

PREA AUDIT REPORT INTERIM FINAL
 JUVENILE FACILITIES

Date of report: 09/17/16

Auditor Information			
Auditor name: Dorothy Xanos			
Address: 914 Gasparilla Dr. NE, St. Petersburg, Florida 33702			
Email: dorothy.xanos@us.g4s.com			
Telephone number: (813) 918-1088			
Date of facility visit: August 8–9, 2016			
Facility Information			
Facility name: Dobbs Youth Development Center			
Facility physical address: 3060 Dobbs Farm Road, Kinston, NC 28504			
Facility mailing address: (if different from above)			
Facility telephone number: (225) 287-7900			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Tangi Jordan			
Number of staff assigned to the facility in the last 12 months: 67			
Designed facility capacity: 43			
Current population of facility: 38			
Facility security levels/inmate custody levels: Staff Secure			
Age range of the population: 14-18			
Name of PREA Compliance Manager: Tangi Jordan		Title: Facility Director	
Email address: tangi.jordan@ncdps.gov		Telephone number: (252) 522-0511	
Agency Information			
Name of agency: North Carolina Department of Public Safety			
Governing authority or parent agency: (if applicable)			
Physical address: 512 N. Salisbury Street, Raleigh, North Carolina 27604			
Mailing address: (if different from above)			
Telephone number: (919) 825-2754			
Agency Chief Executive Officer			
Name: Frank L. Perry		Title: NCDPS Secretary	
Email address: frank.perry@ncdps.gov		Telephone number: (919) 733-2126	
Agency-Wide PREA Coordinator			
Name: Charlotte Jordan-Williams, MM		Title: PREA Director	
Email address: charlotte.williams@ncdps.gov		Telephone number: (919) 825-2754	

AUDIT FINDINGS

NARRATIVE

Dobbs Youth Development Center (Dobbs YDC) is a forty-three (43) bed secure facility for male residents governed by North Carolina Department of Public Safety (NCDPS). The facility is located in Kinston, North Carolina and was originally opened in September 1944 as a State Training School for Negro Girls at another location (Rocky Mount). The twenty-five (25) girls and eight (8) staff members were moved to the new location, Dobbs Farm on July 1947 and the name was officially changed to "State Training School for Girls". Through the years, the facility had additional buildings added to the campus and in 1967, the program's name was changed to Dobbs School for Girls. In October 1973, the name of the facility was changed to "Dobbs School" and additional programs were added to enhance the student development i.e. recreation, chaplaincy, vocational etc. The facility has had several names since 1973 and effective November 1, 2000, the facility's name was changed to "Dobbs Youth Development Center". Dobbs YDC provides mentoring, education and therapeutic treatment to prepare residents for re-entering into their communities. Residents adjudicated for offenses that occurred prior to their 16th birthday may be committed and assigned to a youth development center, which is the most restrictive, intensive dispositional option available to North Carolina's juvenile courts. Residents may be committed till their 18th birthday, however the commitment period may be extended until the resident's 19th or 21st birthday if the resident was committed for a particular violent offense. Also a resident must be at least ten (10) years old to be committed. The average length of stay is ten (10) to twelve (12) months and can be extended if necessary. The average age is between 14 - 18 years old. There were thirty-eight (38) residents at the facility at the time of the review. Dobbs YDC has a foster grandmother program that has been successful and beneficial to the residents.

The facility has a staffing pattern that supports a high level of supervision and supportive interventions for residents. The facility is staffed with sixty-seven (67) full-time and part-time employees. The staff consisted of: Facility Director; Assistant Facility Director; (2) Unit Administrators; Clinical Director; Social Work Supervisor; (3) Social Workers; (2) Housing Unit Supervisors; Clinical Chaplain; (13) Youth Services Behavior Specialists; (30) Youth Services Counselor Techs and (12) other staff (Administrative, Maintenance and Food Service). There are ten (10) volunteers who are authorized onto the facility but only two (2) volunteers are providing services at this time. Additionally, there are seven (7) contractors providing services to the residents at the facility.

The medical staff consists of a licensed registered nurse and a licensed practical nurse providing nursing services on-site daily, five (5) days a week and an on-call physician. The facility has contracts with the local hospital for 24 hour emergency needs. A medical physician visits the facility weekly. Also, the nurses provide health education and counseling about a variety of health topics. The medical staff provides medical care to include: completing the initial intake assessment, review intake referrals, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams, dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Several on-site medical clinics occur including a weekly medical clinic, a weekly mental health clinic, and participation in weekly treatment planning meetings. The dental services are provided off campus and consists of dental care, cleaning, education, and treatment fillings to extractions. All residents are seen by the dentist at least annually for a wellness check. The facility has contracted an optometrist who provides routine eye exams. SAFE in Lenoir County (Domestic Violence and Sexual Abuse) is the program identified to provide the victim advocacy services for the residents at the facility. Emergency services and forensic examinations are conducted at the Lenoir Memorial Hospital.

Dobbs YDC has a licensed social worker and staff psychologist besides an additional contracted psychologist who provide additional psychological services and participate in treatment planning for residents. Each resident is assigned to a licensed mental health clinician (LMHC) who develops an individualized mental health treatment plan addressing needs identified during a comprehensive psychological assessment. In most cases, residents receive either group or individual psychotherapy with their LMHC on a weekly basis. Psychiatric services are also available. Where indicated, some residents may participate in substance abuse education and treatment services.

Educational Services are provided by the Lenoir County Public Schools and the teachers are licensed by the N.C. Department of Public Instruction. The educational staff consisted of: Lead Teacher, five (5) School Educators, Substitute Teacher, Teacher Assistant, Literacy Coach, Math Coach, Business Ed Teacher and Vocational Instructors. The majority of the residents are enrolled in standard public school courses. Residents participate in educational endeavors through an individual education program that is designed for them. Library services are provided to the residents and encouraged to check out books. The program is designed for residents to have the opportunity to learn at the highest level possible. The instructional program encourages the residents to explore their abilities to learn, understand their cultural backgrounds, and enhance their future. Residents receive instruction in life skills, English, mathematics, social studies and science. Residents age sixteen could enroll in the General Education Development study, post-secondary vocational courses or on-line college courses in cooperation with Lenoir Community College. Vocational Services consist of: auto maintenance, horticulture and culinary arts classes. Required special education services are provided for residents.

DESCRIPTION OF FACILITY CHARACTERISTICS

Dobbs Youth Development Center (Dobbs YDC) located in Kinston, North Carolina was opened in 1944. The program's physical plant has a total of twenty-six (26) buildings on campus but the operational portion of the campus includes two (2) housing units, a multipurpose activity center, a chapel, an academic building, a vocational building, an administration building, gymnasium, and a maintenance shop. The administration building has a number of offices for administrative staff and support staff and a conference room. The chapel has a sanctuary, offices and an annex that is used as a training room. The multipurpose activity center known as the MPAC is used for visitation and recreation. The academic building has offices, classrooms, storage, and the medical infirmary. The auditorium located in this building was closed. The gymnasium had an office and storage area and the pool located in this building was closed and no one has access to this part of the building. The vocational building has a number of classrooms and school offices. The Lenoir Community College occupies part of the vocational building. The vocational classrooms for culinary arts is a full kitchen for students, horticulture classroom, another class offers residents to participate in the color and design of murals and a complete automotive shop. There is a maintenance shop but no residents are allowed in this area.

There are two (2) housing units: the Federation Housing Unit is an older building and has nineteen (19) single bedrooms with a bed, toilet and sink in each room. The housing unit has staff offices, day room/multi-purpose area, reading room, shower and toilet area, laundry and storage areas. The Green Housing Unit is a newer building and has twenty-four (24) single bedrooms with a bed, toilet and sink in each room. There are two (2) day room/multi-purpose areas, social workers and staff offices, staff kitchen, an area for the barber who comes twice a month to the facility, shower and toilet area, laundry and storage areas. There is no kitchen or dining area in this program, the food is prepared across the street in the new building and is sent over to the facility. The residents dine in their day room/multi-purpose area for all meals. The program will be relocating to the new building across the street sometime later this year once the renovation has been completed. It is a single story building that will house forty-four (44) male residents.

Dobbs YDC uses a multi-disciplinary team approach to providing treatment for residents. Upon arrival to the facility, the resident will undergo a comprehensive screening and assessment of developmental, educational, medical, neurocognitive, mental health, psychosocial and relationship strengths and needs. The results from these assessments, in combination with other relevant current and historical data, are used by the staff, parents/caregivers and community providers/stakeholders to develop an individualized service plan that outlines commitment services, including plans for education, mental health services, medical services and treatment programming as indicated. In addition, the assessments provide a framework for the development of post-release supervision services. Each resident is assigned to a service planning team that operates under a child and family-centered model. The service planning team develops an individualized plan to meet each youth's service needs within thirty (30) days of the resident's arrival. The team meets at least monthly thereafter to monitor progress on service plan goals and to make adjustments in the plan when needed. The service planning team consists at a minimum of the resident, his parent(s) or guardian, a court counselor from the resident's home district, a social worker who facilitates the team meetings, a licensed mental health clinician and a school representative. Other facility staff and community stakeholders (i.e. chaplain, substance abuse counselor or direct-care staff) may also be members of the resident's service planning team. At the facility, residents will complete the "Power of Change" program which is a skill based program. The "Power of Change" program is an intensive four (4) step program designed to provide skills that will be beneficial to the residents and ensure a successful re-entry into the community.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by June 27, 2016, six weeks prior to the date of the on-site audit. The posting of the notices was verified during the tour and verified by photographs received on the USB flash drive from the Facility Director. The photographs indicated notices were posted in various locations throughout the facility including the administration and education area, medical area, and housing units. This auditor did not receive any communications from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by July 11, 2016. The documentation was uploaded to a USB flash drive organized and easy to navigate. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address a number of the standards. After a discussion with the Facility Director and providing a list of noted concerns, the Facility Director sent some documentation prior to arrival to the facility. Also a number of supporting documents were provided during the on-site visit. Specific corrective actions during the on-site visit address some of the deficiencies that are summarized in this report under the related standards.

The on-site audit was conducted on August 8-9, 2016. An entrance briefing was conducted with the Facility Director, Assistant Facility Director, both Unit Administrators, Lead Teacher and Youth Services Behavior Specialist. During the briefing, it was explained the audit process and a tentative schedule for two (2) days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire facility was conducted including the administrative area with offices and academic and library area with offices and classrooms, vocational area, medical/infirmarary area, visitation and recreation (MPAC) area, gymnasium area with classrooms and offices, chapel and training area, maintenance shop and two (2) housing units. There are a number of other buildings on the campus but they were closed. During the tour, residents were observed to be under constant supervision of the staff while involved in various activities. Several buildings at the campus were clean and well maintained and it was obvious staff took pride in their working areas. Staff and residents by the end of the year are tentatively scheduled to transition into another facility across the street that is being renovated. This auditor had an opportunity to see the outside of the building. Notification of the PREA audit was posted in all locations throughout the facility as well as minimal postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There are cameras installed in certain areas throughout the facility. There were no cameras installed in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower area. During the tour, it was observed the shower/toilet areas in the housing units did allow for privacy.

During the two (2) day on-site visit, there were a total of thirty-eight (38) residents in the facility. There are presently two (2) housing units that are open. The other housing units have been closed for quite awhile. Residents were randomly selected for the interview process from both housing units. A total of ten (10) residents were interviewed on the second day of the audit. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administrative staff, family member, and the hot line. The community victims' advocacy service and telephone number is available to the residents. There is evidence of Dobbs YDC's Facility Director obtaining a Memorandum of Understanding to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams.

Twenty-three (23) staff including those from all three (3) shifts, supervisory staff, investigation staff, contracted staff (teacher), medical and mental health staff, Facility Director, Assistant Facility Director, both Unit Administrators, and Interim Principle and were interviewed during the on-site visit. Additionally, the NCDPS PREA Coordinator was interviewed previously prior to the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the NCDPS Director of Facility Operations, NCDPS Assistant Director of Facility Operations, Facility Director, Assistant Facility Director, and both Unit Administrators. At the exit debriefing, it was discussed additional documentation was required for four (4) standards and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the Facility Director. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 1

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R & P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 and NC General Statute 14-27.7 (Intercourse and sexual offenses with certain victims; consent no defense) outlines how each facility implements its approach to preventing, detecting and responding to all approaches of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided comprehensive guidelines and a training foundation for implementing each facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. It is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care throughout the State of North Carolina.

NC Department of Public Safety has a designated PREA Coordinator, her official title is PREA Director and reports directly to the General Counsel, NCDPS. The PREA Director works statewide to implement the PREA Standards and indicated she has sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA compliance. She has one hundred and forty (140) PREA Compliance Managers that report indirectly to her. Dobbs YDC's PREA Compliance Manager was the Facility Director and during her interview indicated she had sufficient time and authority to develop, implement and oversee the facility's PREA compliance efforts to comply with the PREA standards. However, this auditor was advised that the Assistant Director has been recently designated to oversee the facility's PREA compliance efforts and will perform other duties as assigned. It was evident during the staff interviews, staff had been trained and were knowledgeable of NCDPS Sexual Abuse and Harassment Policy and R&P Document including all aspects of sexual abuse and sexual harassment in accordance with the requirements.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

The documentation reviewed indicated that the North Carolina Department of Public Safety (NCDPS) does not contract for the confinement of residents with private entities or other entities, including other government agencies, therefore this standard is not applicable to this facility.

Standard 115.313 Supervision and monitoring

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.12 (Staffing) and GS 143B-709 (Security Staffing) contained the required information identifying the facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of residents, account for departmental resident to staff ratios, physical plant, video monitoring, and federal standards. Additionally, the policies contained information identifying the facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts. During the initial documentation review, Dobbs YDC staff-to-youth ratios is identified as 1:8 during the resident waking hours and 1:16 during resident sleeping hours. Dobbs YDC's staffing plan was developed, implemented and approved in 2015 and their staffing plan's annual review was in 2016. Both staffing plans were found to be in compliance with this standard. During the initial documentation review, the facility did not report deviations from the staffing plan during the past 12 months. Minimum staff ratios are always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. Dobbs YDC is a secure facility and utilizes constant video and staff monitoring to protect the residents from sexual abuse and harassment. The Facility Director implemented a schedule on June 23, 2016 for the Unit Administrators to conduct and document unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment, staff and resident interactions, and overall adherence to the facility's policies and procedures on a monthly basis. All unannounced rounds are documented in the log books and the "Unannounced Monitoring Report" forms that contains information and observations of all areas of the facility. The documentation, Facility Director and staff interviews confirmed the process takes place in the facility.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.13 (Searches); NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R & P) Document reviewed and approved in July 2012 – Section 1.8 (Searches) and NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R & P) Document – Section 2.7 (YDC Admission Procedures) and NCDPS DJJ and Delinquency Prevention Policy dated 5/19/04 – Section YD/YC 3.2 (Searches, Population Count and Juvenile Supervision) required each facility to maintain protocols on limited pat-down searches to same gender staff absent exigent circumstances, shower procedures, opposite gender announcing when entering dorm areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. Additionally, the Office of PREA Administration in its "Campaign of Awareness" sent a memorandum dated April 22, 2013 to all Directors and Managers

on the development of a Cross Gender bulletin board document and announcement to be displayed and shared to all staff. There is a requirement for all staff to sign and date the “Cross Gender Announcement and Acknowledgment” form acknowledging their completion of the orientation and limitations to cross gender viewing and searches. A review of the training documentation and staff interviews confirmed the training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. Most residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. Most staff and resident interviews indicated that female staff entering the dorm areas consistently announce themselves.

Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. In addition, staff and resident interviews indicated that female staff are prohibited from entering the bathroom/shower area while residents are showering. There have been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months. Also, there have been no exigent circumstances of cross-gender pat down, strip or visual body cavity searches conducted of residents in the past 12 months. All staff were able to describe what an exigent circumstance would be but in most instances were not knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. Most staff interviews could not identify the NCDPS policy on prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident’s genital status. After the on-site visit, all staff were re-trained on cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. Also, all staff were re-trained on the policy prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident’s genital status. The Dobbs YDC’s Facility Director sent the documentation to this auditor. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.10 (General Provisions) contained procedures to be taken to ensure residents with disabilities or who are limited English proficient have an equal opportunity and are provided meaningful access to all aspects of the facility’s efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy indicates each facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident’s safety. NCDPS has established a contract with Telephonic Interpreting for statewide services to provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. NCDPS DJJ pamphlet “Expect Respect: Your Safety in Juvenile Justice” and JJ Rack Card are provided to the residents and is available in both English and Spanish. The teachers could provide residents with disabilities with various services on an as needed basis. Staff training documentation including the Juvenile Educator Manual and NCDPS DJJ pamphlet contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. Staff and resident interviews confirmed the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months to report sexual abuse or sexual harassment.

Standard 115.317 Hiring and promotion decisions

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

- Does Not Meet Standard (requires corrective action)

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 and the Administrative Memorandum & Addendum dated 10-2013 from the Office of PREA Administration contained all the elements required by this standard and all background checks are conducted initially on new employees, current and promotion decisions of employees and contractors. NCDPS has extensive initial background screening requirements that include the screening for criminal record checks (AOC & NCDL), possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, psychological, driving records check, child abuse registry checks, domestic violence check, Diana screening - sex offender registry checks, and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. The agency conducts 5-year background checks for all employees and contractors. A sampled review of staff's and contractor's HR files had documentation on staff completing varied forms containing the questions regarding past misconduct (Applicant Verification form, Professional Reference Check, DPS Employment Statements and the PREA Notice and Information Collection for Current Employees) that are completed during the hiring process. The HR staff send the criminal background information to their central office and receive an email on whether an individual is approved or disqualified. Once an individual is approved for hire, the new employee begins the LMS training and orientation process. The Program Assistant V's interview confirmed the staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, contractors who have contact with residents have documented criminal background checks.

Standard 115.318 Upgrades to facilities and technologies

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

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

Dobbs YDC has not been newly designed or had a substantial expansion or modification since August 20, 2012. Dobbs YDC in the near future will be moving to another location that is in the process of under going some renovation. The initial documentation review contained limited information, however after the on-site visit, information was sent on the facility having some upgrades to the video surveillance system. During the tour, cameras were observed throughout the facility and the Facility Director brought up the video surveillance system on her desk top for this auditor to review. This system will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor residents more efficiently throughout the physical plant of the facility.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 2.1 (Reporting, Sexual Abuse and Harassment) and NC General Statute Chapter 15B (Victims Compensation Article 1 Crime Victim's Compensation Act) contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, policies requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and staff interviews confirmed Lenoir County Sheriff Department (LCSD) and Department of Social Services (DSS) conducts the criminal investigations and administrative investigations of allegations of sexual abuse and sexual harassment for residents under the age of 18 and they receive reports through their hotline. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment.

There is evidence of Dobbs YDC's Facility Director obtaining a Memorandum of Understanding from SAFE in Lenoir County (Domestic Violence and Sexual Abuse) to provide confidential emotional support to residents who are victims of sexual abuse at the facility. Lenoir Memorial Hospital provides the emergency and forensic medical examinations at no financial cost to the victim. Documentation was provided that the medical examiners at Lenoir Memorial Hospital are SAFE certified. The facility has identified at least four (4) mental health staff that can provide confidential emotional support to residents who are victims of sexual abuse and who had been trained on the PREA standards. Additionally, the Office of PREA Administration sent a directive to all facilities to establish a standardized role of the PREA Support Person (PSP) that will serve as an advocate to link services (community based advocates or mental health professionals) and support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. The Facility Director has designated several staff for this role and completed the required form (OPA-A18). These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training. Staff interviews and training documentation confirmed the new role of the PSP individuals in the facility.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.11 (Allegation of Juvenile Sexual Abuse or Sexual Harassment at Former Center) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse, harassment or misconduct to Department of Social Services (DSS) for investigation and determination of child abuse and Lenoir County Sheriff Department (LCSD) for the determination of criminal charges.

Staff refer all allegations of sexual abuse and harassment to the Central Office and the Office of PREA Administration for completion of an administrative investigation. The appropriate information will be entered into their internal TROI system. The PREA policy can be found at the North Carolina state's website and information can be found in their PREA pamphlet (Expect Respect: Your Safety in Juvenile Justice) that is available in English and Spanish. The parent/guardian is provided with an information packet identifying the zero tolerance to sexual abuse or sexual harassment and the hotline information on how to report. Dobbs YDC had received six (6) allegations of sexual abuse and sexual harassment resulting in a criminal investigation and/or an administrative investigation. All staff interviews reflected and confirmed

their knowledge on the reporting and referral process and policy's requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse, sexual harassment and sexual misconduct. Since the initial review and on-site visit, the documentation was received prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.331 Employee training

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.4 (Employee Training) requires an indepth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All the PREA training provided to employees statewide contains all eleven (11) topics consistent with this standard's requirements and is tailored to all facilities with the gender of their resident populations. The staff training documentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All new employees receive the NCDPS Employee PREA brochure and sign the PREA Acknowledgement Form indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training. A review of all staff and training education forms as well as staff interviews confirmed that staff are receiving their required PREA training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment. Additionally, all employees receive training during monthly staff meetings. Employee training records are maintained electronically and certain training documents (NCDPS Human Resources On Boarding Checklist form and PREA Acknowledgement Form) are maintained in their personnel file.

Standard 115.332 Volunteer and contractor training

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.5 (Training for Volunteers, Custodial Agents, Contractors, and Other Persons Providing Services to Residents) requires volunteers, interns and contractors who have contact with residents to receive indepth PREA training. All volunteers, interns and contractors receive the PREA training, PREA Volunteer brochure and sign the PREA Acknowledgement Form upon completion of the PREA training they received. Documentation confirmed they are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and or sexual harassment. Interviews with two (2) contracted teachers confirmed their knowledge of the PREA training.

Standard 115.333 Resident education

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.6 (Resident Education) requires residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 10 days upon arrival. However, the intake staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. During the initial intake, the assigned staff utilizes the Juvenile Educator Manual and reviews this detailed information verbally with the resident and the resident signs the "Juvenile PREA Education Acknowledgement" form verifying receipt for all information regarding orientation to the facility. Documentation of resident's signatures were reviewed and confirmed during resident interviews. Residents are provided a NCDPS brochure which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and is available in Spanish. Most residents interviewed stated they received this information the same day they arrived at the facility and identified the receipt of the pamphlet. Staff presents PREA information in a manner that is accessible to all residents and provides education on an ongoing basis.

Standard 115.334 Specialized training: Investigations

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 2.3 (Investigations) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to Lenoir County Sheriff Department (LCSD) for criminal investigations and the Office of PREA Administration and Department of Social Services (DSS) for administrative investigations. All investigators under go an extensive training prior to conducting criminal and administrative investigations which includes the NCDPS PREA Specialized Training: Investigating Sexual Abuse and Sexual Harassment. The facility does not conduct administrative or criminal investigations, however, assigned personnel conduct fact finding investigations. There are four (4) staff at the facility who have completed the NCDPS PREA Specialized Training: Investigating Sexual Abuse and Sexual Harassment. Documentation was reviewed and in compliance with the PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement.

Standard 115.335 Specialized training: Medical and mental health care

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.7 (Specialized Medical/Mental Health Provider Training) requires PREA training and specialized training for medical and mental health staff. It was evident through the medical and mental health staff interviews they had received the basic PREA training provided to all staff and the specialized training offered by NCDPS (Preventing, Detecting, and Responding to Sexual Abuse of Youth in Confinement: The Role of the Mental Health Clinician). All medical and mental health staff sign the "Medical & Mental Health Care PREA Training Acknowledgement" form to acknowledge they received the training and understand their responsibilities in the event of an incident. The medical staff do not conduct forensic examinations.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.10 (General Provisions) requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness within 72 hours. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. NCDPS "Admission and Placement Screening" form, psychological assessment and various other forms are used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Residents are reassessed every six (6) months and throughout their stay at the facility. The facility's policies limits staff access to this information on a "need to know basis". Most resident interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission. Staff interviews confirmed a screening is completed on each resident upon admission to the facility. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health personnel. Although there have been no transgender or intersex residents admitted to the facility within the past year, staff were aware of giving consideration for the resident's own views of their safety in placement and programming assignments.

Standard 115.342 Use of screening information

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.10 (General Provisions); NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R&P) Document reviewed and approved in July 2012 – Section 3.3 (Admissions) and NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 2 (R&P/YC 2: YDC Admissions and Assessments) and NCDPS DJJ and Delinquency Prevention Policy dated 4/15/07 – Section PS/YC 3.0 (Behavior Expectations) prohibits gay, bi-sexual, transgender and intersex residents being placed in a dorm area, bed or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The social workers utilize various forms and any other pertinent information during the resident's admission process. Also, social workers and staff determine placement of residents in a specific sleeping assignment according to their risk level (low, medium or high). Staff interviews described how information is derived from the various forms and the initial medical and mental health/substance abuse screening forms to determine placement and risk level. The operational portion of the campus has two (2) housing units with single bedrooms occupied by residents. The other housing units have been closed for a number of years. Isolation is not utilized at the facility as a means of protective custody.

Standard 115.351 Resident reporting

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 2.1 (Reporting Sexual Abuse and Sexual Harassment) and NCDPS DJJ and Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) Document – Section 1.7 (Availability for Reporting Mechanisms in a Facility) provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, telephoning the hotline number, placing a written complaint in the grievance box and third party. Additionally, residents are provided a "Student PREA & Grievance Tool Kit" that contains grievance forms, notebook paper, envelopes addressed to (DSS, PREA office, Facility Director & Director of Facility Operations), blank envelopes, pencil and a list of addresses for reporting. While touring the entire facility, there were minimal postings of the PREA information (Bulletin Board & Expect Respect; Your Safety in Juvenile Justice) and Reporting Resources. Some postings were observed in the administrative area, visitation and the living areas of the facility. Reporting procedures are provided to residents through the "Student PREA & Grievance PREA Audit Report

Tool Kit” and pamphlet. Resident interviews indicated several ways to report sexual abuse and sexual harassment by telephoning the hotline, speak with a staff they trust or third party. Some residents identified the grievance box as a means to report sexual abuse and sexual harassment. Most resident and staff interviews along with the resident’s pamphlet and supporting documentation verified compliance with this standard.

Standard 115.352 Exhaustion of administrative remedies

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.16 (Grievance Process) and NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R & P) Document – Section 6 (R & P/YD 6: Non-Disciplinary, Internal Grievance Process) describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident’s grievances regarding sexual abuse or harassment. Residents may place a written grievance or complaint in the locked grievance boxes located in various areas of the facility. The facility has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. Some resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the grievance box. Residents indicated they would contact a trusted staff or telephone the hotline in relation to sexual abuse or sexual harassment complaints. There have been no grievances relating to sexual abuse or sexual harassment received in the past 12 months.

Standard 115.353 Resident access to outside confidential support services

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 1.8 (Victim Support); NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R&P) Document reviewed and approved in July 2012 – Section 2.7 (Telephone and Mail) and Section 2.8 (Visitation) and NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R & P) Document – Section 4.4 (Visitation) and Section 4 (R&P/YD 4: Legal Representation) ensures that residents are provided access to outside confidential support services, legal counsel and parent/guardian. NCDPS continues to collaborate with NCCASA (North Carolina Coalition Against Sexual Abuse) to establish advocacy services, education and training statewide. There is evidence of Dobbs YDC’s Facility Director obtaining a Memorandum of Understanding from SAFE in Lenoir County (Domestic Violence and Sexual Abuse) to provide confidential emotional support to residents who are victims of sexual

abuse at the facility. Lenoir Memorial Hospital provides the emergency and forensic medical examinations at no financial cost to the victim. Documentation was provided that the medical examiners at Lenoir Memorial Hospital are SAFE certified. There have been no calls from residents to outside services in the past 12 months. Resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The facility provides weekly calls to parents/legal guardians, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation and letter writing to parents/legal guardians. The facility's minimal postings contained limited information of the outside services. Resident interviews revealed knowledge of how to access outside services but limited knowledge of what kind of services are provided to them. Additional education has been provided to the residents on victim advocate services. Since the initial review and on-site visit, the documentation was received prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.354 Third-party reporting

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Commissioner and Deputy Commissioner in June 2013 – Section 2.1 (Reporting Sexual Abuse and Sexual Harassment) identifies the Department's third party reporting process and instruct staff to accept third party reports. NCDPS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. In addition, the Department has established a confidential webpage for employees to report allegations fraud, waste, abuse, misconduct or mismanagement in the department and these concerns may be reported anonymously. The staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information. Resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All staff interviews were able to describe how reports may be made by third parties.

Standard 115.361 Staff and agency reporting duties

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 - Section 2.1 (Reporting Sexual Abuse and Sexual Harassment) and NCDPS DJJ and Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) Document – Section 1.7 (Availability for Reporting Mechanisms in a Facility) identified the reporting process for all staff to immediately report any knowledge,

suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff are mandated reporters and random staff interviews confirmed the facility's compliance with this standard. All staff receive information on clear steps on how to report sexual misconduct and to maintain confidentiality through the facility protocol and/or training. The staff would complete an incident report with the details of any incidents that would occur in the facility in compliance with this standard. Additionally, interviews with medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

Standard 115.362 Agency protection duties

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 - Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism) and NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R & P) Document – Section 6 (R & P/YD 6: Non-Disciplinary, Internal Grievance Process) requires that immediate action be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with the Facility Director and other random selected staff were able to articulate, without hesitation, the expectations and requirements of the policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

Standard 115.363 Reporting to other confinement facilities

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 - Section 1.11 (Allegation of Juvenile Sexual Abuse or Sexual Harassment at Former Center) requires the Facility Director, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the other facility where the alleged abuse occurred and to report it in accordance with NCDPS

policies and procedures. The Facility Director has received no allegations that a resident was abused while confined at another facility nor were there any allegations received from another facility during the past 12 months.

Standard 115.364 Staff first responder duties

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 - Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism); NCDPS Sexual Abuse Incident Response Checklist for First Responder and Dobbs YDC Response Plan for Juvenile Sexual Abuse Reporting requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There has been one (1) allegation of sexual abuse during the past 12 months. First responder interview validated his technical knowledge of actions to be taken upon learning that a resident was sexually abused, however most staff interviews had difficulty in providing the action steps, had limited knowledge of their responsibilities as first responders and unaware of why they do these duties. There was a discussion to re-train staff on first responder duties. Since the initial review and on-site visit, the Dobbs YDC's Facility Director sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.365 Coordinated response

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 - Section 3 (Youth Development Center and Detention Center Sexual Abuse and Sexual Harassment Policy) and Dobbs YDC Response Plan for Juvenile Sexual Abuse Reporting provides a written coordinated response system to coordinate actions taken in response to an incident of sexual assault among staff first responders, administration, executive staff and contacting medical and mental health outside sources. Dobbs YDC's staff have a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting DSS and law enforcement, victim advocate services, parent/guardian and a number of other individuals. Interviews with the Facility Director and other staff validated their technical knowledgeable of their duties in response to a sexual assault.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

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

North Carolina Department of Public Safety (NCDPS) does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA, therefore this standard is not applicable.

Standard 115.367 Agency protection against retaliation

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 1.8 (Victim Support) and Section 1.15 (Retaliation) requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. NCDPS policies and procedures prohibits retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. This monitoring would include resident disciplinary reports, bedroom and program changes, negative performance reports as well as reassignments of staff. The Assistant Facility Director is responsible with overseeing the monitoring of the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. He is responsible for assigning a PREA Support Person (PSP) that will serve as an advocate to link services (community based advocates or mental health professionals) and support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. The Facility Director has designated several staff for this role and completed the required form (OPA-A18). These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training. Staff interviews and training documentation confirmed the new role of the PSP individuals in the facility. The PSP individuals will be completing several forms depending on whether it is a staff or resident retaliation monitoring. Upon completion of the investigation, a PSP individual will complete a "PREA Sexual Abuse and Harassment Retaliation Report" form [Staff (OPA-I22) or Resident (OPA-I24)]. There were no incidents of retaliation in the past 12 months.

Standard 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 2.2 (Response) & Section 4.1 (Behavior Expectations) and NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R&P) Document reviewed and approved in July 2012 – Section 2.3.13 (Temporary Confinement) contained information on post-allegation protective custody or guidelines for moving a resident to another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. The facility restricts any isolation placement, however, Dobbs YDC has the capabilities to isolate a resident as a last resort. No residents who have alleged sexual abuse in the past 12 months were secluded or isolated from the other residents. The residents would be placed in another housing unit or staff would be placed on "no contact with resident."

Standard 115.371 Criminal and administrative agency investigations

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 2.3 (Investigations) and NCDPS Sexual Abuse & Harassment Coordinated Response Overview require staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Department of Social Services (DSS) for investigation and determination of child abuse and Lenoir County Sheriff Department (LCSD) for the determination of criminal charges. Staff refer all allegations of sexual abuse and harassment to the Central Office and the Office of PREA Administration for completion of an administrative investigation. There has been no reported investigations that appeared to be criminal and referred for prosecution of alleged staff's or residents inappropriate sexual behavior that occurred in this facility in the past 12 months. It was evident, the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the facility, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 2.3 (Investigations) contains all the elements of the standard. Department of Social Services (DSS) and Office of PREA Administration investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with the Facility Director indicated that they conduct fact finding investigations and make conclusions following the investigation (criminal in nature) and provide the information to the facility and to the Central Office and the Office of PREA Administration for consultation with legal and human resources to determine disciplinary actions.

Standard 115.373 Reporting to residents

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 2.3 (Investigations) and Section 1.8 (Victim Support) requires that any resident who makes an allegation that he suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. Office of PREA Administration has a process to notify the resident. The policies further requires that following a resident's allegation that a staff member who has committed sexual abuse against the resident, the facility informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's housing area; the staff member is no longer employed at the facility; Lenoir County Sheriff Department (LCSD) learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving resident-on-resident allegations of sexual abuse, Lenoir County Sheriff Department (LCSD) notifies the Facility Director who will then inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. There has been one (1) reported investigation of alleged staff or resident's inappropriate sexual behavior that occurred in this facility during the past 12 months. The Facility Director validated her technical knowledge of the reporting process during her interview.

Standard 115.376 Disciplinary sanctions for staff

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

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

corrective actions taken by the facility.

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 1.14 (Discipline) disciplinary sanctions up to and including termination for violating facility’s sexual abuse or harassment policies. The policy also mandates that the violation be reported to the Office of PREA Administration and law enforcement. All disciplinary sanctions are maintained in the employees HR file in accordance with NCDPS policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There has been no employee terminated in the past 12 months for the violation of the facility’s sexual abuse or harassment policies. The Facility Director interview validated her technical knowledge of the reporting process was consistent with NCDPS policy and procedures.

Standard 115.377 Corrective action for contractors and volunteers

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 1.14 (Discipline) requires that volunteers and contractors in violation of the facility’s policies and procedures regarding sexual abuse and harassment of residents will be reported to DSS, Office of PREA Administration, and local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility’s sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Facility Director. There have been no volunteers or contractors reported in the past 12 months for engaging in sexual abuse or harassment of a resident.

Standard 115.378 Disciplinary sanctions for residents

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 1.14 (Discipline); NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R & P) Document reviewed and approved in July 2012 – Section 2.3

(Rules and Discipline); NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R & P) Document – Section 2 (R & P/YC 2: YDC Admission and Assessments) and NCDPS DJJ and Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) Document – Section PS/YC 3.0 (Behavior Expectations) any resident found to have violated any of the agency’s sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. Dobbs YDC staff provides each resident with information that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy, counseling or other interventions designed to address and correct the underlining reasons for their conduct. There has been no administrative or criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past 12 months. The Facility Director indicated that residents may also be referred for prosecution if the allegations were criminal.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 1.10 (General Provisions) and NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R & P) Document – Section 1.4 (Mental Health Services) require medical and mental health evaluations and as appropriate, treatment is offered to all residents victimized by sexual abuse and ensure confidentiality of information. Residents who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening. Medical and mental health staff complete various admission screening forms (i.e. Admission and Placement Screening; Male Intake Health Assessment; Admission History and Physical Examination and Psychiatric Screening and Assessment) during the initial intake process including informed consent disclosures. There were no residents who disclosed prior victimization during their initial screening process. Medical and mental health staff interviews confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers.

Standard 115.382 Access to emergency medical and mental health services

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 1.10 (General Provisions); Section 3.1 (First Response to Concernes of Sexual Abuse, Sexual Harassment and Voyeurism); NCDPS DJJ Youth Development Center Policy and

Requirements and Procedures (R&P) Document – Section 1.4 (Mental Health Services) and NC General Statute Chapter 15B (Victims Compensation Article I Crime Victim’s Compensation Act) requires resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff have a protocol in place to assist in expediting a resident to the emergency room with specific documentation (Incident Injury Verification, Medical Progress Note, Office Campus Medical & CDO report forms) for the direct care staff. Additionally, documentation provided confirmed treatment services are provided to every victim without financial cost. SAFE in Lenoir County (Domestic Violence and Sexual Abuse) is the program identified to provide the victim advocacy services for the residents at the facility. Lenoir Memorial Hospital provides the emergency and forensic medical examinations.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 3.2 (Medical Evaluation and Forensic Mental Health Evaluation Following Allegations of Sexual Abuse, Sexual Harassment and/or Voyeurism) and Section 3.3 (Support of the Resident Post-Evaluation for Sexual Abuse, Sexual Harassment and/or Voyeurism) requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported Lenoir Memorial Hospital where they will receive treatment and where physical evidence can be gathered by a certified SAFE medical examiner. There has been no investigation of alleged resident’s inappropriate sexual behavior that occurred in this facility in the past 12 months. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused. The medical and mental health staff have a protocol in place to assist residents and their families upon discharge from the facility to continue services if needed. Both medical and mental health staff complete documentation upon release of residents that consist of: Discharge Summary; Medical Discharge Summary; Request for Release to name a few.

Standard 115.386 Sexual abuse incident reviews

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 1.9 [PREA Compliance Manager (PCM)] and Section

2.3 (Investigations) and NCDPS Sexual Abuse & Harassment Coordinated Response Overview requires a PREA Post Incident Review of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within thirty (30) days. Dobbs YDC Sexual Abuse Team consists of the Facility Director, Assistant Facility Director, Unit Administrators, medical and mental health representatives. There has been one (1) investigation of alleged staff or resident's inappropriate sexual behavior that occurred in this facility in the past 12 months. Staff interviews confirmed they would document their review on the PREA Post Incident Review form that captures all aspects of an incident.

Standard 115.387 Data collection

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 1.10 (General Provisions) requires the collection of accurate, uniform data for every allegation of sexual assault. The Facility Director inputs information into the TROI system and the NCDPS PREA Coordinator obtains the data from this system relating to PREA. The NCDPS PREA Coordinator has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2015 annual report revealed it was completed and in accordance with this standard.

Standard 115.388 Data review for corrective action

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 1.10 (General Provisions) requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2015 Annual Report indicated compliance with the standard and included all of the required elements. The NCDPS 2015 Annual Report is posted on the NCDPS Website for public review. The Facility Director monitors collected data to determine and assess the need for any corrective actions. The 2015 annual report was readily available on the North Carolina Department of Public Safety (NCDPS) website.

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The initial review of the North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice in September 2013 – Section 1.10 (General Provisions) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

AUDITOR CERTIFICATION

I certify that:

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

Dorothy Xanos

September 17, 2016

Auditor Signature

Date