initial evaluation and treatment of injuries, additional services at hospital and/or facility as appropriate, referrals, and continuity of care.

**115.283(c)**

- Interview with medical and mental health staff:
  - Indicated that medical and mental health services offered and provided are consistent with community level of care.

**115.283(d)**

- Facility response:
  - Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.
- NCDPS Health Services Policy & Procedure CP-18 *Sexual Abuse*, dated 02.2014:
  - Pregnancy test will be offered if less than 65 years old and vaginal abuse, as applicable.

**115.283(e)**

- Facility response:
  - 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.
- NCDPS Health Services Policy & Procedure CP-18 *Sexual Abuse*:
  - The Outreach Nurse Clinician assigned to the facility will be available to assist with counseling and testing.
- NCDOC Health Services Policy & Procedure CC-4 *Pregnant Inmates*:
  - Comprehensive counseling and medical care are given to pregnant offenders in keeping with their expressed desires in planning for their unborn children.
- Interview with medical and mental health staff:
  - Indicated that offenders who become pregnant due to sexual abuse are given timely information and access to all lawful pregnancy-related services.
  - Indicated that information is given as soon as practical and access to services is given upon pregnancy confirmation.

**115.283(f)**

1. Facility response:
  1. Offender victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
  2. NCDPS Health Services Policy & Procedure CP-18 *Sexual Abuse*:
    1. Offender will be counseled by the facility provider/nurse relative to risk for possible exposure to sexually transmitted diseases. For sexual abuse reported within 72 hours,

consideration of post-exposure prophylaxis (PEP) for HIV, chlamydia, gonorrhea, trichomonas, and bacterial vaginosis, will be based on current CDC guidelines.

**115.283(g)**

- Facility response:
  - Treatment services are 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.
- NCDPS Health Services Policy & Procedure CP-18 *Sexual Abuse*:
  - All care for sexual abuse will be provided at no cost.

**115.283(h)**

- Facility response:
  - The facility attempts to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.
- NCDPS Health Services Policy & Procedure CP-18 *Sexual Abuse*:
  - Once an investigation has been completed and an offender has been determined to be an offender-on-offender abuser, within 60 days, a mental health clinician will attempt to conduct an evaluation and offer treatment when deemed appropriate.

**Determination:**

The facility meets the standard.

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ           <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ NCDAC Form OPA-I10 <i>Post Incident Review (PIR), revised 01.01.2023</i></li> <li>◦ NCDAC Davidson CC / North Piedmont CRV Standard Operating Procedure, <i>09.02 PREA Offender Sexual Abuse and Sexual Harassment, 07.09.2025</i></li> </ul> </li> <li>• Interview with warden</li> <li>• Interview with PREA compliance manager</li> </ul>
	<b>Reasoning and analysis:</b>
	<b>115.286(a)</b>

- Facility response:
  - The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.
  - In the past 12 months, zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - A PIR shall be completed for all substantiated and unsubstantiated allegations of sexual abuse and documented on Form OPA-I10 *Post Incident Review (PIR)*.

**115.286(b)**

- Facility response:
  - The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.
  - In the past 12 months, zero 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.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - The PIR shall be completed by the facility within 30 days of the conclusion of the sexual abuse investigation.

**115.286(c)**

- Facility response:
  - 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.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - The PIR is completed with input from upper-level management officials, investigators, and medical or mental health practitioners.
- Interview with warden:
  - Indicated the incident review team is multidisciplinary and comprised of PCM, investigator, supervisors, and administrators.

**115.286(d)**

- Facility response:
  - 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 Compliance Manager.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Restated the language of the provision.
- Form OPA-I10 *Post Incident Review (PIR)*:
  - Contained all six requirements of the provision.

	<ul style="list-style-type: none"> <li>• Interview with warden: <ul style="list-style-type: none"> <li>◦ Indicated the post incident review team would use PIR information to make changes to facility areas, staffing, policies, or procedures.</li> <li>◦ Indicated that group dynamics, blind spots and other physical barriers, staffing levels, and monitoring technologies, such as cameras and mirrors, are all assessed during a PIR.</li> </ul> </li> <li>• Interview with PREA compliance manager: <ul style="list-style-type: none"> <li>◦ Indicated results of incident reviews are documented on the PIR form.</li> <li>◦ Indicated would review PIR forms and attempt to identify trends.</li> <li>◦ Indicated that corrective actions would be initiated immediately when feasible.</li> </ul> </li> </ul> <p><b>115.286(e)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ The facility implements the recommendations for improvement or documents its reasons for not doing so.</li> </ul> </li> <li>• NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy</i>: <ul style="list-style-type: none"> <li>◦ Report containing recommendations for improvement are submitted to the warden and PREA compliance manager.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ NCDAC <i>Internal Investigation PREA Investigator Guidelines - Facility, dated 01.01.2023</i></li> </ul> </li> <li>• Supplemental files: <ul style="list-style-type: none"> <li>◦ NCDAC Prison Rape Elimination Act (PREA) of 2003, <i>Sexual Abuse Annual Report 2022-2023, undated</i></li> <li>◦ <i>The Center for Women PREA Facility Audit Report: Final, dated 07.21.2025</i></li> </ul> </li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.287(a)</b></p> <ul style="list-style-type: none"> <li>• Facility response: <ul style="list-style-type: none"> <li>◦ The agency collects accurate, uniform data for every allegation of</li> </ul> </li> </ul>

sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Accurate, uniform data for every allegation of sexual abuse shall be documented in OPUS by all facilities.
- NCDAC *Internal Investigation PREA Investigator Guidelines*:
  - Gather relevant documentation and evidence, such as:
    - OPUS screens;
    - Written statements by staff and/or offenders if already provided;
    - Photos;
    - Videos;
    - Telephone transcripts;
    - Letters or other materials collected from offender's personal belongings;
    - History of prior complaints and reports of sexual abuse involving the suspected perpetrator;
    - Applicable policies, procedures, standard operation procedures, and agreements; and
    - Assist with interviews.

#### **115.287(b)**

- Facility response:
  - The agency aggregates the incident-based sexual abuse data at least annually.
- NCDAC Prison Rape Elimination Act (PREA) of 2003, *Sexual Abuse Annual Report 2022-2023*:
  - Comparison charts of 2022 and 2023 by:
    - Type of reported allegation;
    - Type of substantiated case;
    - Type of alleged perpetrator;
    - Gender of alleged victim; and
    - Victims that identify as transgender offender.

#### **115.287(c)**

- Facility response:
  - 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.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Accurate, uniform data for every allegation of sexual abuse shall be documented in OPUS by all facilities.

#### **115.287(d)**

- Facility response:
  - The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - All written investigation reports will be retained as long as the

alleged abuser is incarcerated or employed by the agency, plus five years; or sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise, whichever is greater.

**115.287(e)**

- Facility response:
  - The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders.
- *The Center for Women PREA Facility Audit Report: Final:*
  - Includes incident-based and aggregated data for agency's one private facility contract.

**115.287(f)**

- Facility response:
  - The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

**Determination:**

The facility meets the standard.

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ               <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC <i>Prison Rape Elimination Act (PREA) of 2003, Sexual Abuse Annual Report 2022-2023, undated</i></li> <li>◦ NCDAC <i>Policy and Procedure F.3400 Offender Sexual Abuse and Sexual Harassment Policy, dated 06.09.2022</i></li> <li>◦ NPCRVC Memorandum - <i>Redacted Material in the Annual Report, dated 01.28.2026</i></li> </ul> </li> <li>• Supplemental documentation:               <ul style="list-style-type: none"> <li>◦ NCDAC <i>Prison Rape Elimination Act (PREA) of 2003, Sexual Abuse Annual Report 2023-2024, undated</i></li> </ul> </li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.288(a)</b></p> <ul style="list-style-type: none"> <li>• The agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:</li> </ul>

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- 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.
- NCDAC Prison Rape Elimination Act (PREA) of 2003, *Sexual Abuse Annual Report 2023-2024*:
  - Described corrective actions taken in response to issues identified in 2023 and 2024.
- NCDAC *Prison Rape Elimination Act (PREA) of 2023, Sexual Abuse Annual Report 2022-2023*:
  - Described corrective actions taken in response to issues identified in 2022 and 2023.
- Interview with agency head designee:
  - Used post-incident sexual abuse data to determine if there is a need for policy changes, training modifications, or practice adjustments.
- Interview with PREA coordinator:
  - Indicated the agency takes corrective action after identifying an issue and lists corrective actions by facility in the annual reports.
- Interview with PREA compliance manager:
  - Indicated using data collected to improve effectiveness of facility prevention, detection, and response practices.

**115.288(b)**

- Facility response:
  - The annual report includes a comparison of the current year's data and corrective actions with those from prior years.
  - The annual report provides an assessment of the agency's progress in addressing sexual abuse.
- NCDAC Prison Rape Elimination Act (PREA) of 2003, *Sexual Abuse Annual Report 2023-2024*:
  - Compared 2023 and 2024 sexual abuse and sexual harassment data.
  - Described departmental accomplishments in prevention, response, training and education.
- NCDAC *Prison Rape Elimination Act (PREA) of 2003, Sexual Abuse Annual Report 2022-2023*:
  - Compared 2022 and 2023 sexual abuse and sexual harassment data.
  - Described departmental accomplishments in prevention, response, training and education.

**115.288(c)**

- Facility response:
  - The agency makes its annual report readily available to the public at least annually through its website.
  - Listed [dac.nc.gov/information-and-services/prea-office](http://dac.nc.gov/information-and-services/prea-office)
  - The annual reports are approved by the agency head.
- Interview with agency head designee:
  - Indicated the Secretary of the NC Department of Adult Correction approves annual reports.

**115.288(d)**

- Facility response:
  - When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where

	<p>publication would present a clear and specific threat to the safety and security of the facility.</p> <ul style="list-style-type: none"> <li>◦ The agency indicates the nature of material redacted.</li> <li>• NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy</i>: <ul style="list-style-type: none"> <li>◦ CONFIDENTIALITY: The Facility Investigator and all others involved in the PREA process, to the extent possible, will ensure the confidentiality of PREA complaints as well as all data collected through the investigation of those complaints except as required in the following circumstances: (1) to cooperate with law enforcement in any investigation and prosecution of the incidents alleged in such complaints; (2) to take and enforce disciplinary action against any staff member as a result of the incidents alleged in the complaints; (3) to defend against claims brought by the offender for violation of the offender's rights for having been subjected to sexual abuse; and (4) to otherwise comply with the law.</li> </ul> </li> <li>• NPCRVC Memorandum - <i>Redacted Material in the Annual Report</i>: <ul style="list-style-type: none"> <li>◦ Warden stated "All staff and offender identifiers are redacted from the annual report."</li> </ul> </li> <li>• Interview with PREA coordinator: <ul style="list-style-type: none"> <li>◦ Indicated the annual report does not include sensitive information, such as offender names, opus numbers, staff identification numbers, etc.</li> </ul> </li> </ul> <p><b>Determination:</b></p> <p>The facility meets the standard.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• NPCRVC PAQ <ul style="list-style-type: none"> <li>◦ Facility response</li> <li>◦ NCDAC Policy and Procedure F.3400 <i>Offender Sexual Abuse and Sexual Harassment Policy, dated 06.01.2022</i></li> <li>◦ NCDAC Manual OPUS: Incident Management System (Web based), undated.</li> <li>◦ NCDAC Prison Rape Elimination Act (PREA) of 2003, <i>Sexual Abuse Annual Report 2022-2023, undated</i></li> </ul> </li> <li>• Supplemental documentation <ul style="list-style-type: none"> <li>◦ NCDAC Prison Rape Elimination Act (PREA) of 2003, <i>Sexual Abuse Annual Report 2023-2024, undated</i></li> </ul> </li> <li>• Site review</li> <li>• Interview with PREA coordinator</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.289(a)</b></p>

- Facility response:
  - The agency ensures that incident-based and aggregate data are securely retained.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - Ensure that data is securely retained.
- NCDAC Manual *OPUS: Incident Management System (Web based)*, undated.
  - PREA Incidents have unique security rules and can only be viewed by users who are the assigned investigator to an incident, facility warden, or an agency reviewing authority.
- Site review:
  - Facility physical storage of hard-copy PREA-related documentation was secured by keyed locks.
  - Facility electronic storage of PREA-related documentation was secured through role-based access and password protection.
- Interview with PREA coordinator:
  - Indicated electronic data is securely retained through the web-based system, OPUS, and roles-based access.

**115.289(b)**

- Facility response:
  - 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 its website.
  - Lists [dac.nc.gov/information-and-services/prea-office](http://dac.nc.gov/information-and-services/prea-office):
    - Contained links to annual reports with aggregated sexual abuse data from its facilities.
    - Contained links to facility PREA audit final reports.

**115.289(c)**

- Facility response:
  - Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.
  - The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.
- NCDAC Policy and Procedure F.3400 *Offender Sexual Abuse and Sexual Harassment Policy*:
  - All written investigation reports will be retained as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise, whichever is greater.
- NCDAC Prison Rape Elimination Act (PREA) of 2003, *Sexual Abuse Annual Report 2023-2024*:
  - All personal identifiers removed from aggregated sexual abuse data.
- NCDAC Prison Rape Elimination Act (PREA) of 2003, *Sexual Abuse Annual Report 2022-2023*:
  - All personal identifiers removed from aggregated sexual abuse data.

**115.289(d)**

- Documentation review:
  - [dac.nc.gov/information-and-services/prea-office](http://dac.nc.gov/information-and-services/prea-office) contains links to:

- Sexual abuse annual reports for 2015-2023; and
- Facility PREA audit reports for 2014-2025.

**Determination:**

The facility meets the standard.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <a href="http://dac.nc.gov/information-and-services/prea-office">dac.nc.gov/information-and-services/prea-office</a></li> <li>• Document review</li> <li>• Site review</li> </ul> <p><b>Reasoning and analysis:</b></p> <p><b>115.401(a)</b></p> <ul style="list-style-type: none"> <li>• <a href="http://dac.nc.gov/information-and-services/prea-office">dac.nc.gov/information-and-services/prea-office</a>: <ul style="list-style-type: none"> <li>◦ Contained links to facility PREA audit reports for 2014-2025.</li> <li>◦ Facilities were audited once every three year cycle.</li> <li>◦ The agency met this standard during Cycle IV.</li> </ul> </li> </ul> <p><b>115.401(b)</b></p> <ul style="list-style-type: none"> <li>• <a href="https://www.dac.nc.gov/information-and-services/prea-office">https://www.dac.nc.gov/information-and-services/prea-office</a> <ul style="list-style-type: none"> <li>◦ The facility met this provision in the prior year.</li> <li>◦ During audit cycle IV: <ul style="list-style-type: none"> <li>■ 17 facilities were audited in Year 1</li> <li>■ 20 facilities were audited in Year 2</li> <li>■ 22 facilities were audited in Year 3</li> </ul> </li> </ul> </li> </ul> <p><b>115.401(h)</b></p> <ul style="list-style-type: none"> <li>• The facility provided the auditor with full access to all areas of the audited facility.</li> </ul> <p><b>115.401(i)</b></p> <ul style="list-style-type: none"> <li>• The auditor was permitted to requested and and receive copies of all</li> </ul>

relevant documents and information.

**115.401(m)**

- The facility provided the auditor a private setting to conduct interviews of offenders selected by the auditor.

**115.401(n)**

- Document review:
  - The facility posted the Notice of Audit in English and Spanish throughout the facility and emailed seven proof photos to the auditor.
  - Notice of Audit included:
    - Dates for the onsite portion of the facility’s PREA audit;
    - A confidentiality statement;
    - Auditor's mailing address; and
    - Auditor's email address.
- Site review:
  - Auditor verified that Notices of Audit were posted in housing units and other high traffic areas for offenders and staff.
  - Through informal conversations with the auditor, offenders indicated that the Notice of Audit had been posted for several weeks.
  - Offenders stated they had access to locked mail boxes to send mail so letters did not have to be given to staff.

**Determination:**

The facility meets the standard.

115.403	Audit contents and findings
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence relied upon in making the compliance determinations:</b> <ul style="list-style-type: none"><li>• <i><a href="http://dac.nc.gov/information-and-services/prea-office">dac.nc.gov/information-and-services/prea-office</a></i></li></ul> <b>Reasoning and analysis:</b> <b>115.403(f)</b>

- [dac.nc.gov/information-and-services/prea-office](http://dac.nc.gov/information-and-services/prea-office):

- During audit cycle IV:

- Final reports were posted for 17 facilities audited in Year 1
- Final reports were posted for 20 facilities audited in Year 2
- Final reports were posted for 22 facilities audited in Year 3

**Determination:**

The facility meets the standard.

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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.)	yes
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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.)	yes
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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	yes

	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.)	yes
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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	yes

	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?	
	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
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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	yes

	expressively, using any necessary specialized vocabulary?	
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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 force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	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

<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	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	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	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 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.)	yes
<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>	

<b>(a)</b>		
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	yes
	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
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim	yes

	advocate from a rape crisis center?	
	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
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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).	yes
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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	yes

	investigation is completed for all allegations of sexual harassment?	
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	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 residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	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, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a	yes

	resident is transferred to a different facility?	
<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent 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)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing	yes

	sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
	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)).	yes
	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)).	yes
	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)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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	yes

	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.)	
	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	yes
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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 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.)	yes
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive	yes

	toward other residents?	
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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: Whether the resident's criminal history is exclusively nonviolent?	yes
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>	

<b>(h)</b>		
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

<b>115.242 (c)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (f)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	yes
	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.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	yes
	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.)	yes
	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.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	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.)	yes
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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). )	yes
	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). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data	yes

	necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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.)	yes
<b>115.287 (f)</b>	<b>Data collection</b>	
	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.)	yes
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	

	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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

<b>(f)</b>		
	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.)	yes