

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** April 22, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Bobbi Pohlman-Rodgers			
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<b>Telephone number:</b> 954-818-5131			
<b>Date of facility visit:</b> March 6-7, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Wake Correctional Center			
<b>Facility physical address:</b> 1000 Rock Quarry Road, Raleigh, NC 27610			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 919-733-7988			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Superintendent III Anthony G Perry			
<b>Number of staff assigned to the facility in the last 12 months:</b> 88			
<b>Designed facility capacity:</b> 414			
<b>Current population of facility:</b> 396			
<b>Facility security levels/inmate custody levels:</b> Minimum Custody			
<b>Age range of the population:</b> 20+			
<b>Name of PREA Compliance Manager:</b> Jamel James		<b>Title:</b> Assistant Superintendent Custody/Operations	
<b>Email address:</b> <a href="mailto:Jamel.james@ncdps.gov">Jamel.james@ncdps.gov</a>		<b>Telephone number:</b> 919-733-7988	
<b>Agency Information</b>			
<b>Name of agency:</b> North Carolina Department of Public Safety			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 512 N Salisbury Street, Raleigh, NC 27604			
<b>Mailing address:</b> <i>(if different from above)</i> 4201 Mail Service Center, Raleigh, NC 27699-4201			
<b>Telephone number:</b> 919-733-2126			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Erik A. Hooks		<b>Title:</b> Secretary, NCDPS	
<b>Email address:</b> <a href="mailto:erik.hooks@ncdps.gov">erik.hooks@ncdps.gov</a>		<b>Telephone number:</b> 919-733-2126	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Charlotte Williams		<b>Title:</b> PREA Director	
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## AUDIT FINDINGS

### NARRATIVE

Wake Correctional Center receive a PREA audit beginning March 6, 2017. PREA Notices were sent to the facility 6 weeks prior to the on-site audit, and were displayed for all inmates and staff to view on January 23, 2017. The facility provided a flash drive with all documentation required and requested to the auditor four weeks prior to the audit on February 6, 2017.

The on-site PREA Audit was conducted by DOJ Certified PREA Auditor Bobbi Pohlman-Rodgers. Prior to the on-site, the auditor reviewed all documentation submitted by the facility, including the PREA Pre-Audit Questionnaire. The auditor made contact with the facility prior to the audit to review the on-site process, time-frames, and to request additional information be made available on the first day of the audit. These documents included a current inmate roster and staff assignment/posts.

On March 6, 2017, the auditor met with Superintendent Perry, Assistant Superintendent of Custody/Operations and facility PREA Compliance Manager Jamal James, Correctional Program Supervisor Darrell Randolph, and Administrative Lieutenant Eric Ray. This brief entrance meeting focused on the audit process, the interim/final report, Corrective Action Plan periods, and additional documentation that would be needed. The meeting ended and a tour of the facility was conducted.

The tour included all buildings, including 7 dormitories and outside areas. The auditor was able to view PREA Audit notices, Zero Tolerance posters, and reporting methods that were located throughout the facility where both inmates and staff had access. Other key specific information was present. Phones were available in each dorm. During the tour, correctional staff questioned provided that 30 minute rounds are conducted of all areas to ensure the safety of inmates.

Interviewees were selected through the use of the inmate rosters and staff assignment/posts. There were a total of 16 inmates selected for interview, however, only 11 were actually interviewed due to inmate work schedules. There were no inmates identified as LGBTI, Limited English Proficient (LEP), disabled, or who reported a prior or current victimization. Ten (10) random correctional staff were selected for interview and 10 were interviewed. Specialized interviews totaled 13 and included the Superintendent, PREA Compliance Manager, Upper Level Management, Medical Staff, Mental Health Staff, Human Resource Staff, Volunteer, Investigator, Intake Staff, Risk Screening Staff, Incident Review Staff, Retaliation Monitor Staff and First Responder Staff. The Agency head and Agency PREA Director were interviewed prior to this audit by DOJ Certified Auditor Pete Zeegers, and the information was provided to this auditor.

Staffing includes a total of 88 staff, including 1 Administrative Lieutenant, 4 Operational Lieutenants, One Admin/Fiscal Sergeant, 8 Operational Sergeants, and 61 Correctional Officers. There are two 12-hour shifts, as well as 8-5 staff. There are a total of 21 cameras throughout the facility. Access to cameras include the Superintendent and the Assistant Superintendents of Custody and Operations.

In the past 12 months there were 3 allegations of sexual abuse or sexual harassment. Of these, 3 received an administrative investigation and one was referred for criminal investigations. The auditor reviewed the three files and found that in #1 the OSI outcome (criminal investigation) was missing and there was no retaliation monitoring for the victim; #2 was missing the final administrative investigations, and #3 contained all required documentation. Forensic examinations are conducted at Wake Medical Center, and with InterAct of Raleigh – a local rape crisis center. Medical staff is present 5 days a week for 16 hours each day. Mental Health staff is available by request.

This facility has two PREA Support Persons (PSP) who have received training to assist victims through all steps of an investigation, including providing assistance in obtaining outside support services. The agency is currently working with the North Carolina Coalition Against Sexual Assault (NCCASA) to create a state-wide system for community based services. In the interim, Interact of Raleigh is providing services to inmates. InterAct of Raleigh is a private, non-profit, United Way agency that provides safety, support, and awareness to victims and survivors of domestic violence and rape/sexual assault. Services available include a 24-hour crisis line, counseling, court advocacy, and community education & outreach.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Wake Correctional Center is a minimum security prison for 414 adult male inmates run under the North Carolina Department of Public Safety (NCDPS). The NCDPS Mission is to promote the elimination of undue familiarity and sexual abuse amongst the offender population.

Located in the City of Raleigh and within the Wake County boundaries, Wake Correctional Center was established in 1966 as the Community Correctional Center, a 104 bed pre-release facility designed to reintegrate long-term offenders back into the community during their last 90 days of imprisonment. In 1969, the prison became the Wake Advancement Center, a prison designed to provide pre-release training for inmates. A modular dormitory was added in 1977, but closed. The prison converted from an advancement placement center and expanded in 1988 to house an additional 200 inmates as part of the \$28.5 million Emergency Prison Facilities Development program. Another 100 beds were added as part of the \$87.5 million prison construction program authorized in 1993 and opened in November 1994.

Today the Wake Correctional Center is primarily a work unit in that 80% of inmates leave the facility each day for incentive wage work assignments in various state agencies in the Wake County area. These assignments include working in the Governor's Mansion, Lt. Governor's Office, North Carolina State Fairgrounds, Employment Security Commission, Department of Administration, Division of Motor Vehicles, and Department of Transportation. Inmates are also provided work opportunities at other adult correctional facilities such as NCCCIW, Central Prison, Johnston Correctional Center, Franklin Correctional Center and Correctional Enterprise operations. Additionally, those inmates who are nearing parole or release participate in a work release program, leaving the facility to work for businesses in the community. Incentive wage work assignments are also available in food services, clothes house, janitorial, landscaping, maintenance, canteen, and recreational areas.

Wake Technical Community College works with the prison to provide full-time vocational classes in Certified Communications, Heating/Air Conditioning, and Electrical Wiring. Part-time classes in Blueprint Reading and Horticulture are also available. Educational classes in General Education Diploma (GED), college-level courses and college correspondence classes are also available. The Family Enrichment Program is offered through Vinebrook Family Services and provides an opportunity for inmates and their families to work with counselors on a wide range of marriage and family issues. Inmates are also provided worship services, Bible studies, and other spiritual discussion groups. Volunteer chaplains are available to minister to the inmates. Visitation is by appointment on Saturdays.

Wake Correctional Center has 7 open bay housing dormitories that house a total of 414 inmates. Each dormitory was toured by the auditor. Unit A/C/D houses work release inmates, unit M/N houses life sentence or long term inmates, unit G/H houses kitchen workers, and all other units are general population. Each dormitory has two day rooms, one which contains a bulletin board with information on how to report sexual abuse or sexual harassment. Unit A/C/D is an exception and contains three dayrooms. There are general use bathrooms in each dormitory which provide privacy to inmates while toileting, changing clothing, or showering through design or doors. Additionally, during the tour the staff made an announcement that a female was present. There were signs observed on the doors to remind staff to make the announcement.

The administration building houses the Superintendent, Assistant Superintendent of Program, Assistant Superintendent of Custody/Operations, Mail Clerk, Case Managers, Accounting, Human Resources, Canteen, Dining Hall, Kitchen and Master Control. Master control has views of the 21 cameras with a recording length of 3 years. There is an education classroom where the GED program is run. Vocational training is provided in other areas of the building where visual supervision is present. The Mail Clerk reports that all legal mail or PREA mail is not opened, but sent directly out as addressed.

The medical clinic is open 5 AM until 9 PM each weekday and inmates are only seen with a correctional staff present. Case Management services are provided from 9AM to 5 PM each weekday, and all offices offer a window to allow for visual supervision of inmates. The kitchen is manned 2 shifts with 32 inmates assigned. There is a blind area in the baking area as reported by staff. Further discussion finds that this area is known to administration and that this area is covered through unannounced rounds and staff periodic rounds. The dining hall is open and contains no blind areas. Maintenance sheds are kept locked and checked 4x per day by security staff. The recreational yard offers weights, basketball courts, and a baseball field. The clothes house has no blind areas. The Sergeants Office offers viewing through windows. Access to chemical sheds

is limited to the yard officer, Sgt. and Lt. The library is well stocked with a 2-week checkout for inmates and is open 2x each week day. There is a door window covered that prevents visual supervision and this was discussed with the facility and rectified. Perimeter checks are conducted 4x a day on the first shift, and hourly on the 2<sup>nd</sup> shift.

There are two trailers on the property for use in programming. The first trailer holds the Lieutenants office, canteen office and Chaplain office. The second trailer provides space for the Family Reunification Services and an office for the maintenance staff.

PREA information posted in the dormitories and throughout the facility includes the pre-audit notices sent by the auditor, NCDPS Sexual Abuse Awareness for the Inmate brochure, and the NCDPS PREA: WAYS TO REPORT poster. This poster identifies the agency zero-tolerance policy and multiple ways an inmate can report sexual abuse or sexual harassment. Ways to report include telling staff, by grievance, to the PREA Office, to Prison Legal Services (PLS) and to the local rape crisis center – InterAct of Raleigh. Within the poster is information advising staff of reporting through the chain of command, PREA office or the Fraud, Waste, Abuse or Misconduct Hotline. Reporting by family and friends is also identified in the poster and includes the e-mail address of the PREA Office and the phone number to the Fraud, Waste, Abuse and Misconduct Hotline.

## **SUMMARY OF AUDIT FINDINGS**

Wake Correctional Center has met the requirements of the PREA standards, with some minor challenges identified during the on-site audit. Specifically, the auditor addressed challenges with standards 115.15, 115.21, and 115.67.

The facility staff were helpful in PREA activities at the facility level during the audit. This facility will go into the Corrective Action plan phase. This allows 180 days for the facility to resolve the issues noted in the report. Final documentation is required from the facility by October 2, 2017.

During the Corrective Action Period, the facility has provided documentation for the 3 standards that were identified as not meeting the requirements of the standard. The documentation shows training, training information and implementation of systems that show the facility now meets the standards.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

Policy F.3400, Policy A.2000, SOP .3405, SOP .0202, Form OPA-A16, NCDPS Organizational Chart, NC General Statute 14-27.7, and NCDPS Memo dated 10/27/15, that identified the PREA Compliance Manager were reviewed. The Superintendent and PREA Compliance Manager were interviewed. The Agency Head and Agency PREA Director were interviewed at an earlier time.

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

The Superintendent has officially designated the Assistant Superintendent of Custody/Operations as the facility PREA Compliance Manager and this position is indicated on the Organizational Chart as answering directly to the Superintendent. The PREA Compliance Manager/Assistant Superintendent of Custody/Operations has worked for NCDPS for just over 17 years, of which all time has been spent at the facility. He took over the facility PREA Compliance Manager position approximately 3 years ago and reports that he spends approximately 10 hours per week on PREA related activities. His efforts toward compliance include SART Meetings, reviews of incidents, and monitoring the staff and inmates. When an issue is identified, he utilizes management meetings, training, staff e-mails and inspections as a means towards compliance. He reports that the number of staff is determined at the agency level, but that he has an input in requesting additional staff or changing the current posts to ensure coverage. A back up facility PREA Compliance Manager has also been identified by the Superintendent.

The agency has a Agency PREA Director, Charlotte Jordan-Williams, who reports to general counsel, and who has reported sufficient time to attend to PREA duties. She also has four staff who assist her with PREA related duties. She currently has 139 PREA Compliance Managers that indirectly report to her. She is very knowledgeable regarding PREA standards and agency policies and practices.

### **Standard 115.12 Contracting with other entities for the confinement of inmates**

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

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

### Standard 115.13 Supervision and monitoring

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

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Policy F.1600, Policy F.1601, Staffing Plan Report dated January 2015, Shift Narratives noting unannounced rounds, and North Carolina General Statute 143B-709 were reviewed. Additionally, interviews were conducted to further determine compliance.

While North Carolina General Statute requires a staffing analysis every 3 years, the agency policy requires an annual review of the staffing plan, including a review of all required components of the standard, which was completed in January 2015. The facility has a Prison Post Chart that details positions and staff that was last reviewed in August 2016.

Deviations from the staffing plan are noted on the Shift Narrative. The facility uses a pull post system for coverage as needed, or until additional staff is available. In exigent circumstances, the facility will hold over staff until there are available staff. Unannounced rounds are documented in the Shift Narrative, as well as on the Facility Head Monthly Rounds form. These are conducted by Superintendent each month on varying shifts. Additionally, there is a requirement for both the Lt. and Sgt. to conduct 3 rotations through the facility on each shift.

### Standard 115.14 Youthful inmates

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

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

### Standard 115.15 Limits to cross-gender viewing and searches

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy F.1600, Policy F.0100, SOP .0103, SOP .1609, Policy TX I-13, Safe Search Practices Training, NCDPS New Employee Orientation (revised 1/1/15), Cross Gender Announcement & Acknowledgement for staff, Training Curriculum: Safe Search Practices, Form OPA-T30 – Cross Gender Acknowledgement, Staff Training Log, and Cross Gender Bulletin Board Poster Memo (dated 4/22/13) were reviewed. Interviews were also conducted to assist with the determination of compliance.

Training on safe search practices that include cross gender searches was confirmed. Policy requires documentation of any cross gender searches. There were no reported cross gender searches conducted. Training documents reviewed indicated that staff have completed appropriate training. However, interviews with staff indicate there is not a clear understanding of the staff gender who will search transgender or intersex inmates. Agency policy and facility SOP require the announcement of cross-gender staff entering the housing units. Inmate interviews were consistent in that they hear one staff announcer herself and that the others do not on a consistent basis.

Each unit within the facility has provided for inmate privacy through doors or the design of the bathrooms that prevent direct visual supervision. The facility has two suicide cells in the East/West building that are under camera view. On October 5, 2016, the Superintendent issued a memo that prohibits female staff from the Control center when an inmate is present in either of these cells.

Staff interviews confirm receiving training on searching same and cross-gender inmates. Inmate interviews found that there were no reports of any cross-gender searches conducted.

CAP: Provide training for all staff on the requirement to announce their presence when entering any housing unit where inmates may be showering, changing clothing or toileting. Provide the auditor the material used to train staff, and a sign-in roster to show all staff have received this training.

Response: The facility provided to the auditor the memo utilized to remind all staff of the requirement to make an announcement when females enter into any housing area where inmates may be showering, changing clothing, or toileting. The facility also provided documentation of a few past logbook pages where these announcements were made outside of the shift change times and a few current logbook pages showing the announcements are made when females enter into the facility.

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

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

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

Policy E.1800, Policy E.2600, Policy F.3400 and a copy of the memo regarding a new Interpreter Service was provided by the Agency PREA Director. Facility PREA documents in English were observed at the facility and Spanish documents are available as needed.

There is a contract that went into effect on March 1, 2016 with Linguistica International, Inc. for the provision of interpreter services by telephone and covered 250 different languages. This contract expires on March 4, 2017 with options for three additional one year renewal periods. Policy prohibits the use of inmate interpreters except in emergent circumstances. There is PREA material in both English and Spanish available at the facility. Staff were not clear on how to access interpreter services if needed.

Information is available in both English and Spanish (the most common non-English language at this facility). There is a policy to address identifying disabilities or Limited English Proficient inmates upon admission. Staff interviews found they were familiar with the policy and requirements, and that they were aware that there is a resource to obtain a translator/interpreter if necessary. No inmate reported not receiving education in a manner than was clearly understood by the inmate.

### Standard 115.17 Hiring and promotion decisions

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

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Form HR005, Form HR0008, Form HR013, Wake CC SOP D.3006, Memo regarding PREA Hiring and Promotions (dated October 2013), Addendum to the Memorandum, List of Disqualifying Factors, 2013 Employee Statement, sample of employee background screenings, and PREA Employee Statement were reviewed. Interviews were conducted to assist with determining compliance.

The agency policy prohibits the hiring or promotion of individuals who have engaged in sexual abuse, or attempting to engage in sexual abuse in a detention facility or in the community, or who have been civilly or administratively adjudicated for the same. The agency requires all staff to annually sign a statement that they have not engaged in the aforementioned activities (PREA Hiring & Promotion Prohibitions and HR005). This information was reviewed through the LMS (Learning Management System) and copies were provided to the auditor for review. All staff are documented as having completed this step of their training. The agency also requires all employees to self-report any such misconduct. Criminal background check are required for contractors and employees, and material omissions regarding misconduct or false information are grounds for termination. The agency does respond to requests from other institutions where a former employee has applied to work. The agency conducts background checks at hiring.

A review of a sample of staff files (10) indicates that background checks had been completed and were conducted within the past 5 years. The background check includes National Crime Information Center (NCIC), Concealed Weapons Permit system, North Carolina Driver's License Agency, North Carolina Department of Public Safety database, and Sexual Offender Registry. However, discussion with the facility found that there is no clear system yet identified to address ensuring backgrounds are completed for all staff every 5 years.

Prior to the writing of this report, the facility updated Wake Correctional Center Standard Operating Procedure D.3006 and now requires background checks for all staff every three (3) years.

### Standard 115.18 Upgrades to facilities and technologies

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

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

### Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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Policy F.3400, Policy CP18, Form OPA-A18, Form OPA – I20, OPA-I21, Form OPA-I30, PREA Support Person (PSP) Training Lesson Plan, Chain of Custody Form, Incident Scene Tracking Log, PREA Support Person Roles and Responsibilities, Clinical Practice Guidelines, and NCCASA documentation were reviewed. Interviews also provided information in the determination of compliance.

The agency conducts only administrative investigations. The State Capitol Police would complete criminal investigations, and one criminal investigation was conducted in the past 12 months. The agency has sent a letter to all law enforcement agencies in the state on March 16, 2016 requesting their compliance with PREA standards in the event a criminal investigation is conducted.

The Clinical Practice Guidelines cover appropriate evidence collection. The facility has two PREA Support Persons (PSP) who are trained for victim advocacy services, and acts as the link to assist victims with the investigative process, professional resources, community based advocates, and mental health professionals. There is an Incident Scene Tracking Log for documenting persons who may enter a possible crime scene before investigators are on-site, as well as a Chain of Custody form for documenting any evidence collected.

Inmates who experience sexual assault are taken to Wake Medical Center for a forensic examinations. Wake Medical Center charge nurse reported that they currently have 2-3 nurses who are completing the SANE certification. InterAct of Raleigh will send a victim advocate once notified. There is no cost incurred by an inmate for these services. The agency is currently working with the North Carolina Coalition Against Sexual Assault (NCCASA) to create a state-wide system for community based services and documents were provided. In the interim, the facility has an MOU with the InterAct of Raleigh who has agreed to provide services for inmates, including accompaniment during a forensic examination, emotional support, information/referrals, crisis intervention, follow-up services via the hotline, in-person and through mail correspondence.

During an interview with a PREA Support Person (PSP) it was determined that they were not familiar with the MOU and services of InterAct of Raleigh.

CAP: Provide instruction to the two PREA Support Persons (PSP) as to how to access the services of InterAct of Raleigh, the local rape crisis center where the facility has an MOU. Provide proof of this training to the auditor.

Response: The facility conducted training with the PREA Support Persons on the services of InterAct of Raleigh, the local rape crisis center, that addressed accompaniment during the forensic examination, advocacy and support services. This information was provided to the auditor for review.

### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

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Policy F.3400 and PREA investigations log were reviewed. Interviews were conducted.

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

### **Standard 115.31 Employee training**

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

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Policy F.3400, Training Curriculum’s SAH 101- 040812 and SAH 101 2015, Staff and Offender Relations Training, New Employee Orientation, On Boarding Checklist, Form OPA-T10, Employee Training Files, brochures, handbooks, bulletin board documents, red flag posters, and other documents were reviewed. Interviews with staff were also conducted.

The agency policy requires annual training for all staff in topics identified within the standard, including the zero-tolerance policy, staff responsibilities, inmate’s rights, retaliation, dynamics, common reactions of victims, detection and response to allegations, inappropriate staff relationships, identifying inappropriate staff relationships, communication and mandatory reporting laws. Interviews with staff confirmed they complete annual training and understand the material presented, with the exception of elder abuse laws. Interviews also found that staff are unaware of the many ways an inmate can report sexual abuse or sexual harassment.

Training documentation is kept in LMS (Learning Management System). Employee training documentation found that all staff had completed their annual training. Of the 28 staff files reviewed, all but two have completed the training in the past year. The remaining two are still within 2 years for receiving their formal PREA education.

Prior to the writing of this report, the facility, on March 16, 2017, conducted training with all staff on Policy F.3400 – Vulnerable Adults, and each staff was provided a copy of the Inmate Brochure detailing the many ways an inmate may report abuse. A copy of the materials used and a signed roster was provided to the auditor.

### **Standard 115.32 Volunteer and contractor training**

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

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

Policy F.3400, Policy F.0604; Training Curriculum’s SAH 101 2015, Staff and Offender Relations Training, New Employee Orientation, Form OPA-T10, “Ways to Report” Poster, Volunteer Brochure, Visitation Reporting Poster, and other documents were reviewed.

The agency requires all volunteers to complete the same PREA training as a staff, with minor deviations. There is also a Volunteer Brochure specifically for volunteers to receive PREA information. This facility reports 501 volunteers that provide services to inmates. There is also a "Ways to Report" poster to remind volunteers and contractors of the various ways to report. The files reviewed contained a signed Acknowledgement form. A volunteer was interviewed who transports inmates out for release. He reported initial training on the zero tolerance policy and repeated training. He has completed background paperwork annually. He states that training has instructed him to notify staff and to keep the inmate with himself to ensure the inmate's safety.

### Standard 115.33 Inmate education

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

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

Policy F.3400, Diagnostic Procedural Manual Section 201 & 417, PREA Inmate Brochure (English/Spanish), Offender PREA Education Acknowledgement Form T100, Facilitator Talking Points (Education upon Transfer), Education upon Transfer E-mail, Interpreter Services DOC150623, PREA OPUS (Offender Population Unified System) Training Roster, and assorted posters were reviewed. Inmate interviews were conducted.

Wake Correctional Center receives inmates from other facilities through a transfer. Agency policy requires all inmates entering into the system to receive intake and comprehensive training at the reception and diagnostic center. Wake Correctional Center inmates arrive at the facility having already received comprehensive education, and therefore receive facility specific information. The comprehensive education was reviewed at Craven Correctional Center and meets the criteria of the standard regarding content. Inmate education is maintained in OPUS (Offender Population Unified System) and copies were provided to the auditor for review. Interviews with inmates confirmed the receipt of facility specific information at intake and transfer. The facility conducts inmate Orientation upon arrival of inmates and includes the inmate being given the Orientation Booklet and the NCDPS Inmate Brochure. The intake staff reported that they provide a verbal orientation to the inmate on the zero-tolerance policy and they read the acknowledgement to the inmate, prior to the inmate signing the form stating that they understand the Zero-Tolerance Policy and how to report abuse. If the inmate informs the intake staff of requiring education in other formats, the intake staff would provide as appropriate. Informational posters were observed around the facility on the PREA boards in the dorms. Staff interviews also confirm Orientation material is appropriate to inmates needs and clear copies of all written material is provided to inmates. Of the 18 inmates files reviewed, 15 have received PREA education upon intake and within 24 hours.

### Standard 115.34 Specialized training: Investigations

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

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

Policy F.3400, Training Curriculums: Investigator, PPT and Mock Interview; Investigator Understanding Sexual Violence & PPT; and Incident Reporting, OPUS (Offender Population Unified System) Incident Reporting Pamphlet, and the Investigator PREA training file was reviewed. Investigator Interview was also conducted.

The facility has one (1) designated investigator who has completed specialized training for this purpose. The training meets the requirements of the standard. Interview with an investigator found that they were well versed in administrative investigations. Only those who have completed this training have access to the electronic incident report system to allow for the review of investigations and updating the system with new information. The agency only completes administrative investigations. All criminal investigations are conducted by State Capitol Police. The auditor reviewed training documentation of the identified investigator, as well as the training provided by the agency to the investigator. The Investigator has also completed his annual PREA 101 training.

### **Standard 115.35 Specialized training: Medical and mental health care**

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

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

Policy F.3400, and Training Curriculum: PPT, CE Nursing and OSDT Roster were reviewed. Training files for medical staff and mental health staff were reviewed. Interviews were completed.

The agency policy requires that all medical and mental health staff receive SAH 101 and specialized medical and mental health training. The specialized training meets all requirements of the standard. The agency mental health staff has completed both SAH 101 and the specialized training. This was confirmed with documentation and through interview. The medical staff has completed the standard SAH 101 training and the specialized training. This was confirmed with documentation and through interview.

Forensic examinations are not conducted at this facility and therefore no training was provided. All forensic examinations are conducted at the Wake Medical Center.

### **Standard 115.41 Screening for risk of victimization and abusiveness**

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

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

Policy F.3400, Diagnostic Procedural Manual 305, and memo dated 08/14/15 were reviewed. A selection of inmate files were also reviewed. Interviews were conducted.

The agency policy requires staff to conduct a risk assessment at the reception and diagnostic center upon the initial intake of inmates into the state system. This is completed within 72 hours of arrival. The risk assessment contains all elements of the standard. The agency recently

changed their processes to ensure that both inmates at risk of victimization or being aggressive are appropriately identified. This system went into effect March 2016. The agency PREA Director provided to this auditor documentation that the agency now produces a High Risk for Victimization List (HRV) that is reviewed alongside the High Risk for Abusive List (HRA) to ensure that all housing, work, and programming services are assigned with the protection of the inmates as a key factor. Upon intake at a reception center, the inmate and staff complete the Mental Health Screening Inventory. This tool identifies all required components of the standard.

At Wake Correctional Center, all inmates receive a risk assessment on the day of arrival, and the risk assessment is reviewed by a case manager within 3 days. A High Risk for Victimization List (HRV) and a High Risk for Abusive List (HRA) is generated and viewing is limited to the Superintendent and Assistant Superintendent of Custody/House – facility PREA Compliance Manager. A review of 16 files shows that since implementation in March 2016, the facility has received 12 of the inmates, and of these 12 files, the risk screening was completed 6 times within 72 hours. On January 1, 2017 the PREA Compliance Manager issued a memo to all counselors that reminded them of the 72 hour requirement. A review of 4 inmates who arrived after January 1, 2017 indicates that the initial Risk Screening was completed within 72 hours.

### **Standard 115.42 Use of screening information**

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

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

Policy F.3400, Policy TX-I-13, Policy C.0100, Screening tool, Learning Management System (LMS) Material, and the Instructions to access the High Risk Abuse Report were reviewed. Interviews were conducted.

The policies addresses clear guidelines, including limits, for housing and work assignments based on the safety of all inmates, a bi-annual review of housing for transgender and intersex inmates, allowing transgender and intersex inmates to shower separately from all other inmates, and assessments for an inmates own perception of risk at the facility. The Classification Committee is a formal process at an inmates initial intake into the NCDPS system, and whenever identified thereafter, whereby all relevant information, screenings, evaluations, criminal behavior history is used to assist in the determination of appropriate housing assignments. Inmates are interviewed for their ideas, opinions, attitudes, preferences and other factors before a final decision is made on housing locations. Bed and work assignments are made at the facility level.

In March 2016, the agency updated their current system to include a review of the High Risk Victimization (HRV) and the High Risk of Abuser (HRA) list at the facility on a weekly basis, or more often if needed, to ensure that inmates are placed in educational, vocational, and housing that ensures their safety. Inmates who are identified as HRV are now placed in closer proximity to the staff in the housing units. Interviews confirmed that at intake, the results of the screening are used to determine housing and bed assignment. An interview conducted with the facility PREA Compliance Manager confirmed that he reviews the High Risk lists each week to verify appropriate placement.

### **Standard 115.43 Protective custody**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy F.3400 was reviewed. Interviews were conducted.

There have been no instances where protective custody for an inmate requiring protection due to a sexual abuse has been used at this facility in the past 12 months. Agency policy prohibits the involuntary placement of inmates in restricted housing unless there are no available alternatives. Policy and interviews confirm that services for an inmate who may be placed in protective custody are continued as normal unless there is a specific documented reason for restriction. Policy dictates documentation of the use of protective custody when necessary and 30 day reviews of such placement.

Interviews confirmed that this facility does not have restricted/protective custody housing. Those requiring such housing would be transferred to another, more appropriate facility.

### **Standard 115.51 Inmate reporting**

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

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

Policy F.3400, Policy D.0300, Form OPA-T10, Fraud, Waste, Abuse & Misconduct reporting website page, PREA Internal & External webpage for reporting, Staff Brochure, Offender acknowledgement Form (English/Spanish), Inmate Rule Book, were reviewed and a tour of the facility was completed. Interviews were also conducted.

The agency has numerous ways for an inmate to internally report sexual abuse or sexual harassment. Methods of reporting include telling a staff, writing a letter to the PREA Director and third-party reporting. Externally, the agency provides the address of the North Carolina Prison Legal Services (PLS). Mail boxes are available for inmate mail. It was confirmed through conversation with the administration that mail sent to the PLS or the PREA Director is treated as legal correspondence and is not opened at the facility level.

The PREA posters detail each of the above mentioned methods of reporting abuse, and are available for inmate viewing in all housing areas. Interviews with staff found that they only identified a method for inmate reporting to be through notification of a staff member. Staff are aware that they may report privately through the Fraud, Waste, Abuse, and Misconduct Hotline or through e-mail to the PREA Director if they do not wish to report through the Chain of Command.

Prior to the writing of this report, the facility, on March 16, 2017, conducted training with all staff on Policy F.3400 – Vulnerable Adults, and each staff was provided a copy of the Inmate Brochure detailing the many ways an inmate may report abuse. A copy of the materials used and a signed roster was provided to the auditor.

### **Standard 115.52 Exhaustion of administrative remedies**

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

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

Policy F.0300, Policy G.0300, and the Inmate Rule Book were reviewed. Interviews were also conducted.

The agency policy confirms that grievances of sexual abuse or sexual harassment require an immediate notification to the North Carolina Department of Public Safety PREA office preventing a response from the subject of the complaint. Inmates can hand their grievance directly to security staff or to any administrator. There is no disciplinary action if the report is made in good faith. A final response is due within 90 days, as well as notification to the inmate that it has been accepted within 5 days. Grievances are allowed to be prepared by the victim or other third party person who assists the victim. Emergency grievances, those defined as matters that present a substantial risk of physical injury or irreparable harm may be presented directly to the Officer in Charge, are forwarded immediately to the appropriate person, and require an initial response from the facility within 48 hours and a final determination within 5 days. There were 6 grievances in the past 12 months alleging sexual abuse and all 6 were resolved within 90 days.

**Standard 115.53 Inmate access to outside confidential support services**

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

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

InterAct of Raleigh poster, InterAct of Raleigh MOU, and PREA – The North Carolina Approach were reviewed. Inmate interviews confirmed findings.

The Agency is in the process of working with the North Carolina CASA for the provision of services under this standard. While this is in progress, the facility has reached out to InterAct of Raleigh. In March 2017, the facility and InterAct of Raleigh entered into an MOU for the provision of services.

The PREA Support Person (PSP) interviewed was not aware of the services available through InterAct of Raleigh. And interviews with inmates found that they too were unaware of services available to them through InterAct of Raleigh. There was no information about InterAct of Raleigh found in the housing units that provided a list of services.

Prior to the writing of this report, the facility conducted educational training for inmates on the Advocacy Services available to inmates. Inmates received the advocate flyer and Inmate Brochure which provided services and contact information. This information will now be included in all intake activities.

**Standard 115.54 Third-party reporting**

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

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

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

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

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

### **Standard 115.61 Staff and agency reporting duties**

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

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

Policy F.3400, Coordinated Response Plan, and SAH 101 Staff Training were reviewed. Staff interviews confirmed findings.

The agency policy requires all staff, volunteers and contractors to immediately report any knowledge, information or suspicion of sexual abuse or sexual harassment, and any violation or neglect of responsibility, to administration. Contractor contracts include a requirement for reporting any information regarding sexual misconduct. Policy and interviews confirmed that staff are not allowed to share information with anyone who does not have a need to know. All allegations are reported to both the facility investigators and the agency PREA Director. The Coordinated Response Plan details the notification to the state agency regarding vulnerable adults. Interviews with staff confirmed their knowledge of how to report internally (chain of command or other administrative staff) and privately (PREA Director or Fraud, Waster, Abuse, and Misconduct Hotline).

### **Standard 115.62 Agency protection duties**

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

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

Policy F.3400 was reviewed. Interviews confirmed findings.

The agency requires immediate action to protect inmates who report sexual abuse. All staff, contractors and volunteers are required to report PREA Audit Report

any information to the facility investigators who will assist with taking appropriate steps utilizing the Coordinated Response Plan. Staff were able to articulate this requirement during the interviews. There were no allegations of this type in the past 12 months.

### **Standard 115.63 Reporting to other confinement facilities**

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

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

Policy F.3400 was reviewed. Staff interviews confirmed findings.

The agency policy requires that any receipt of sexual abuse or sexual harassment that occurred at another facility be immediately reported to the appropriate Superintendent. This notification must be documented. An incident report is also generated, which flags investigators and the agency PREA Director. Allegations made by an inmate at another facility are treated the same as a new allegation, and facility investigators are notified and begin their review of information. Interviews confirmed that this information is forwarded immediately if received. There were no incidents that required reporting to another facility.

### **Standard 115.64 Staff first responder duties**

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

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

Policy F.3400, Coordinated Response Plan, and SAH 101 training curriculum were reviewed. Staff interviews confirmed findings.

The agency requires all staff to separate, protect physical evidence and the crime scene, and to report to administration when an allegation of sexual abuse is received. All persons interviewed who have contact with inmates could clearly articulate the required steps – separation, preservation of evidence in the area where the incident occurred and with both the victim and the alleged subject, if known, and to make notification of their immediate supervisor or other administrative staff. It is noted that staff training identifies all staff as first responders. Contractors and volunteers are required to protect the victim and report the information to a security staff. There were 3 allegations of sexual abuse in the past 12 months; however none were reported within 72 hours in order to preserve evidence.

Additionally this facility has a Sexual Assault Response Team (SART) who responds immediately to provide protections of the victim and any evidence. This team includes the PREA investigator, PREA Support Person, facility PREA Compliance Manager, Superintendent, and the Lead Nurse.

### **Standard 115.65 Coordinated response**

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

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

Coordinated Response Plan and Coordinated Response Overview were reviewed. Interviews were conducted and confirm findings.

The NCDPS has created a template that includes all PREA related requirements for a proper Coordinated Response Plan. Each facility is provided this draft template, which directs that their facility specific information be included in the plan and thereafter published to facility staff. This plan addresses first responder duties, leadership duties, investigator duties, PREA Compliance Manager duties, PREA Support Persons duties, SART (Sexual Assault Response Team) duties, Mental Health and aftercare duties, and retaliation duties. There is also a Coordinated Response Overview (flowchart) that clearly details the many steps that the agency expects to be completed. The facility specific Coordinated Response Plan identifies specific steps to be followed, along with the identification of certain staff who play a key role (PSP, PCM) and their contact information. Interviews confirmed that the majority of staff were aware of a plan that is to be followed when there is an allegation of sexual abuse.

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

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

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

This standard is Not Applicable as North Carolina Department of Public Safety does not enter into collective bargaining agreements.

#### **Standard 115.67 Agency protection against retaliation**

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

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

Policy F.3400, Form OPA-I22 and Form OPA-I24 were reviewed. Interviews confirmed findings.

The agency policy addresses practices to protect both staff and inmates from retaliation as a result of reporting sexual abuse or sexual harassment information. Various protection methods for inmates are identified in policy. The PREA Support Person monitors inmates and the PREA Compliance Manager will monitor staff. There is a form that is used to document the retaliation monitoring at the 90 day mark. The form also prompts and allows for the documentation of periodic status checks. The PREA Support Person monitors inmates and the interview confirmed that measures used to keep inmates safe may include housing changes, the alleged perpetrator be transferred, or inmate transfers, if requested.

Interviews confirmed that retaliation monitoring is conducted for victims, reporters, or other witnesses. However, a review of the documentation does not show that periodic checks are documented.

CAP: Implement documentation of the periodic status checks of persons who require retaliation monitoring. Provide to the auditor a sample of retaliation monitoring that includes documented periodic status checks.

Response: The facility provided information from the current retaliation monitoring that shows programming, jobs and housing changes were reviewed weekly, and that the inmate had a face to face meeting with a PREA Support Person in the first 30 days.

### **Standard 115.68 Post-allegation protective custody**

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

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

Policy F.3400 was reviewed. Staff interviews confirm findings.

The agency policy addresses the use of protective custody only if no other alternative means of protection is available, or if inmates request this level of protection. Inmates requesting this level of protection may complete the Request for Protective Custody and must document the reasons for the request. Interviews confirm that protective custody is not used at this facility.

### **Standard 115.71 Criminal and administrative agency investigations**

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

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

Policy F.3400, Coordinated Response Plan, and the Coordinated Response Overview were reviewed. Investigation files were reviewed. Staff and Investigator interviews confirmed findings.

The agency policy requires that criminal investigations are conducted by outside law enforcement, therefore the facility investigators only

conduct an initial investigation to determine if outside law enforcement is to be notified and administrative investigations. Administrative investigations address staff actions, credibility and a review of fact and findings of the criminal investigation (if applicable). All interviews are conducted as approved by the Office of Special Investigations and Compliance. Both criminal and administrative investigations are documented.

One investigator was interviewed during the on-site. He reports conducting administrative investigations only. All criminal investigations are completed by the State Capitol Police. Investigations begin immediately when sexual abuse is alleged; and within 72 hours for sexual harassment allegations where imminent harm to an inmate is not present. Third party and anonymous reports are treated the same as all allegations. All investigations begin with evidence preservation and interviews with the victim. Witness interviews are conducted. Reports contain all statements, evidence or description of evidence, DNA testing results, any available electronic monitoring data, prior complaints, a summary and a review. Credibility of the victim, suspect, or witness is looked at through prior history, but no judgement is made to the validity of the statements except as confirmed by evidence. Polygraphs are not used by investigators. Law Enforcement would refer for prosecution when there is a substantiated allegation that appears criminal.

### **Standard 115.72 Evidentiary standard for administrative investigations**

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

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

Policy F.3400 was reviewed. Interview confirmed the findings.

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

### **Standard 115.73 Reporting to inmates**

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

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

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

The agency policy requires that an inmate be notified of the outcome of an investigations. The agency utilizes Form OPA-I30 to document notification to the victim of the outcome of the investigation, and Form OPA-I30A is used to document the status of the alleged offender. A file review of the one allegation of sexual harassment contained the required form completed and signed by the inmate. Two of the three files reviewed showed notification was made to the inmate at the conclusion of the investigation. The third did not have a copy of the notification as the inmate had been transferred to another facility by his own request.

### Standard 115.76 Disciplinary sanctions for staff

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

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

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

The agency policy provides for disciplinary action towards staff who violate the zero-tolerance policy, up to and including termination. All disciplinary actions are reviewed individually based on the nature and circumstances of the allegation. Comparable offenses by other staff are also considered in a final determination of disciplinary action. All staff terminations are required to be reported to the state licensing body. There were three instances where inappropriate staff sexual contact was alleged towards an inmate. Two were unfounded and one was closed as unsubstantiated. There is documentation that in the case of the unsubstantiated finding, the staff received disciplinary action based on undue familiarity.

### Standard 115.77 Corrective action for contractors and volunteers

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

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

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

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

### Standard 115.78 Disciplinary sanctions for inmates

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

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

Policy F.3400, Policy B.0200, and the Inmate Rule and Policies Booklet were reviewed. Staff interviews confirmed findings.

In accordance with Prisons policy, inmates may receive disciplinary action(s) for violating the agency’s zero-tolerance policy. As outlined in the Inmate Rule and Policies Booklet, violations defined as sexual abuse and sexual harassment are clearly stated. Services for abusers are available and includes counseling and possible transfer to receive additional interventions. Inmates that consent to consensual relationships with staff are considered victims and therefore not disciplined for these inappropriate relationships. In addition, inmates who make a report in good faith are not subject to disciplinary action for the report. There were no inmate-on-inmate sexual abuse incidents that were reported by the facility in the past 12 months. The agency does prohibit all sexual activity between inmates.

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

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

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

Policy F.3400, Policy CP-18, Diagnostic Manual 305, Memos dated 10/09/13 and 11/14/12, North Carolina Authorization for Release of Information, Mental Health Screening Referral system, and Learning Management System (LMS) were reviewed. Interviews confirmed findings.

The agency policy requires immediate referral to medical and mental health services after information of prior sexual victimization or sexually aggressive behaviors is discovered during the screening process. Services are provided within 14 days by facility medical and mental health staff. As mental health staff are not located on site, the mental health referral would be forwarded to the staff who moves between multiple facilities. An interview with mental health staff confirm that he receives referrals and responds within the required time frame. Interviews confirmed informed consent is obtained before information is shared regarding a victimization that may have occurred prior to incarceration.

**Standard 115.82 Access to emergency medical and mental health services**

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

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

Sexual Abuse, Coordinated Response Plan, and the Coordinated Response Overview were reviewed. Interviews confirm findings.

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

An interview with medical staff found that they do inform the inmate of their limits of confidentiality and about informed consent.

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

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

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

Policy F.3400, Policy CP-18, Policy CC-8, Coordinated Response Plan, and the Coordinated Response Overview were reviewed. Interviews confirm findings.

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

### **Standard 115.86 Sexual abuse incident reviews**

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

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

Policy F.3400, Form OPA-I10, Coordinated Response Plan, Coordinated Response Overview, and one investigation files were reviewed. Interviews confirmed findings.

The agency requires a Post Incident Review (PIR) at the conclusion of any investigations of sexual abuse where the allegation was determined to be substantiated or unsubstantiated. Form OPA-I10 is completed. This is a standardized form that contains all elements of the

standard.

The facility did conduct an Incident Review on the allegation that was unsubstantiated as required by the standard and policy. The review addressed all required components of the standard.

### **Standard 115.87 Data collection**

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

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

Policy F.3400, Incident Reporting – OPUS (Offender Population Unified System), and PREA Incident Reports were reviewed. Interviews confirmed findings.

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

### **Standard 115.88 Data review for corrective action**

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

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

Policy F.3400, Form OPA-I10, 2015 Sexual Abuse Annual Report, Coordinated Response Plan, and Coordinated Response Overview were reviewed. Interviews confirmed findings.

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

### **Standard 115.89 Data storage, publication, and destruction**

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy F.3400 and the 2015 Sexual Abuse Annual Report were reviewed. Interviews confirmed findings.

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

### **AUDITOR CERTIFICATION**

I certify that:

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

Bobbi Pohlman-Rodgers

April 22, 2017

Auditor Signature

Date