

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report 10/17/19

Auditor Information

Name: Dorothy Xanos	Email: dxconsultants@gmail.com
Company Name: DX Consultants LLC	
Mailing Address: 701 77th Avenue N, PO Box 55372	City, State, Zip: St Petersburg, Florida 33702
Telephone: (813) 918-1088	Date of Facility Visit: 9/16/19 – 9/17/19

Agency Information

Name of Agency North Carolina Department of Public Safety	Governing Authority or Parent Agency <i>(If Applicable)</i>		
Physical Address: 512 N. Salisbury Street	City, State, Zip: Raleigh, NC 27699		
Mailing Address: 512 N. Salisbury Street	City, State, Zip: Raleigh, NC 27699		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.ncdps.gov			

Agency Chief Executive Officer

Name: Erik A. Hooks	
Email: erik.hooks@ncdps.gov	Telephone: (919) 825-2739

Agency-Wide PREA Coordinator

Name: Charlotte Jordan-Williams	
Email: charlotte.williams@ncdps.gov	Telephone: (919) 825-2754
PREA Coordinator Reports to: Pamela Cashwell, Chief Deputy Secretary Professional Standards Policy & Planning	Number of Compliance Managers who report to the PREA Coordinator: 138

Facility Information

Name of Facility: Stonewall Jackson Youth Development Center

Physical Address: 850 Holshouser Road

City, State, Zip: Concord, NC 28057

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://www.ncdps.gov>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Not Applicable

Facility Administrator/Superintendent/Director

Name: Peter Brown

Email: peter.a.brown@ncdps.gov

Telephone: (704) 652-4306

Facility PREA Compliance Manager

Name: Paula Sutton

Email: paula.sutton@ncdps.gov

Telephone: (704) 652-4382

Facility Health Service Administrator N/A

Name: Tanja Salary

Email: tanja.salary@ncdps.gov

Telephone: (704) 652-4319

Facility Characteristics

Designated Facility Capacity:	128
Current Population of Facility:	93
Average daily population for the past 12 months:	100
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	14-18
Average length of stay or time under supervision	353.74 days
Facility security levels/resident custody levels	Secure
Number of residents admitted to facility during the past 12 months	82
Number of residents admitted to facility during the past 12 months whose length of stay in the Facility was for 72 hours or more:	82
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	80
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention Facility <input type="checkbox"/> City or municipal correctional or detention Facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	204
Number of staff hired by the facility during the past 12 months who may have contact with residents:	49
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	5
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	6
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe:) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA audit of the Stonewall Jackson Youth Development Center (Stonewall Jackson YDC) was conducted on September 16-17, 2019 by Dorothy Xanos, US DOJ Dual Certified PREA Auditor. The audit begins with the notification of the on-site audit was posted by August 5, 2019, six weeks prior to the date of the on-site audit. The facility's last PREA audit was on August 23-25, 2016. The posting of the audit notices both English and Spanish versions was verified during the tour and verified by photographs received on the USB flash drive from the Youth Counselor Supervisor/PREA Compliance Manager (PCM). The audit notices explained correspondence would be treated as legal mail to ensure confidentiality and privacy. The photographs indicated notices in both English and Spanish versions were posted in various locations throughout the facility including the lobby window, gymnasium door, visitation area and all housing units. Throughout all the audit phases, the auditor did not receive any communication from the staff or from residents as a result of the posted notices.

The auditor completed a documentation review using the Pre-Audit Questionnaire, policies, procedures, internet research, and supporting documentation for all forty-one (41) standards. The information necessary for the audit was provided on a secure USB flash drive received by August 24, 2019 and September 7, 2019. The first flash drive was corrupted and the auditor was unable to open, however, the Youth Counselor Supervisor/PCM sent a second flash drive and the format enabled the auditor to easily review relevant information. The documentation uploaded to the secure USB flash drive was set up with folders for each standard and the information was organized, highlighted and easy to navigate, however the information in-regards to the Pre-Audit Questionnaire and supporting documentation did not sufficiently address fifteen (15) standards. Additional folders reviewed included the agency's and facility's mission statements, daily population reports for the past twelve (12) months, and the facility's schematic. The supporting documentation for the fifteen (15) standards was provided to the auditor during the on-site and after the on-site visit to the facility.

A conference call was conducted on September 9, 2019 with the Facility Director, Youth Counselor Supervisor/PREA Compliance Manager, Youth Counselor Supervisor/Assistant PREA Compliance Manager and NCDPS PREA Program Coordinator to review the schedule for the on-site visit, discuss the auditor's results of the Pre-Audit Questionnaire and supporting documentation provided on the secure USB flash drive and review information to be sent to the auditor prior to the on-site visit to the Facility. The Youth Counselor Supervisor/PCM sent the documentation (staff roster, staff schedule for random and specialized staff) to the auditor prior to arrival to the Facility. Also, supporting documents were provided during the on-site visit to address the deficiencies and are summarized in the report under the related standards.

The on-site audit was conducted on September 16-17, 2019. An entrance briefing was conducted with the Facility Director, Assistant Facility Director, Youth Counselor Supervisor/PREA Compliance Manager, Youth Counselor Supervisor/Assistant PREA Compliance Manager, Clinical Director, RN Supervisor, Social Worker Supervisor, Youth Counselor, Administrative Specialist I and NCDPS PREA Program Coordinator and NCDPS Facility OPS Standards Manager. During the entrance briefing, the

audit process was explained 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 a secure lobby area, administrative area with six (6) offices, two (2) visitation areas with offices, gymnasium, medical area with three (3) exam rooms, kitchen and storage areas, seven (7) housing buildings with dayrooms and classrooms, recreation areas and maintenance shop. During the tour, there were two (2) blind spots identified in the kitchen and dry storage areas. This was corrected after the on-site visit, and the auditor was provided with the documentation (pictures) confirming the correction had been completed prior to the submission of this report by the Youth Counselor Supervisor/PCM.

During the tour, residents were observed to be under constant supervision of the staff while involved in various activities. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing residents of the telephone numbers to call and report sexual abuse and sexual harassment and to call the victim advocate for emotional support services. The auditor reviewed the logbook containing PREA related documentation (unannounced rounds). Also, the auditor observed cameras and the video surveillance system which enhances the staff's capabilities to assist in monitoring blind spots and the review of incidents. There are cameras installed in a number of areas throughout the facility. There were no cameras installed in the bathroom/shower area, so residents are not seen on the surveillance system while showering or toileting. During the tour, it was observed the shower areas in all housing units did allow for privacy except for one (1) housing unit which had a shower curtain missing. Also each resident's bedroom had an individual sink, toilet and a privacy flap for their window. The shower curtain was installed after the on-site visit and the documentation (picture) was sent to the auditor by the Youth Counselor Supervisor/PCM prior to the submission of this report.

During the two (2) day on-site visit, there were a total of ninety-three (93) male residents in the facility. Twenty-five (25) residents were randomly selected from all seven (7) housing units with a resident list provided by the Youth Counselor Supervisor/PCM for the interview process. However, fifteen (15) residents were formally interviewed and the other ten (10) residents were unavailable or declined to speak with the auditor. The facility did not have any residents identified in the required categories i.e. physical disability (Blind, Deaf or Hard of Hearing); Limited English Proficient (LEP); a resident who identify as Lesbian, Gay or Bi-sexual; Transgender or Intersex; resident with a cognitive disability; resident in isolation; who reported sexual abuse and who reported sexual victimization during risk screening. All resident interviews indicated they were well informed of their right to be free from sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment using several ways of communication such as trusted staff, administrative staff, the hot line and the grievance process. Also, random file reviews of medical, mental health and resident records and additional documentation were completed as well.

The community victims' advocacy services address and telephone number are available to the residents located throughout the Facility. There is evidence of the Facility Director obtaining a Memorandum of Agreement with the Esther House of Stanly County dated 8/16/19 to provide the victim advocacy services for the residents who are sexual assault victims, provide free confidential crisis intervention and emotional support services related to sexual abuse or sexual assault who are calling the toll-free telephone number at the facility. Also, the auditor contacted a representative from Esther House of Stanly County via telephone during the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide emotional support services. North East Medical Center (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. Esther House of Stanly County's representative indicated there have been no calls from residents in the past twelve (12) months requesting emotional support services related to sexual abuse or sexual assault at the facility.

Thirty-two (32) staff were formally interviewed including (16) staff from all three (3) shifts (supervisory and floor staff) Facility Director; Assistant Facility Director/review team; Youth Counselor Supervisor/PREA Compliance Manager; (1) upper level management; (2) retaliation; (1) investigation; (2) medical staff; (2) mental health staff; (1) human resources; (1) first responder; (1) risk screening staff; (1) intake and (1) religious volunteer were interviewed during the two (2) days of the on-site visit and several days after the on-site visit. Additionally, interviews were conducted via telephone with the NCDPS Secretary's representative and NCDPS PREA Coordinator 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 Facility Director, Assistant Facility Director, Youth Counselor Supervisor/PREA Compliance Manager, Youth Counselor Supervisor/Assistant PREA Compliance Manager, Clinical Director and via telephone the NCDPS PREA Program Coordinator and NCDPS Assistant Director of Facility Operations. At the exit debriefing, the auditor gave an overview of the audit and commented on the on-site observations, interviews, and summarized the strengths and weaknesses after completing the Pre-Audit and On-Site Audit phases. Based on the findings during the Pre-Audit and On-Site Audit phases, the auditor needed to complete the full evaluation during the evidence review phase of the PREA audit by reviewing all evidence collected, including policies and procedures, observations of routine practices in the facility, what the auditor learned in the course of interviewing staff and residents, and documentation obtained while on-site in order to make a compliance determination for each standard resulting in a final report.

After further review, it was discussed additional documentation was required for five (5) standards and it was determined this information would be sent to the auditor within the next two (2) weeks for compliance with all the PREA standards. The requested information was sent to the auditor by the NCDPS PREA Program Coordinator prior to the submission of this report. The auditor reviewed all requested information and the facility is in full compliance with the PREA Standards.

Facility Characteristics

The auditor's description of the audited Facility should include details about the Facility type, demographics and size of the resident, resident or detainee population, numbers and type of staff positions, configuration and layout of the Facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Stonewall Jackson Youth Development Center (Stonewall Jackson YDC) is a one hundred twenty-eight (128) bed secure facility for male residents governed by North Carolina Department of Public Safety (NCDPS). The facility was the first youth development center located in Concord, North Carolina. Youth development centers are secure facilities that provide education and treatment services to prepare committed residents to successfully transition to a community setting. This type of commitment is the most restrictive, intensive dispositional option available to the juvenile courts in North Carolina. The structure of the juvenile code limits this disposition to those juveniles who have been adjudicated for violent or serious offenses or who have a lengthy delinquency history. Accordingly, the resident's average length of stay is sixteen (16) months and can be extended if necessary. The average age is between 14-18 years old although juvenile jurisdiction could remain until the age of 21. Residents under the age of 13 could also potentially be detained if ordered by the Court. There were ninety-three (93) residents at the facility at the time of the review.

Stonewall Jackson Youth Development Center (Stonewall Jackson YDC) was opened in 1909 formally known as "Stonewall Jackson Manual Training and Industrial School" as a home for troubled youth. Boys were generally incarcerated for relatively minor scrapes with the law, including school truancy. "At the school, the young men lived in a series of dormitory style buildings, and received an academic education as well as learning a trade. Students worked in industries including shoe-making, printing, barbering, textiles, and a machine shop. Many of the young men worked on the school's farm, learning modern agricultural techniques, and maintaining the fields and cattle herds that supported the school. The print shop produced a small newspaper called The Uplift."

Since 1992, the center has had a Pet Therapy Program, in which residents learn to care for dogs. Animals are sometimes made available for adoption outside the center. Originally, the facility was located on approximately 290 acres of land located in Cabarrus County. As of 2015, the facility's physical plant has a number of buildings that are closed both within a fenced secure area and outside of the fenced area covering approximately 60 acres. There are twenty-three (23) of the sixty (60) structures that are utilized today. Eight (8) of the twenty-three (23) buildings are the operational portion of the facility and the other buildings are used for storage. The operational portion of the facility includes an administration building, six (6) housing buildings with two (2) housing units in each building, an additional thirty-two (32) bed housing unit known as the McWhorter building and a maintenance shop. The administration building has a secure lobby area, administrative area with six (6) offices, two (2) visitation areas with offices, a full court gymnasium, medical area with three (3) exam rooms, kitchen and storage areas. The dining areas are located in each housing unit. The six (6) housing buildings have dayrooms, classrooms, laundry rooms, med rooms with a medication cart and a first aid kit, and recreation areas. The McWhorter building contains a housing unit, four (4) classrooms, dayroom, laundry room, med room with a medication cart and a first aid kit, and recreation areas.

The facility has a staffing pattern that supports a high level of supervision and supportive interventions for residents. The facility is staffed with two hundred and four (204) full-time and part-time employees. The staff consisted of: Facility Director; Assistant Director; Clinical Director; Social Work Supervisor; (2) Clinical Social Workers; (7) Social Worker III; (5) Lead Youth Monitor; Housing Unit Supervisor; (4) Staff Psychologists; Clinical Substance Abuse Counselor; Substance Abuse Treatment Specialist; (14) Youth Counselor Supervisors; (53) Youth Counselor; (21) Youth Counselor Associate; (10) Youth Counselor Technician; (25) Youth Monitor; (8) Youth Services Behavior Specialist; Clinical Chaplain; (25) Education Staff; and (22) other staff (Administrative, Food Service, Maintenance and Recreation).

The medical staff consists of a Western Regional Nurse Manager, Medical Office Assistant and contracted (Cabarrus Health Alliance) full-time and part-time licensed registered nurses providing nursing services on-site 6:30 AM – 9:00 PM daily, seven (7) days a week and an on-call physician. Additionally, all nurses are supervised by an on-site Western Regional Nurse Manager who is responsible for coordination of the medical services and medical clinics. 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 mobile services are provided on a monthly basis and consist of dental care, cleaning, education, and treatment fillings to extractions. The dental staff consists of a dentist, (2) dental

assistants and registered dental hygienist. 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 and a psychiatrist providing psychiatric services. Esther House of Stanley County, Inc. 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 North East Medical Center.

The educational department consists of a school principal, twenty-five (25) school educators, vocational educator and school aids. The educational staff provides quality educational services and adheres to state and federal guidelines and requirements with Curriculum and Instruction, Exceptional Children's Services, Student Support Services and Teacher Quality/Professional Development. Following required State law all educational staff in "licensed" positions holds the appropriate licensure for their subject(s), grade level(s) or professional assignment(s).

The educational program offers comprehensive instruction for middle and high school students. The goal is to promote learning and development through a wide range of educational and vocational learning experiences. Their vision is to provide a safe, caring, instructional environment where students with social and educational challenges can best develop the skills and character necessary to rejoin their communities with success. Instruction is based on the North Carolina Common Core and Essential Standards, North Carolina Occupational Course of Study, or HiSET (High School Equivalency). Students are administered the state mandated End-of-Grade (EOG) tests and End-of-Course (EOC) tests. Core programming rooted in a Risk-Need-Responsivity model is offered at each of the state's youth development centers. Core programming is informed by the research literature addressing "what works" with confined residents, is rooted in a cognitive-behavioral treatment approach and encompasses a motivation system as well as focused interventions targeting common criminogenic needs.

The highlights of the educational program include: Small student to teacher classroom ratios; Pre- and post-testing of students; Provide reading, math and writing interventions for students based upon the scores; Ensure EC services are received for identified EC students; Implement process and provide documentation for EC referral; Create Scholastic Development Plans; Create Personal Education Plans; Participation with the student's Service Planning Team; Review, create, and ensure implementation of 504 plans for assigned students; Provide individualized and whole group instruction to include the use of computer based programs: Academy of Reading and Academy of Math, Plato and Accelerated Math. Also, the teachers implement EOG/EOC remediation/practice, benchmark assessment implementation/remediation, biweekly English/History & Math/Science Professional Learning Communities (PLC) meetings, Stonewall Classroom and unit Libraries, HiSET partnership with Rowan Cabarrus Community College and annual Graduation for High School and High School Equivalency graduates.

The vocational programs include: Horticulture, Career Skills and Animal Care. The student events include: "I Can" Speaker Series, Career, College and Community Fair, Healthy Living and Fitness, Financial Literacy Workshops, Employment Marketing Skills Workshop, Moorehead Planetarium and ASVAB Career Exploration Program. Library services are provided to the residents and they are encouraged to check out books. Special Education services are offered to students who qualify and counseling services are offered to all students.

Each resident is assigned a Licensed Mental Health Clinician (LMHC) and a social worker. The social worker manages a resident's case from intake to discharge and ensures the reception of services identified as areas for intervention. A monthly service planning meeting is conducted to explore resident's progress towards outlined goals. Within 45 days of a resident's arrival, he completes several assessments that explore personality, cognitive functioning, traumatic events, criminogenic needs, and mental health concerns. Each resident is provided individual therapy sessions by the assigned LMHC.

The resident may be referred to group interventions offered by onsite LMHCs or counselors. Topics often include sexual decision making, anger management, creative arts, relapse prevention, gang prevention, and social skills. Trauma-informed interventions include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), and Trauma and Grief Component Treatment for Adolescents (TGCT-A). The facility also has a unit for residents who have exhibited sexually harmful behavior. Progress through the program is based on attainment of treatment goals related to sexual decision making, victim empathy, healthy boundaries, relapse prevention, and other related objectives.

Recreation and leisure time activities are available to the residents. These activities consist of: sports, team building activities, board games, arts and crafts, and outside recreation weather permitting. There are varied locations for recreation that include the housing units/pods, gymnasium, outside and multi-purpose room/dining hall. The religious programming is led by the Chaplain that includes the utilization of community churches and allows for various guest speakers to provide their messages to the residents.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 2

List of Standards Exceeded: 115.311, 115.331

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 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 allegations of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions or 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. NCDPS's PREA Office has also required each facility director statewide to designate at their facility a primary and an alternate PREA Compliance Manager. A review of both organizational charts contained the designations of the PREA Coordinator and PREA Compliance Manager positions.

NC Department of Public Safety has a designated PREA Coordinator, her official title is PREA Director and she reports directly to the Chief Deputy Secretary for the Division of Professional Standards Policy & Planning. An interview with one of the PREA Program Coordinators confirmed the PREA Director/PREA Coordinator works statewide to implement the PREA Standards and has sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA compliance of over sixty-nine (69) facilities with the support of the Department. The PREA Director/PREA Coordinator is responsible for coordinating comprehensive PREA responses including technical and administrative guidance, creation of supporting policies and practices, interpretation relative to PREA implementation, design and modification of training, programming, investigation and analysis, ensuring proper reporting, trend evaluation and provision of recommendations for improvement and compliance. The PREA Director has three (3) PREA Program Coordinators who report to her and are responsible for providing assistance to their assigned facility's PREA Compliance Managers. The PREA Director/PREA Coordinator meets with her entire team monthly to discuss issues and she maintains contact with the PREA Program Coordinators and all PREA Compliance Managers through telephone, email or Webex throughout the year.

The three (3) PREA Program Coordinators are responsible for coordinating their facility's comprehensive PREA response including technical and administrative guidance, creation of supporting policies and practices, interpretation relative to PREA implementation, design and modification of training, programming, investigation and analysis, ensuring proper reporting, trend evaluation and provision of recommendations for improvement and compliance.

The Stonewall Jackson YDC's Facility Director completed a memorandum on December 17, 2018 to the NCDPS PREA Office, his designation of two (2) Youth Counselor Supervisors as his primary and alternate PREA Compliance Managers. Stonewall Jackson YDC's PREA Compliance Manager during his interview indicated he had sufficient time and authority to develop, implement and oversee the facility's PREA compliance efforts to comply with the PREA standards.

Based on the randomly selected and specialized staff and resident interviews, the extensive staff training, the resources available to the facilities, 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. Also, during the tour of the facility, the observation of bulletin boards, posters, reviews of staff and resident handbooks, training curriculums confirmed the facility's commitment and dedication to create a PREA compliant culture. The facility has PREA

reference binders that are located in the supervisor's office of the facility that contain the reporting process and forms for the facility staff in the event of an incident.

Overall, the auditor has determined the agency and the facility have substantially exceeded the requirements of this standard based on the above information.

Policy and Supporting Documents Reviewed, Interviews and Observations:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document
- NC General Statute 14-27.7 (Intercourse and sexual offenses with certain victims; consent no defense)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Coordinator (PREA Director) Description and Qualifications
- PREA Program Coordinator Description and Qualifications
- Facility PREA Compliance Manager Designation and Qualifications
- Agency/Department Organization Chart
- Facility Organization Chart
- PREA Program Coordinator interview
- PREA Compliance Manager Interviews
- Facility Tour

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

An interview with the PREA Coordinator and a review of documentation confirmed the North Carolina Department of Public Safety Prisons (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.

Interview and Supporting Documents Reviewed:

- PREA Standards Compliance Checklist
- NCDPS’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Director/PREA Coordinator Interview

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 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. Also, the policies contained information identifying the facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds on a weekly basis during all shifts documenting the information in all logbooks, shift notes and “Unannounced Monitoring Reports” that contains observations of all areas of the facility on a monthly basis.

According to the policy, Stonewall Jackson YDC's staff-to-youth ratios are identified as 1:8 during the resident waking hours and sleeping hours. Stonewall Jackson YDC's staffing plan was developed, implemented and approved September 26, 2019 and in compliance with the standard. An interview with the Facility Director and the documentation confirmed on an annual basis, there is a review of the facility's staffing plan. During the initial documentation review, the facility did not report deviations from the staffing plan during the past twelve (12) months, their critical positions are always filled, it is a mandate, and minimum staff ratios are always maintained. The facility has a mechanism in place for call outs and staff volunteers to stay over if needed.

The annual review completed by the Facility Director shall assess, determine, and document whether adjustments are needed to the facility's established staffing plan, the facility's deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing plan. Identify the requirement of unannounced rounds to be conducted by an intermediate-level and higher-level supervisor and conduct these unannounced rounds on a weekly basis during all shifts. Supervisory staff is prohibited from notifying staff of unannounced rounds. Staff assigned to any post is prohibited from alerting other employees that a Youth Counselor Supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment.

Stonewall Jackson YDC is a secure facility and utilizes constant video and staff monitoring to protect the residents from sexual abuse and sexual harassment. The Facility Director and Youth Counselor Supervisors conduct and document unannounced rounds on all three (3) shifts and in all areas of the facility to monitor and deter staff sexual abuse and sexual harassment on a monthly basis. All unannounced rounds are documented in all unit logbooks, campus life daily reports, unannounced monitoring report and an email is sent to the Facility Director that contains information and observations of all areas of the facility. During the facility tour, this auditor observed and reviewed all unit logbooks, where unannounced rounds were documented including the staff identification, date and time. A review of the samples provided by the facility of random dates and random housing units showed there is a minimum of one (1) unannounced round conducted monthly by upper management staff on all three (3) shifts. Documentation, Facility Director and Youth Counselor Supervisor/PCM interviews confirmed the process takes place on all three (3) shifts in the facility on a monthly basis.

Also, during the tour, there were two (2) blind spots identified in the kitchen and dry storage area. Since the initial review and on-site visit, this area was corrected and this auditor was provided with documentation (picture) confirming the correction had been completed. The NCDPS PREA Program Coordinator sent the documentation to the auditor prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation and the follow-up documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) - Section 1.12 (Staffing)
- GS 143B-709 (Security Staffing)
- 2019 Stonewall Jackson YDC's Staffing Plan
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Facility Staff Work Schedules
- Daily Population Report for the past twelve (12) months
- The facility's shift reports, video monitoring, "Unannounced Monitoring Report" forms
- Facility Director and Youth Counselor Supervisor/PCM interviews
- Facility tour
- Additional supplemental documentation for the corrective actions (pictures)

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as facility) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 1.13 (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 housing areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. Also, policy requires all staff to document any cross-gender pat down searches.

The NCDPS PREA Office 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 with 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. NCDPS has extensive staff training, a review of the training documentation including a "Safe Search Practices" power point and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful, professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents.

Random staff and resident interviews confirmed the staff of the opposite gender entering the housing units consistently announces themselves. During the tour, it was observed the staff document in the unit log books when female staff enters the housing units. A review of the training documentation (curriculum and staff rosters) and staff interviews confirmed the annual training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. All staff interviews were able to describe what an exigent circumstance would be and were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches.

Random 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. Staff interviews identified the NCDPS policy on prohibiting staff from searching or physically examining a transgender or intersex resident for the purpose of determining that resident's genital status. During the tour, it was observed the shower areas in all housing units did allow for privacy except for one (1) housing unit which had a shower curtain missing. Also each resident's bedroom had an individual sink, toilet and a privacy flap for their window. The shower curtain was installed after the on-site visit and the documentation (picture) was sent to the auditor by the Youth Counselor Supervisor/PCM prior to the submission of this report.

Interviews with the Facility Director and Youth Counselor Supervisor/PCM confirmed there has been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of

residents at the facility in the past twelve (12) months. Also, there have been no exigent circumstances of cross-gender pat down, strip or visual body cavity searches conducted of residents at the facility in the past twelve (12) months.

After the on-site visit, the NCDPS PREA Program Coordinator sent the appropriate supplemental documentation (pictures) to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report. Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, review of documentation and the follow-up documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) - Section 1.13 (Searches)
- NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 2.7 (YDC Admission Procedures)
- NCDPS DJJ and Delinquency Prevention Policy – Section YD/YC 3.2 (Searches, Population Count and Juvenile Supervision)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- NCDPS New Employee Orientation
- NCDPS Trainer Power Point (LGBTQI Youth in Juvenile Facilities)
- NCDPS (Safe Search Practices)
- 2018-2019 Cross Gender Announcement & Acknowledgement forms
- Pre-Audit Questionnaire review - In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of residents reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero.
- Facility tour
- Facility Director and Youth Counselor Supervisor/PCM interviews
- Random staff interviews
- Resident interviews
- Additional supplemental documentation for the corrective action (picture)

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A 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 Deputy Secretary of Juvenile Justice in September 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. Efforts shall include the use of interpreters, written material, or other formats or methods that ensure effective communication with resident's disabilities, including residents who have intellectual disabilities, limited reading skills, who are blind or have low vision, deaf, or are Limited English Proficient (LEP). Also, the policy prohibits any facility to rely on resident interpreters, resident readers or any kind of resident assistants except in limited circumstances when an extended delay in obtaining interpreter's services could compromise a residents' safety, the performance of first-responder duties or the investigation of the resident's allegations.

NCDPS has established a contract with Linguistica International, Inc. 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 DACJJ created a PREA brochure "Expect Respect: Your Safety in Juvenile Justice" and JJ Rack Card for the purposes of educating residents which includes information on suspicious behavior, reporting, prevention strategies, making false claims, sexual misconduct definitions, and retaliation. This brochure is available in English and Spanish. The facility's staff provides the PREA education at intake and during orientation. Random staff interviews indicated

the PREA education is provided in a manner to ensure the resident comprehends the material and it is read during the intake process. There are postings throughout the facility in English and Spanish. The staff training documentation including the Juvenile Educator Manual, "I Expect Respect: PREA Education Video for Youth" and NCDPS DACJJ pamphlet contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth.

Random staff interviews indicated limited knowledge of the outside agency providing services to the facility however, the staff would not rely on the use of resident assistants in relation to reporting allegations of sexual abuse or sexual harassment except in limited circumstances when an extended delay in obtaining interpreter's services could compromise an residents' safety, the performance of first-responder duties or the investigation of the resident's allegations.

During the on-site visit, there were no residents who were limited English proficient, or who were blind, deaf, or hard of hearing, or who had a cognitive disability. An interview with the Youth Counselor Supervisor/PCM indicated if a resident exhibits such a disability, arrangements will be made to provide the necessary and required assistance. Also, the Clinical Director indicated services are required and the staff would make the necessary accommodations beginning at the intake and orientation phase and throughout the resident's length of stay. An interview with the Youth Counselor Supervisor/PCM confirmed in the past twelve (12) months, the facility did not have any instances of resident interpreters, assistance or readers being used for reporting allegations of sexual abuse or sexual harassment.

After the on-site visit, all staff were re-trained on interpreter services provided at the facility and the process on how to obtain these services. All postings of the PREA and emotional support services information were updated to reflect both English and Spanish. The NCDPS PREA Program Coordinator sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.10 (General Provisions)
- PREA Standards Compliance Checklist
- Stonewall Jackson's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Linguistica International, Inc.
- 2018-2019 Training Attendance
- NCDPS PREA Training 101 & 201 – power point
- I Expect Respect: PREA Education Video for Youth – power point
- NCDPS Juvenile Educator Manual
- PREA brochure "Expect Respect: Your Safety in Juvenile Justice" and JJ Rack Card
- NCDPS Sexual Abuse Awareness for the Offender brochure (English and Spanish)
- Youth Counselor Supervisor/PCM interview
- Clinical Director interview
- Random staff interviews
- Facility tour
- Additional supplemental documentation for the corrective actions (training and sign-in sheet)

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No

- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 and the Administrative Memorandum & Addendum dated 10-2013 from the Office of PREA Administration prohibits NCDPS staff to hire or promote anyone for a position that may have resident contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or civilly or administratively adjudicates to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. NCDPS shall consider any incidents of sexual abuse in determining whether to hire or promote anyone who may have contact with residents. All background checks are conducted initially on new employees, current and promotion decisions of employees and contractors. Material omission by an employee is subject to termination.

NCDPS must ask all applicants and employees who may have contact with residents directly about previous misconduct noted above in written applications or interviews for hiring or promotions. Requires the information on substantiated allegations of sexual abuse or sexual harassment involving a former employee shall be furnished to any institutional employer in which the employee has applied to work provided the request in writing. Requires a criminal background records check shall be conducted before hiring new employees who may have contact with residents and will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Requires a continuing affirmative duty for employees to disclose any such conduct. Requires that a criminal background records check is completed prior to enlisting services of any contractor who may have contact with residents and a criminal background records check is completed at least every five (5) years for current employees and contractors.

NCDPS has an extensive initial background screening requirements that include the screening for criminal record checks (AOC, DCI & NCDL), possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, 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. There is an affirmative duty to disclose any arrests or previous misconduct within 24 hours.

An interview with the facility's Administrative Specialist I confirmed the process on the facility performing the criminal background checks, considering the pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents, all employees who are considered for promotion and every five (5) years. Additionally, volunteer and contractors who have contact with residents have documented criminal background checks. The personnel staff has a process to track all staff and their hire dates. Their central office provides information to requests from institutional employers where an employee has applied to work. They also conduct the same checks for contractors and volunteers. She advised that Central Office ensures background checks are conducted every five (5) years. Also, there is an affirmative duty to disclose any arrests or previous misconduct by all employees at hire and anytime there is a law enforcement contact.

A sampled review of staff's, volunteer's and contractor's HR files confirmed the process for the facility performing criminal background checks to consider the pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents, all employees who are considered for promotion and every five (5) years. HR files are required to contain 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) are completed during the hiring process. The HR staff sends the criminal background information to their Central Office and receives an email on whether an individual is approved or disqualified. Also, the auditor reviewed the NCDPS external website for employment and the new employment orientation manual dated 1/2019 available to staff and potential applicants.

A review of the DPS Employee Statements form (HR 013) and the Applicant Verification form (HR 005) contain the three (3) questions regarding sexual abuse or sexual activity in an institutional setting, community, or if the staff has been civilly or administratively adjudicated for the same, as well as a 24 hour requirement to disclose at their annual performance evaluation time. There is an affirmative duty to disclose any arrests or previous misconduct by all employees at hire and anytime there is a law enforcement contact within 24 hours. Once an individual is approved for hire, the new employee begins the LMS training and orientation process and is provided with a NCDPS New Employment Orientation Handbook.

Based on the review of the agency policy and procedures and information obtained through the documentation review, the agency has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P)
- Administrative Memorandum Addendum 10-2013
- PREA Standards Compliance Checklist
- Stonewall Jackson's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Applicant Verification form
- Professional Reference Check form
- DPS Employment Statements form
- NCDPS New Employee Orientation Manual
- NCDPS website
- Pre-Audit Questionnaire review - In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks: forty-seven
- Pre-Audit Questionnaire review - In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents: six
- Administrative Specialist I interview

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the Facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 requires all designing or acquiring new facilities and in planning substantial expansion or modification of existing facilities to consider the effect of the design, acquisition, expansion, or modification upon the Facility's ability to protect residents from harm, including sexual abuse. Requires any installing or updating of video monitoring systems, electronic surveillance systems, or other monitoring technology to be considered how such changes may enhance the facility's ability to protect residents from harm, including sexual abuse.

An interview with the Stonewall Jackson YDC's Facility Director indicated there had been no major modifications but additional cameras were installed with an updated video monitoring system at the facility in the past twelve (12) months. During the tour, cameras were observed throughout the facility and the Assistant Facility Director brought up the video surveillance system on his desk top for the auditor to review. The video surveillance 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. The administrative staff is continually evaluating the electronic surveillance system and video monitoring.

Based on the review of the agency policy and procedures, observations and information obtained through the interview and documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Surveillance System Schematic and Diagrams
- Facility Director interview
- Facility tour

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is

not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 2.1 (Reporting, Sexual Abuse and Harassment) and NC General Statute Chapter 15B (Victims Compensation Article 1 Crime Victim's Compensation Act) requires, when requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. A qualified mental health/counseling staff member or qualified community-based staff member includes an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. Requires a history be taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. There will be no financial cost to the resident for this examination.

Also, the NCDPS DACJJ policies and procedures require protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Requires an administrative or criminal investigation conducted in accordance with PREA standards shall be completed for all allegations of sexual abuse and sexual harassment. All staff is 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.

Requires an administrative or criminal investigation for all allegations of sexual abuse and sexual harassment and requesting the investigating agency follow the requirements of PREA Standards. Additionally, the policies require protocols for informed consent, confidentiality, reporting to law

enforcement, and reporting to child abuse investigative agencies. Documentation and random staff interviews confirmed Cabarrus County Sheriff Department (CCSD) conducts the criminal investigations, Department of Social Services (DSS) and the Office of Special Investigations (OSI) conducts the administrative investigations of allegations of sexual abuse and sexual harassment for residents under the age of 18 and DSS receive reports through their telephone number posted for residents at the facility. Residents are required to ask a staff member to utilize the telephone. The staff provides access to the telephone for a resident to call DSS privately. 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 Stonewall Jackson YDC's Facility Director obtaining a Memorandum of Understanding with the Esther House of Stanly County dated 8/16/19 to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault residents at the facility. Any resident seeking services can call the toll-free telephone number. Also, the auditor contacted a representative from Esther House of Stanly County via telephone during the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide confidential emotional support services. She indicated there have been no calls from residents in the past twelve (12) months requesting emotional support services related to sexual abuse or assault. Also, the Esther House of Stanly County representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed. The Northeast Medical Center (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim.

NCDPS PREA Office 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 provide confidential emotional support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. The Facility Director has designated five (5) staff for this role and completed the required form (OPA-A18) on December 17, 2018. These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training (PREA Support Person Training). Interviews with the facility and medical staff were knowledgeable of the procedures to secure and obtain usable physical evidence when sexual abuse is alleged. Also, staff interviews and training documentation confirmed the role of the PSP individual in the facility.

The facility has available the NCDPS DACJJ PREA brochure "Expect Respect: Your Safety in Juvenile Justice" and JJ Rack Card and Esther House of Stanly County information that identifies for the residents to telephone or write. Documentation and interviews with the Facility Director and Youth Counselor Supervisor/PCM confirmed Cabarrus County Sheriff's Office (CCSO) conducts the criminal investigations of allegations of sexual abuse. Stonewall Jackson YDC's Facility Director memorandum dated 9/26/19 confirmed in the past twelve (12) months, there has been no allegation where a victim required a forensic medical examination. Medical and mental health staff interviews indicated the facility will offer all victims access to forensic medical examinations without financial cost and the procedures to secure and obtain usable physical evidence when sexual abuse is alleged and confirmed in the event of an alleged sexual abuse occurrence. Also, the medical and mental health staff interviews confirmed residents would be transported Northeast Medical Center for emergency and forensic medical examinations. During the on-site visit, the auditor tested one of the telephones. Random staff interviews confirmed their knowledge on evidence protocol and their role as first responders and how to preserve evidence until local law enforcement officers arrived at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 2.1 (Reporting, Sexual Abuse and Harassment)
- NC General Statute Chapter 15B (Victims Compensation Article 1 Crime Victim’s Compensation Act)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of forensic medical exams conducted during the past 12 months reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of exams performed by SANE/SAFE during the past 12 months reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of exams performed by a qualified medical practitioner during the past 12 months reported was zero.
- Memorandum of Understanding with Esther House of Stanly County
- PREA brochure “Expect Respect: Your Safety in Juvenile Justice” and JJ Rack Card
- Esther House of Stanly County representative interview
- Facility Director and Youth Counselor Supervisor/PCM interview and memorandum
- Random staff interviews
- Medical and mental health staff interviews

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 1.11 (Allegation of Juvenile Sexual Abuse or Sexual Harassment at Former Center) requires all allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior, and to document all such referrals. Requires notification to local law enforcement of all verified incident of sexual abuse of a resident by a staff member, contractor, or volunteer and sexual abuse between resident/resident shall be referred to the local law enforcement agency of jurisdiction for investigation and consideration of criminal prosecution. Requires that all investigators shall receive the general PREA training provided to all employees, and specialized training in conducting sexual abuse investigations in confinement settings that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment.

All staff is 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 or sexual harassment to the Department of Social Services (DSS) for investigation and determination of child abuse and Cabarrus County Sheriff's Office (CCSO) for the determination of criminal charges. Also, Staff refers all allegations of sexual abuse and sexual harassment to the Office of Special Investigations (OSI), the Central Office and the NCDPS PREA Office 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 DPS state's website and information can be found in their PREA pamphlet (Expect Respect: Your Safety in Juvenile Justice) available in English and Spanish. The parent/guardian is provided with an information packet identifying the zero tolerance to sexual abuse or sexual harassment, the DSS & NCDPS information on how to report and provided Esther House of Stanly County information for emotional support services.

Interviews with the Stonewall Jackson YDC's Facility Director, Youth Counselor Supervisor/PCM, and facility investigator confirmed the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Also, any internal investigation that identifies criminal activity or a staff member is involved in criminal activity would be immediately referred to the Cabarrus County Sheriff's Office (CCSO). The facility investigator would act in a liaison position and assist local law enforcement. The Cabarrus County Sheriff's Office (CCSO) investigator informs Stonewall Jackson YDC's Facility Director on the progress of a sexual abuse investigation.

The Assistant Facility Director tracks all the investigations at the facility. There is evidence of the Commissioner of Adult Corrections and Juvenile Justice sending a Memorandum dated 3/17/16 to the NC Sheriff's Association providing information on investigations being conducted in accordance with the PREA standards. Also, the Youth Counselor Supervisor/PCM interview and the Facility Director's memorandum dated 9/26/19 confirmed there had been no allegations of sexual abuse and sexual harassment resulting in administrative or criminal investigations in the past twelve (12) months. All random staff interviews confirmed their knowledge on the reporting, 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 and sexual harassment.

After the on-site visit, all staff were re-trained on who conducts the administrative and criminal investigations in response to an allegation of sexual abuse and sexual harassment. The NCDPS PREA Program Coordinator sent the appropriate supplemental documentation to the auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation and the follow-up documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.11 (Allegation of Juvenile Sexual Abuse or Sexual Harassment at Former Center)
- Commissioner of Adult Corrections and Juvenile Justice's Memorandum
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations of sexual abuse and sexual harassment received during the past 12 months were zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations resulting in an administrative investigation during the past 12 months was zero

- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations referred for criminal investigation during the past 12 months was zero
- Specialized Investigations: Sexual Abuse and Harassment power point
- NCDPS state's website
- Facility Director memorandum and interview
- Youth Counselor Supervisor/PCM interview
- Facility investigator interview
- Random staff interviews

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No

- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
 Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 1.4 (Employee Training) requires an in-depth 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. These topics consist of: zero-tolerance policy, how to prevent, detect, report and respond to allegations of sexual abuse and sexual harassment, resident's right to be free from sexual abuse and sexual harassment, staff and residents rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents, dynamics of sexual abuse and sexual harassment in juvenile facilities, field offices, and community programs, common reactions of juvenile victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, including LGBTI, and gender nonconforming residents, and relevant laws regarding the applicable age of sexual consent. Also, the staff receives training on professional and ethical boundaries relating not only to PREA but to their role as an employee.

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. All employees are trained as new hires regardless of their previous experience. A review of all staff and training education forms, including a power point presentation, lesson plan, and observation of the day-to-day operations as well as staff interviews confirmed staff receives PREA training during initial training and during refresher training. Also, the Youth Counselor Supervisor/PCM and random staff interviews confirmed their comprehension of the PREA training on how staff and residents can privately report sexual abuse and sexual harassment and their obligation in preventing, detecting and reporting any allegation of sexual abuse and/or sexual harassment. At the facility, it was evident through documentation, interviews and observation of the day-to-day operations the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings. Additionally, the agency requires all staff to complete an annual in-service PREA training. Employee training records including curriculums are maintained electronically and certain training documents (NCDPS Human Resources On Boarding Checklist form and PREA Acknowledgement Form) are maintained in their personnel file.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and the review of detailed documentation during the on-site visit and facility tour, the facility has demonstrated exceeding this standard. The agency requires all staff to receive formal PREA training annually.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.4 (Employee Training)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

- NCDPS PREA 101 power point
- NCDPS PREA 201 power point
- NCDPS Lesson Plan – Staff and Offender Relationships
- Daily Dozen
- New Employee Orientation
- Red Flag Poster
- NCDPS PREA Acknowledgement forms
- Youth Counselor Supervisor/PCM interview
- Random staff interviews

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 1.5 (Training for Volunteers, Custodial Agents, Contractors, and Other Persons Providing Services to Residents) requires that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents. 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 (curriculum & video) was reviewed for content and addresses the zero-tolerance policy, volunteers and contractors requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. The facility reports thirty-four (34) volunteers and five (5) contractors who may have access to residents. A review of randomly selected individual volunteer and contractor files contained a signed and dated acknowledgement form that the volunteer and/or contractor completed and understood their requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. An interview with a volunteer (religious) confirmed her knowledge of the PREA training and NCDPS’s zero tolerance of any form of sexual activity at the facility as well as their duty to report sexual abuse or sexual harassment.

Based on the review of the agency policy and procedures, observations and information obtained through the volunteer (religious) interview and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.5 (Training for Volunteers, Custodial Agents, Contractors, and Other Persons Providing Services to Residents)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- NCDPS PREA 101 power point
- NCDPS PREA 201 power point
- NCDPS PREA Acknowledgement forms
- Volunteer (religious) interview

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 1.6 (Resident Education) requires mandatory PREA information, both orally and in writing for residents to receive comprehensive age appropriate education information regarding safety, background information on PREA, prevention/intervention, self-protection, reporting and treatment/counseling, and confidentiality. During the intake process provide residents education on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Requires within ten (10) days of arrival residents receive information regarding their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. However, the assigned facility staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. Also, the facilities are required to provide the PREA information for Limited English Proficient residents, and those with disabilities such as limited reading skills, deaf or visually impaired.

During the initial intake, the assigned staff utilizes the Juvenile Educator Manual and the "PREA Juvenile Sequence Checklist" form to review detailed information verbally with the resident and the resident signs the "Juvenile PREA Education Acknowledgement" and the "Expect Respect PREA Education Video" forms verifying receipt for all information regarding orientation to the facility. Also, the resident observes the PREA video and the assigned staff reviews it with them. A follow-up is completed within ten (10) days of the resident's arrival to the facility. All residents are provided resident PREA education and NCDPS "Sexual Abuse Awareness for the Offender" brochure which is available in English and Spanish. The information includes their right to be free from sexual abuse and sexual harassment, how to report, their right to be free from retaliation for reporting sexual abuse or sexual harassment, prevention/

intervention, self-protection, reporting and treatment/counseling. Also, the assigned staff presents PREA information in a manner that is accessible to all residents and provides education on an ongoing basis individually or in a group session to the residents. An interview with the Staff Psychologist confirmed the above practices and indicated in most instances the initial intake and orientation is completed within the first several hours of their arrival and the PREA Video is observed within 2 to 3 days.

Documentation review of resident records contained the required forms (Student PREA Education & Training and Juvenile PREA Acknowledgement). Residents are provided a NCDPS “Expect Respect” brochure which includes information on prevention intervention, self-protection, reporting and treatment/counseling and is available in Spanish for future reference. Residents interviewed stated they received this information the same day they arrived at the facility and identified the receipt of the brochure. Also, residents indicated they observed a video several days later. The staff presents PREA information in a manner accessible to all residents and provides education on an ongoing basis individually or in a group session. The parent/guardian is provided a packet with detailed information on PREA and the resident’s orientation to the facility. PREA postings were observed during the facility tour in the housing units, common areas and residents identified the postings as another source of information for them.

Based on the review of the agency policy and procedures, observations and information obtained through the staff and resident interviews and documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.6 (Resident Education)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Resident files – “Student PREA Education & Training and Juvenile PREA Acknowledgement” and “Expect Respect PREA Education Video forms
- NCDPS “Sexual Abuse Awareness for the Offender” brochure (English and Spanish)
- Juvenile Educator Manual
- Psychologist interview
- Resident interviews

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in

September 2013 – Section 2.3 (Investigations) requires the executive administration to ensure all investigators are properly trained in conducting investigations in confinement settings. The required training includes: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity Warnings; Sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

All investigators undergo an extensive training developed by the NCDPS PREA Office prior to conducting administrative investigations which includes the NCDPS PREA Specialized Investigations: Sexual Abuse and Sexual Harassment. The facility's PREA investigators when assigned conduct administrative investigations. There are six (6) staff at the facility who have completed the NCDPS PREA Specialized Investigations: Sexual Abuse and Sexual Harassment and other required investigative training. Documentation and interview with a facility investigator confirmed completing the required specialized investigator training as well as the annual PREA education. The facility investigator indicated the specialized investigation training consisted of interviewing techniques, Miranda warnings, Garrity warnings, sexual abuse evidence collection, and the criteria and evidence to substantiated a case for administrative or prosecution referral.

At the facility level, the assigned investigator will complete the initial inquiry into the alleged allegation of sexual abuse or sexual harassment, subsequently conduct an administrative investigation and when necessary refer the information to the Cabarrus County Sheriff's Office (CCSO) for further investigation for the determination of criminal charges. Also, the Office of Special Investigations (OSI) and the Department of Social Services (DSS) conducts administrative investigations for residents under the age of 18. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment.

Based on the review of the agency policy and procedures, observations and information obtained through investigator interview and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 2.3 (Investigations)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Specialized Investigations: Sexual Abuse and Harassment power point & lesson plan
- Sexual Abuse (PREA) Investigators: Understanding Sexual Abuse power point
- DAC Mock Interview
- Training Course Record sign-in sheet
- Facility investigator interview

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of

sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
 Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 1.7 (Specialized Medical/Mental Health Provider Training) requires PREA training and specialized training for medical and mental health staff who work at the facilities. Also, requires that all full and part-time medical and mental health staff who work regularly in NCDPS facilities receives specialized training in: How to detect and assess for signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

A review of the training documentation contained the signed "Medical & Mental Health Care PREA Training Acknowledgement" form acknowledging all thirteen (13) medical and mental staff received the training and understand their responsibilities in the event of an incident. The facility's medical staff does not conduct forensic examinations. Interviews with a medical and a mental health staff confirmed their understanding of the requirement to complete the specialized training offered by NCDPS (Preventing, Detecting, and Responding to Sexual Abuse of Youth in Confinement: The Role of the Mental Health Clinician), verified completing the on-line course and participating in the annual basic PREA training provided by the facility. Also, the medical and mental health staff interviews confirmed they had received the appropriate training in detecting/assessing for signs of sexual abuse and sexual harassment; preservation of physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicious of sexual abuse or sexual harassment. None of the medical staff conduct forensic examination.

Based on the review of the agency policy and procedures, observations and information obtained through medical and mental health staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.7 (Specialized Medical/Mental Health Provider Training)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

- NCDPS (Preventing, Detecting, and Responding to Sexual Abuse of Youth in Confinement: The Role of the Mental Health Clinician) – power point
- Medical & Mental Health Care PREA Training Acknowledgement forms
- Medical and mental health staff interviews

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, Facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 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 called NCDPS “Admission and Placement Screening” form within 72 hours and a mental health clinician will conduct an initial mental health clinical assessment. 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 tracking system, as well as receiving further assessments, as identified.

The intake and admission process consists of the NCDPS “Admission and Placement Screening” form, medical and mental health assessment and various other forms are used in combination with information about personal history, parent/guardian interviews, medical and mental health/substance abuse screenings, conversations, classification assessments as well as reviewed court records and case files.

Also, policies require all residents to be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. Requires intake screening include: mental, physical or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the resident is or is perceived to be LGBTI or gender nonconforming. Residents are reassessed within thirty (30) days of their arrival and throughout their stay at the facility. The facility's policies limit staff access to this information on a “need to know basis”. Also, prohibits the discipline of any resident for refusing to answer screening questions.

Random resident interviews and the documentation revealed that risk screenings are being conducted on the same day as their admission and reassessed within thirty (30) days at the facility. Upon admission, each resident is screened with an objective screening instrument for risk of victimization and sexual abusiveness called NCDPS “Admission and Placement Screening” and within seventy-two (72) hours a mental health practitioner will conduct an initial Mental Health Assessment. Residents confirmed during the intake process being asked the questions on whether they had been sexually abused, identified with being gay, bisexual or transgender, whether they had any disabilities and/or whether they think they might be in danger of sexual abuse at the facility. Although there has been no transgender or intersex resident admitted to the facility within the past twelve (12) months, staff interviews confirmed consideration is given for the resident's own views of their safety in placement and programming assignments.

Interview with the Staff Psychologist confirmed an initial screening is conducted within twenty-four (24) hours of the resident's arrival. Also, during the on-site visit, the auditor while interviewing asked the staff to explain the intake process. The Staff Psychologist indicated reviewing prior information in the court reports, health issues, classification assessments and past criminal behavior. Also, the screening conducted includes any disabilities, age, physical build, current and previous juvenile programs, personal history, violent offenses, LGBTI status, mental illness, prior victimization and assaultive behaviors. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. Residents reporting prior

victimization, according to staff, are referred immediately for a follow-up with medical or mental health staff. These referrals to medical or mental health staff are documented. Residents are reassessed at a minimum of thirty (30) days and throughout their stay at the facility. The screening form NCDPS “Admission and Placement Screening” is utilized for the initial screening and for reassessing residents at the facility. Access to information is available only to the Facility Director, Clinical Director and medical staff.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.10 (General Provisions)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Resident files - NCDPS “Admission and Placement Screening”
- Staff Psychologist interview
- Random resident interviews

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
 Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making Facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 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 DACJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 2 (R&P/YC 2: YDC Admissions and Assessments) and NCDPS DACJJ and Delinquency Prevention Policy dated 4/15/07 – Section PS/YC 4.1 (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 policies describe 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 assigned facility staff utilizes various forms, the Admission and Placement Screening, Mental Health Assessment Summary to name a few and any other pertinent information during the resident's admission process to determine placement of residents in a specific sleeping assignment according to their risk level (low, medium or high). Documentation review confirmed the risk assessment occurred within seventy-two (72) hours and the residents received the rescreening as required. The facility does not have a designated housing unit for gay, bisexual, transgender or intersex resident. The facility did not have a resident who identified as transgender or intersex during the on-site visit, therefore this auditor was unable to ask a resident of concerns regarding their placement, a special unit just for LGBTI residents, their safety, and request to shower separately.

Stonewall Jackson YDC's Facility Director, Youth Counselor Supervisor/PCM and Staff Psychologist interviews described how information from the NCDPS "Admission and Placement Screening" form precludes gay, bi-sexual, transgender and intersex residents being placed in a particular bedroom or other assignments based solely on their identification or status. In addition, they described the screening and assessment process and how that information, along with information derived from medical/mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine an resident's appropriate placement, bed assignments, as well as education and program assignments with the goal of keeping all residents safe and free from sexual abuse.

There are six (6) housing buildings with two (2) housing units in each building containing a total of ninety-six (96) single bedrooms. Additionally, there is another housing building with two (2) housing units containing thirty-two (32) single bedrooms. All housing units had bulletin boards with some PREA information and other facility information. Isolation is not utilized at the facility as a means of protective custody. An interview with Stonewall Jackson YDC's Facility Director and his memorandum dated 9/26/19 confirmed isolation is not utilized at the facility as a means of protective custody.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, and review of documentation, the Facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.10 (General Provisions)
- NCDPS DACJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 2 (R&P/YC 2: YDC Admissions and Assessments)
- NCDPS DACJJ and Delinquency Prevention Policy – Section PS/YC 4.1 (Behavior Expectations)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- NCDPS “Admission and Placement Screening”
- Facility Director interview
- Youth Counselor Supervisor/PCM interview
- Staff Psychologist interview

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 2.1 (Reporting Sexual Abuse and Sexual Harassment) and NCDPS DACJJ and Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) Document – Section 1.7 (Availability for Reporting Mechanisms in a Facility) confirmed all the policies and procedures identified the multiple internal ways for residents to report sexual abuse and sexual harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Also, the policies identified the resident's accessibility to filing a grievance, communication (telephone, visitation and correspondence) with their attorney and/or parent/guardian, staff providing access to the Cabarrus County DSS without asking the resident the purpose of the call, the staff requirement of mandatory reporting and completing an incident report. The department has provided a method for staff to privately report sexual abuse and sexual harassment of residents.

Stonewall Jackson YDC has multiple ways for resident reporting of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Also, during the orientation process residents are advised they can tell any staff member, including interns,

contractors or volunteers, who are trained and required to report all allegations of sexual abuse or sexual harassment and in writing through the grievance procedure.

Youth Counselor Supervisor/PCM and random staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, from third parties, and their obligation of being mandated child abuse reporters. In addition, the staff is provided information for reporting sexual abuse or sexual harassment in a confidential manner through a separate phone number outside of the facility. While touring the entire facility, the auditor observed postings of the PREA information and victim advocate services information throughout the facility.

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 external complaint to a third party. Additionally, residents are provided with access to a locked grievance box with grievance forms, envelopes addressed to (DSS, PREA Office, Facility Director & Director of Facility Operations), posting of the PREA information (reporting resources) and brochure. While touring the entire facility, it was observed in the living areas postings of the PREA information (posters), other facility information, the locked grievance box with grievance forms, envelopes addressed to (DSS, PREA Office, Facility Director & Director of Facility Operations). The victim advocate information postings were limited.

The community victims' advocacy services address and telephone number are available to the residents located throughout the facility. There is evidence of Stonewall Jackson YDC's Facility Director obtaining a Memorandum of Understanding with the Esther House of Stanly County dated 8/16/19 to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault residents at the facility. Any resident seeking services can call the toll-free telephone number. Also, the auditor contacted a representative from Esther House of Stanly County via telephone during the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide confidential emotional support services. She indicated there have been no calls from residents in the past twelve (12) months requesting emotional support services related to sexual abuse or assault. Also, the Esther House of Stanly County representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed. The Northeast Medical Center (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim.

Resident interviews indicated several ways to report sexual abuse and sexual harassment by sending correspondence to the Facility Director, Director of Facility Operations and DSS (third party), telephoning the DSS or PREA Office telephone number, speak with a staff they trust, and court counselor. During the intake and admission process residents are advised of their rights and sign a form acknowledging they had been advised of these rights. Some residents identified the grievance box as a means to report sexual abuse and sexual harassment and about the anonymous reporting capability.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 2.1 (Reporting Sexual Abuse and Sexual Harassment)

- NCDPS DACJJ and Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) Document – Section 1.7 (Availability for Reporting Mechanisms in a Facility)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Understanding with the Esther House of Stanly County
- Grievance form
- PREA Postings (English & Spanish)
- Esther House of Stanly County representative’s interview
- Youth Counselor Supervisor/PCM interview
- Random staff interviews
- Random resident interviews

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the

90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which

immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 1.16 (Grievance Process) and NCDPS DACJJ 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 sexual harassment. Residents may place a written grievance or complaint in the locked grievance box located in each housing unit of the facility.

Prohibits the requirement a resident must first use an informal grievance process, or to otherwise attempt to resolve with staff, when reporting an allegation of sexual abuse. Allows a resident to submit a grievance without submitting to a staff member who is the subject of the complaint and prohibits the agency from referring the grievance to a staff member who is the subject of the complaint. Also, the policy 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 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. The Facility Director will review the complaint immediately and advise the resident of the outcome or status of the investigation. The policies and procedures describe an unimpeded process and allow for other individuals to assist a resident in filing a grievance or to file grievances themselves on behalf of residents.

Requires a final agency decision within ninety (90) days on any portion of a grievance that alleges sexual abuse, and that the ninety (90) days shall not include time consumed by residents preparing any administrative appeal. Allows the department to claim an extension of time to respond to a grievance up to seventy (70) days, with notification to the resident. Establishes an emergency grievance for a resident subject to a substantial risk of imminent sexual abuse, including an initial response within 24 hours and a final response within five (5) days. Prohibits the discipline of a resident for filing a grievance related to sexual abuse only where the agency demonstrates the resident filed the grievance in bad faith.

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 PREA/grievance box (black box). Also, they would contact a trusted staff, telephone the National Child Abuse Hotline or DPS PREA Office, parent/guardian, facility's administration, DSS or court counselor in relation to sexual abuse or sexual harassment complaints. Staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, and identified the PREA/grievance box (black box) located in the housing units. Also, the staff indicated they would contact their supervisor immediately to begin an investigation.

An interview with the Youth Counselor Supervisor/PCM and the Facility Director's memorandum dated 9/26/19 confirmed there had been no grievances reported within past twelve (12) months related to sexual abuse or sexual harassment complaints. She indicated emergency grievances are available and residents can report to the staff who will respond within 24 hours. The final determination of the emergency grievance must be completed within five (5) days. Youth Counselor Supervisor/PCM confirmed the residents receive an explanation on how to use the grievance process to report allegations of sexual abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or sexual harassment during orientation and they are provided with a resident handbook. Residents may place a written complaint (grievance) in the secured grievance box located in the housing units.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.16 (Grievance Process)
- NCDPS DACJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 6 (R&P/YD 6: Non-Disciplinary, Internal Grievance Process)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances filed that alleged sexual abuse reported was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was zero
- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of resident’s decision to decline, reported was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed a grievance in bad faith reported was zero
- Grievance form
- Youth Counselor Supervisor/PCM interview
- Facility Director memorandum
- Random staff interviews
- Random resident interviews

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 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) requires the facilities to provide residents outside victim advocate for emotional support services, access to confidential legal counsel and the facility to provide reasonable communication between residents, these organizations and agency, in as confidential a manner as possible. The facility shall inform residents prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. All the policies and procedures confirm

residents are provided access to an outside victim advocate for emotional support services, access to confidential legal counsel and reasonable access to parent/guardian.

There is evidence of Stonewall Jackson YDC's Facility Director obtaining a Memorandum of Understanding with the Esther House of Stanly County dated 8/16/19 to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault residents at the facility. Any resident seeking services can call the toll-free telephone number. Also, the auditor contacted a representative from Esther House of Stanly County via telephone during the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide confidential emotional support services. She indicated there have been no calls from residents in the past twelve (12) months requesting emotional support services related to sexual abuse or assault. Also, the Esther House of Stanly County representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed. The Northeast Medical Center (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim.

Random resident interviews confirmed they have reasonable and some 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 to Cabarrus County DSS or Esther House of Stanly County, permits parental/legal guardian visitation and letter writing to parents/legal guardians. The staff provides the NCDPS "Expect Respect" brochure, Esther House of Stanly County information, envelopes addressed to (DSS, PREA Office, Facility Director & Director of Facility Operations) and the availability of the 24 hour toll free telephone numbers identified in the posters located in the housing units.

The facility's postings and the orientation handbook contained information of the outside services. Resident interviews confirmed their knowledge of how to access outside services but limited knowledge of what kind of services are provided to them. The staff will be providing additional education to future residents on emotional support services during their orientation process and during their group session while at the facility. Also, all the bulletin boards located in the housing units and the visitation area were updated with additional victim advocate services information.

After the on-site visit, all staff were re-trained on who provides free confidential emotional support services and to provide additional education to future residents on outside advocate services during their intake/orientation process. Postings of the outside advocate to access free emotional support information was updated both in English and Spanish and placed in the facility. The NCDPS PREA Program Coordinator sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation and the follow-up documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.8 (Victim Support)
- NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R&P) Document – Section 2.7 (Telephone and Mail) and Section 2.8 (Visitation)

- 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)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Understanding with the Esther House of Stanly County
- PREA Postings (English & Spanish)
- Esther House of Stanly County representative’s interview
- Random staff interviews
- Random resident interviews

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 2.1 (Reporting Sexual Abuse and Sexual Harassment) identifies the agency’s third party reporting process and instruct staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual harassment, or victimization of any kind to report it promptly.

NCDPS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. There are several reporting options (written, verbal and anonymous) for the receipt of third-party reports of sexual abuse or sexual harassment. 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. This information is reported directly to the NCDPS PREA Office who will inform the Stonewall Jackson YDC's Facility Director. The staff provides the parent/guardian with a packet containing varied forms, victim advocate services, the Facility Director's letter and third-party (DSS, NCDPS website) 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), court counselor and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, DSS, PREA Office, Facility Director & Director of Facility Operations, court counselor and/or attorney. All staff interviews were able to describe how reports may be made by third parties (DSS, NCDPS website).

Random staff and the facility investigator interviews were able to describe how reports are made by third parties (NCDPS website and Cabarrus County DSS) and confirmed if they receive allegations of sexual abuse or sexual harassment from third party reporters, the allegations would be reported directly to Cabarrus County DSS. Third party reporters included fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. Also, a review of the Stonewall Jackson YDC Facility Director's memorandum identified the facility's methods for third party reporting.

The auditor viewed the website, confirmed the information regarding third-party reporting and the link to send an e-mail directly to the NCDPS PREA Coordinator. Also, an interview with the NCDPS PREA Coordinator confirmed and described the process for third-party reporting sexual abuse or sexual harassment. Random resident interviews confirmed their awareness of reporting sexual abuse or sexual harassment to others outside of the facility including access to their parent(s)/legal guardian(s) and attorney. Additionally, the residents are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney.

Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 2.1 (Reporting Sexual Abuse and Sexual Harassment)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- NCDPS website
- Facility Director's memorandum
- NCDPS PREA Coordinator interview
- Facility investigator interview
- Random staff interviews
- Random resident interviews

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?
 Yes No

- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 - Section 2.1 (Reporting Sexual Abuse and Sexual Harassment) and NCDPS DACJJ and Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) Document – Section 1.7 (Availability for Reporting Mechanisms in a Facility) requires all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Information related to a sexual abuse report shall not be released to anyone other than to the extent necessary, as specific in the procedures, to make treatment, investigation, and other security and management decisions. All

facility staff are mandated reporters and receive information on clear steps on how to report sexual abuse and to maintain confidentiality through the facility's protocol and/or training.

NCDPS has identified the reporting process for all staff employed, contracted, intern or who volunteer to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual 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. Random staff interviews confirmed being mandated reporters and receiving information on clear steps on how to report sexual abuse, sexual harassment and to maintain confidentiality through the facility's protocol and/or training. All staff would complete an incident report with the details of any incidents that would occur in the facility and they are prohibited from sharing information with anyone who is not part of the investigation or reporting process.

Also, there is a PREA reference/education binder located in the supervisor's desk containing the policy, reporting process, victim advocate information, and forms for the facility staff in the event of an incident. 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. Both the Facility Director and Youth Counselor Supervisor/PCM indicated all alleged sexual abuse or sexual harassment reports, regardless of where the information came from, is reported immediately to the facility investigator and Cabarrus County DSS.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document - Section 2.1 (Reporting Sexual Abuse and Sexual Harassment)
- NCDPS DACJJ and Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) Document – Section 1.7 (Availability for Reporting Mechanisms in a Facility)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Facility Director interview
- Youth Counselor Supervisor/PCM interview
- Random staff interviews
- Medical and mental health staff interviews

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 - Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism) and NCDPS DACJJ 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.

Interview with the Youth Counselor Supervisor/PCM indicated any information received that alleges a resident is at substantial risk of imminent sexual abuse would require immediate removal of the resident and to isolate the threat. The other random staff interviews 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. Also, the resident would be referred for mental health services. Stonewall Jackson YDC's staff has a process in place when identifying a resident who may be subject to a substantial risk of imminent sexual abuse the information is documented and the resident is placed on a watch status. Facility Director's memorandum dated 9/26/19 confirmed there were no incidents involving an immediate action to protect a resident that was a substantial risk of imminent sexual abuse in the past twelve (12) months at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document - Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism)
- NCDPS DACJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 6 (R&P/YD 6: Non-Disciplinary, Internal Grievance Process)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

- Youth Counselor Supervisor/PCM interview
- Facility Director's memorandum
- Random staff interviews

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of 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 within 72 hours where the alleged abuse occurred and to report it in accordance with NCDPS policies and procedures. Also according to the policies and procedures, the Facility Director is to immediately report the incident Cabarrus County DSS and facility investigator for investigation and complete an incident report.

An interview with Facility Director and his memorandum dated 9/26/19 indicated per policy an allegation made whereby a resident was sexually abused at another facility is required to be reported to the facility where the alleged sexual abuse occurred, the notification will be made no later than 72 hours and shall be documented. Also, the Facility Director indicated he had received no allegations a resident was abused while confined at another facility or were there any allegations received from another facility during the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through a staff interview and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document - Section 1.11 (Allegation of Juvenile Sexual Abuse or Sexual Harassment at Former Center)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations the facility received from other facilities was zero
- Facility Director interview and memorandum

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 - Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism) and NCDPS Sexual Abuse Incident Response Checklist for First Responder requires all staff to take specific steps to respond to a report of sexual abuse including: to separate the resident, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), if the abuse took place within a time period that still allows for the collection of physical evidence and secure the crime scene. Requires that a victim shall be taken to medical staff as soon as possible or if no medical or mental health are on staff, shall ensure they are notified. Requires a first responder who is not a security staff shall request the victim not to destroy evidence and to notify a security staff.

Random staff interviews and a first responder interview validated their technical knowledge of actions to be taken upon learning a resident was sexually abused and provided the action steps identified in the NCDPS policies and procedures of their responsibilities as first responders and aware of why they do

these duties. Also, every interviewed staff, without hesitation, described actions they would take immediately, and these steps were all consistent with NCDPS policies and procedures including reporting to the Supervisor. A review of the training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided with all types of additional training.

Facility Director's memorandum dated 9/26/19 indicated there have been no allegations a resident was sexually abused with a staff responding as a first responder or were notified within a time period that allowed for the collection of physical evidence during the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document - Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism)
- NCDPS Sexual Abuse Incident Response Checklist for First Responder
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations the facility received that a resident was sexually abused was zero
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero
- Pre-Audit Questionnaire review - of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff was the first responder were zero
- Random staff interviews
- First responder interview
- Facility Director's memorandum

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 - Section 3 (Youth Development Center and Detention Center Sexual Abuse and Sexual Harassment Policy); NCDPS Sexual Abuse & Harassment Coordinated Response Overview provides a written coordinated response system at the facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, executive staff, medical and mental health practitioners, investigators, contacting law enforcement, and victim advocate services.

Interviews with the Youth Counselor Supervisor/PCM and other random staff validated their technical knowledgeable of their duties to coordinate actions taken in response to a sexual abuse allegation. The facility's staff has 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 OSI, DSS and law enforcement, victim advocate services, hospital & parent/guardian and a number of other individuals in response to sexual abuse allegations. Also, the staff utilizes the "PREA Incident Report" form to complete the documentation of the incident. Interviews with the Facility Director and other staff validated their technical knowledgeable of their duties in response to a sexual abuse allegation.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document - Section 3 (Youth Development Center and Detention Center Sexual Abuse and Sexual Harassment Policy)
- NCDPS Sexual Abuse & Harassment Coordinated Response Overview
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Incident Report form
- Youth Counselor Supervisor/PCM interview
- Random staff interviews

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency provided a memorandum dated September 30, 2019 confirms the North Carolina Department of Public Safety (NCDPS) does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA. NCDPS does not allow an entity to restrict the Department's ability to terminate an employee or remove a staff who has allegedly sexually abused and sexually harassed residents from having contact with other individuals pending the outcome of an investigation or determination of whether and to what extent to discipline is warranted. This was confirmed with one (1) of the PREA Program Coordinators that collective bargaining is not utilized in the Department.

Based on the information discovered in the documentation and an interview with one of the PREA Program Coordinators, the auditor has determined the agency meets the requirements of the standard.

Supporting Documents Reviewed:

- PREA Standards Compliance Checklist
- NCDPS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Program Coordinator Interview
- Collective Bargaining Memorandum dated 10/02/19

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of 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 prohibit 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, housing and program changes, negative performance reports as well as reassignments of staff.

An interview with the Facility Director confirmed his responsibility with monitoring 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 six (6) staff for this role and completed the required form (OPA-A18) on 7/25/16. These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training. Random staff interviews and training documentation confirmed the PSP individuals and their role 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)].

Also, the Facility Director indicated the monitoring would include weekly face-to-face meetings, review of resident disciplinary reports, bed and program changes, negative performance reports as well as reassignments of staff. He indicated all alleged victims or reporters are met within twenty-four (24) hours, every two (2) weeks and after the first month every thirty (30) days thereafter. The Facility Director's memorandum dated 9/26/19 indicated there were no incidents of retaliation at the facility in the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.8 (Victim Support) and Section 1.15 (Retaliation)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Facility Director interview and memorandum

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 2.2 (Response) & Section PS/YC 3.0 (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 and does not provide protective housing for a resident as a last resort. The residents would be placed in another facility.

Stonewall Jackson YDC Facility Director's memorandum dated 9/26/19 advised the facility per policy and the use of an isolation room is prohibited to confine any residents. The facility restricts any isolation placement and does not provide protective housing for a resident as a last resort. The residents would be placed in another facility. Random staff interviews confirmed the facility does not use isolation for a victim of sexual abuse or sexual harassment the resident would be placed in another facility.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 2.2 (Response) & Section PS/YC 3.0 (Behavior Expectations)
- NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R&P) Document – Section 2.3.13 (Temporary Confinement)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Facility Director's memorandum
- Random staff interview

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 2.3 (Investigations) and NCDPS Sexual Abuse & Sexual Harassment Coordinated Response Overview requires all staff to refer all alleged incidents of sexual abuse or harassment to local law enforcement [Cabarrus County Sheriff's Office (CCSO)] for criminal investigations. The staff refers all allegations of sexual abuse and sexual harassment to the Department of Social Services (DSS), Office of Special Investigations (OSI), Regional Office and the NCDPS PREA Office for completion of an administrative investigation. Additionally, the facility's PREA investigators could be assigned to conduct the administrative investigation. Requires each facility to cooperate with the assigned investigator and shall remain informed as to the progress of the investigation. The report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Also, the policies require investigations to be confidential and all interviews to be conducted in private; an investigation cannot terminate based on the department of the complaint's alleged victim or perpetration from the agency employment or control, or if the source of the allegation recants; the credibility of an alleged victim, subject or witness must be assessed on an individual basis and never be determined by the person's status as a resident or staff; investigation records to include, but not limited to investigations reports, transcripts of statement, copies of documentation relevant to the investigation, and all related material from other agency incidents as applicable; investigations must include an effort to determine whether staff actions or failures to act contributed to the incident being investigated and be documented in writing to include investigative facts and findings.

Requires that all investigators shall receive special training in sexual abuse investigations before conducting PREA investigations, and that all investigations of allegations of sexual abuse or sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Requires the gathering and preserving of direct and circumstantial evidence, including physical and DNA evidence and electronic monitoring data, interviews, and reviews of prior complaints and reports of sexual abuse involving the suspected perpetrator. Requires consultation with

prosecutors before conducting compelled interviews and prohibits the use of a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

Requires the credibility of any person shall be assessed on an individual basis. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Requires both administrative and criminal investigations shall be documented in written reports that shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and the investigative facts and findings. Requires all allegations of criminal conduct be referred for prosecution. Requires an investigation not stop should the alleged abuser or victim depart from the employment or control of the facility or agency. Requires all case records associated with claims of sexual abuse or sexual harassment including all documentation be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

Documentation review and an interview with the facility investigator confirmed he completed the required specialized investigator training as well as the annual PREA education. The investigator indicated all allegations are investigated, regardless of how the information is initially obtained and reported that investigations begin immediately upon notification. At the facility level, the assigned investigator will conduct an initial inquiry into the alleged allegation of sexual abuse or sexual harassment, to determine if criminal behavior is involved or a staff person is the alleged perpetrator, at which time the investigation would be referred to Cabarrus County Sheriff's Office (CCSO). The facility investigator collects evidence and maintains the evidence as required. The facility investigator's interview confirmed the credibility of the victim is based on evidence found, and that no polygraph examination or truth-telling device is a condition for proceeding with an investigation. Also, the facility investigator indicated an investigation does not cease until completed, regardless if the alleged perpetrator is released or resigns employment, or if the victim leaves the facility prior to the completion of the investigation. The facility investigator reported he would assist if the investigation was conducted by Cabarrus County Sheriff's Office (CCSO).

There have 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 twelve (12) months. At the facility, there are six (6) staff who have completed the NCDPS PREA Specialized Training: Investigating Sexual Abuse and Sexual Harassment. It was evident, the staff reported incidents as required and reports are retained for five (5) years from the date the alleged abuser is released or employed by the facility, unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention. The PREA data must be retained for ten (10) years.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 2.3 (Investigations)
- NCDPS Sexual Abuse & Sexual Harassment Coordinated Response Overview
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Specialized Investigations: Sexual Abuse and Harassment power point & lesson plan
- Sexual Abuse (PREA) Investigators: Understanding Sexual Abuse power point
- DAC Mock Interview

- Training Course Record sign-in sheet
- Facility investigator interview

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 2.3 (Investigations) contains all the elements of the standard. The staff from the Department of Social Services (DSS) and the Office of Special Investigations (OSI) investigates the allegation and indicates a standard of a preponderance of the evidence for determining if allegations are substantiated.

An interview with the Facility Director indicated they conduct fact finding investigations, make conclusions following the investigation and provide the information to the facility, to the Central Office and the NCDPS PREA Office for consultation with legal and human resources to determine disciplinary actions. Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 2.3 (Investigations)

- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Facility Director interview

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of 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.

The NCDPS PREA Office 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; Cabarrus County Sheriff's Office (CCSO) notifies 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, Cabarrus County Sheriff's Office (CCSO) 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.

Interviews with the facility investigator and the Youth Counselor Supervisor/PCM confirmed all investigation outcomes, whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation, are completed by the facility investigator and the documentation is maintained with the investigation. Stonewall Jackson YDC Facility Director's memorandum dated 9/26/19 confirmed there has been no reported investigation of alleged staff or resident's inappropriate sexual behavior that occurred in the facility in the past twelve (12) months which was investigated and completed by an outside agency.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 2.3 (Investigations) and Section 1.8 (Victim Support)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - The number of criminal and/or administrative investigations of alleged resident sexual abuse were completed by the agency/facility the past 12 months was zero
- Pre-Audit Questionnaire review - Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was zero
- Pre-Audit Questionnaire review - The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero
- Pre-Audit Questionnaire review - Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the Facility who were notified verbally or in writing of the results of the investigation was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of notifications to residents that were provided pursuant to this standard was zero
- Report of Investigative Outcome to Resident form
- Facility investigator interview
- Youth Counselor Supervisor/PCM interview
- Facility Director's memorandum

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 1.14 (Discipline) disciplinary sanctions up to and including termination for violating the facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to the NCDPS PREA Office and law enforcement if criminal in nature. All disciplinary sanctions are maintained in the employee's 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.

Interviews with the Facility Director and Administrative Specialist I confirmed there had been no employee disciplined, terminated or resigned in the past twelve (12) months for violation of the facility's sexual abuse or sexual harassment policies. Stonewall Jackson YDC Facility Director's memorandum dated 9/26/19 confirmed there had been no employee disciplined, terminated or resigned in the past twelve (12) months for violation of the facility's sexual abuse or sexual harassment policies.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.14 (Discipline)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the Facility who have violated agency sexual abuse or sexual harassment policies was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the Facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the Facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the Facility who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was zero
- Facility Director interview and memorandum
- Administrative Specialist I interview

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of 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, OSI, DPS PREA Office and local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies require the facility/YDC 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.

The Stonewall Jackson YDC Facility Director's interview and his memorandum dated 9/26/19 confirmed there were no instances or reports whereby a volunteer or contractor was alleged to have violated the sexual abuse or sexual harassment NCDPS policies and procedures in the past twelve (12) months. All volunteers and contractors must sign the "PREA Acknowledgement Form" upon completion of the PREA training they received. This was verified with the documentation review.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.14 (Discipline)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

- Pre-Audit Questionnaire review - In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was zero
- "PREA Acknowledgement Form" forms
- Facility Director interview and memorandum

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 1.14 (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) requires a resident who makes a report of resident-on-resident sexual violence or employee sexual misconduct or sexual harassment that is determined to be false, may be charged with sanctions pursuant to the behavior management program if it is determined the report was made in bad faith following consultation with the NCDPS PREA Coordinator. Residents shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

Requires sanctions to be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Requires consideration whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Requires the consideration whether to require the offending resident to participate in interventions as a condition of access to programming or other benefits when services, such as therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for abuse, are available.

Stonewall Jackson YDC Facility Director's interview indicated staff provides each resident with an orientation handbook 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. Stonewall Jackson YDC Facility Director's written memorandum dated 9/26/19 states there have been no administrative findings of guilt for resident-on-resident sexual abuse occurred at the facility in the past twelve (12) months resulting in disciplinary action. Also, the Facility Director's interview indicated residents may also be referred for prosecution if the allegations were criminal.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.14 (Discipline)
- NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R & P) Document – Section 2 (R&P/YC 2: YDC Admission and Assessments)
- NCDPS DJJ and Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) Document – Section PS/YC 3.0 (Behavior Expectations)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of administrative findings of Resident-on-Resident sexual abuse that have occurred at the facility was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of criminal findings of guilt for Resident-on-Resident sexual abuse that have occurred at the facility was zero
- Facility Director interview and memorandum

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in September 2013 – Section 1.10 (General Provisions) and NCDPS DACJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 1.4 (Mental Health Services) require medical and mental health/substance abuse evaluations and as appropriate, treatment is offered to all residents victimized by sexual abuse and ensure confidentiality of information. Medical and mental health staff is required to notify residents at the initiation of services their duty to report, limitations of confidentiality, and must obtain informed consent from youth who are 18 years old or older before reporting information about the resident’s prior sexual victimization that did not occur in an institutional setting. 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.

Documentation review confirmed Stonewall Jackson YDC’s medical and mental health staff completes various admission screening forms (i.e. Healthcare Services Medical Screening Interview, MAYSI, Suicide Risk Screening, Healthcare Services Mental Health Consultation, and Healthcare Services Admission History and Physical Examination) during the initial intake process including informed consent disclosures. There were no residents who disclosed prior victimization during their initial screening process in the past twelve (12) months. 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. Medical staff provides residents with health education (including sexual abuse/assault) during the initial intake process and throughout their stay at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.10 (General Provisions)
- NCDPS DACJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 1.4 (Mental Health Services)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Admission screening forms (i.e. Healthcare Services Medical Screening Interview, Male Intake Health Assessment, MAYSI, Suicide Risk Screening, Healthcare Services Mental Health Consultation, Mental Health Assessment Summary, Treatment Services Information Sheet and Healthcare Services Admission History and Physical Examination)
- Medical and mental health staff interviews

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of Juvenile Justice in

September 2013 – Section 1.10 (General Provisions); Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism); NCDPS DACJJ 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 1 Crime Victim’s Compensation Act) requires the timely and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse. If there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the facility’s designated medical and mental health practitioner. Requires that victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis. Requires that treatment services are provided free of cost and regardless of whether the victim identifies the abuser or cooperates with an investigation.

Documentation and interviews confirmed Northeast Medical Center (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. Esther House of Stanly County is the program identified to provide confidential emotional support services to the residents at the facility. The facility has available the NCDPS “Expect Respect” brochure that identifies for the residents to telephone the hotline number and postings of the PREA information (reporting resources). Also the facility has six (6) PREA Support Persons (PSP) that serve as an advocate to link services (community based advocates or mental health professionals) and provide confidential emotional support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer.

Interviews with the medical and mental health staff confirmed that residents (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications would be completed to the appropriate individuals and to follow the medical staff’s directive regarding any forensic examination. The medical and mental health staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols. All orders will be documented in the resident’s medical/mental health record.

Also, the medical staff’s interviews indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Mental health staff interviews indicated they would see the victim no later than 24 hours of an incident, provide one-on-one counseling and make available outside emotional support services and follow-up care. Stonewall Jackson YDC had no allegation where a victim required a forensic medical examination in the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.10 (General Provisions); Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism)
- NCDPS DACJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 1.4 (Mental Health Services)

- NC General Statute Chapter 15B (Victims Compensation Article 1 Crime Victim’s Compensation Act)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Understanding with Esther House of Stanly County
- PREA brochure “Expect Respect: Your Safety in Juvenile Justice” and JJ Rack Card
- Esther House of Stanly County representative interview
- Medical and mental health staff interviews

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of 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 policies require the facilities to offer medical and mental health evaluations, transportation to a medical emergency room or a facility in the community that is equipped to evaluate, collect physical evidence and appropriate follow-up treatment that may include screening, including follow-up care for sexually transmitted diseases and other communicable diseases and any other counseling or assistance as requested. Requires treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility is required to provide such victims with medical and mental health services consistent with the community level of care.

Victims of sexual abuse will be transported to Northeast Medical Center to receive treatment and the physical evidence can be gathered by a certified SANE medical examiner. There is a process in place to

ensure medical and mental health 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 (Medical/Mental Health Discharge Summary and Mental Health Request Referral form) in place to assist residents and their families upon discharge from the facility to continue services if needed. Documentation review confirmed there have been no investigations of alleged resident's sexual abuse that occurred in this facility in the past twelve (12) months

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – 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)
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Medical/Mental Health Discharge Summary and Mental Health Request Referral form
- Medical and mental health staff interviews

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 Deputy Secretary of 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 incident reviews (PREA Post Incident Review) to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated. Requires the sexual abuse

incident review to be conducted within thirty (30) days of the conclusion of the investigation. Requires the review team to include upper-management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Requires the review of the allegation for: the need for policy or practice change, motivation for the incident, check of the physical area for barriers, staffing levels at the time of the incident, and information regarding any enhancement of current monitoring technology. Requires a written report completed that includes any recommendations and corrective action, as well as documentation showing implementation of the recommendations or the reason for not implementing the recommendations.

An interview with Stonewall Jackson YDC's Facility Director, staff interviews and documentation review confirmed the staff document the information on the "PREA Post Incident Review" form which captures all aspects of an incident to include: brief chronological summary, acknowledgment of what went well during the incident, whether the incident response/action was in compliance with relevant NCDPS rules, policies, and procedures, corrective actions taken or still needed to improve outcomes in future similar incidents, policy changes, motivation of the incident, physical barriers, monitoring technology, medical and mental health services provided, outcome of the investigation/corrective actions, and resident notification of investigation outcome.

Stonewall Jackson YDC's Sexual Abuse Incident Review Team consists of the Facility Director, Assistant Facility Director, Youth Counselor Supervisor/PREA Compliance Manager, chaplain, medical and mental health representatives and assigned PSP staff. Stonewall Jackson YDC Facility Director's interview and memorandum reported there has been no investigations of alleged staff's or resident's sexual abuse that occurred in this facility in the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard

Policy and Supporting Documents Reviewed, Interviews and Observation:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.9 [PREA Compliance Manager (PCM)] and Section 2.3 (Investigations)
- NCDPS Sexual Abuse & Harassment Coordinated Response Overview
- PREA Standards Compliance Checklist
- Stonewall Jackson YDC's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Post Incident Review form
- Stonewall Jackson YDC Facility Director's interview and memorandum
- Random staff interviews

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 abuse annually. The Facility Director or designee inputs information into the Tracking and Reporting of Incidents (TROI) system and the NCDPS PREA

Director/PREA Coordinator obtains the data from this system relating to PREA. The NCDPS PREA Director/PREA Coordinator implemented a data collection protocol and collects all data relating to PREA from the TROI system. Requires information gathered to include information that answers, at a minimum, the Department of Justice Survey of Sexual Violence (DOJ-SSV). Requires the agency maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Requires the collection of same information from private agencies with whom it contracts for the confinement of its residents. Requires the NCDPS PREA Director/PREA Coordinator to collect all necessary reports and information from completed investigations as required by the DOJ-SSV. Requires upon request, the agency shall provide the SSV information from the previous calendar year to the Department of Justice no later than June 30 in accordance with the standard.

An interview with one (1) of the NCDPS PREA Program Coordinators reported the PREA Director/PREA Coordinator gathers the PREA related data information from all the facilities and completes the DOJ-SSV form. The PREA Director/PREA Coordinator maintains all related data and document information as required by policy and procedure. An annual report is created and addresses all the information reported in the calendar year. Also, the SSV information from the previous calendar year is submitted to the Department of Justice at least six (6) months prior to the June 30th requirement. A review of NCDPS 2017-2018 Sexual Abuse Annual Report was detailed, comprehensive and identified all state facilities within the North Carolina Department of Public Safety.

Based on the review of the agency policy and procedures and information obtained through the interview, the agency has demonstrated compliance with this standard.

Interview, Policy and Supporting Documents Reviewed:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.10 (General Provisions)
- PREA Standards Compliance Checklist
- NCDPS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 2017 DOJ Surveys of Sexual Victimization Report
- NCDPS 2017-2018 Sexual Abuse Annual Report
- TROI system
- PREA Program Coordinator interview

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 NCDPS to collect and review data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training by identifying problem areas, taking on-going corrective action and preparing an annual report of its findings for individual facilities and the agency as a whole. Requires the report to include comparison data and corrective actions from prior years and allows the redaction of specific material and an indication of the material redacted. Requires the report is approved by the NCDPS Secretary and made public.

An interview with one (1) of the NCDPS PREA Program Coordinators reported the PREA Director/PREA Coordinator reviews all the facilities data to identify patterns or trends and deficiencies throughout the state and provides additional trainings for staff and solutions to problem areas. The PREA Director/PREA Coordinator gathers the information and submits to the public through an Annual PREA Report on the website and includes comparison data and any facility modifications or agency policy changes. Also, one (1) of the NCDPS PREA Program Coordinators indicated the information is security retained and ongoing corrective action is tracked.

A review of the NCDPS 2017-2018 Sexual Abuse Annual Report was detailed, comprehensive and identified all state facilities within the North Carolina Department of Public Safety. The report was approved by both the NCDPS Secretary and the NCDPS PREA Director/PREA Coordinator. The report is available to the public on the NCDPS website. Based on the review of the agency policy and procedures, an interview and information obtained through the review of documentation, the agency has demonstrated compliance with this standard.

Interview, Policy and Supporting Documents Reviewed:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.10 (General Provisions)
- PREA Standards Compliance Checklist
- NCDPS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 2017 DOJ Surveys of Sexual Victimization Report
- NCDPS 2017-2018 Sexual Abuse Annual Report
- NCDPS website
- PREA Program Coordinator interview

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A 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 the NCDPS shall ensure that data collected of allegations of sexual abuse is securely retained, and makes information readily available to the public through an annual report on its website. Requires that before making the report public, the NCDPS shall remove all personal identifies. Requires the NCDPS to maintain this information at a minimum of 10 years after the date of initial collection unless Federal, State or local law requires otherwise. Also, NCDPS has a data collection retention schedule.

An interview with one (1) of the NCDPS PREA Program Coordinators confirmed the data is collected and securely retained for a minimum of ten (10) years. A review of the NCDPS 2017-2018 Sexual Abuse Annual Report confirmed there were no personal identifiers within the document, and it is posted on the NCDPS Website and readily available for public review.

Based on the review of the agency policy and procedures and information obtained through the interview and review of documentation, the agency has demonstrated compliance with this standard.

Interview, Policy and Supporting Documents Reviewed:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.10 (General Provisions)
- PREA Standards Compliance Checklist
- NCDPS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- NCDPS 2017-2018 Sexual Abuse Annual Report
- NCDPS website
- PREA Program Coordinator interview

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed the North Carolina Department of Public Safety (NCDPS) web page at <https://www.ncdps.gov/Adult-Corrections/Prison-Rape-Elimination-Act> containing the PREA audit reports for both the first and second PREA review cycle. The first PREA audit review cycle had forty-three (43) PREA audit reports completed from August 2013 – August 2016. The second PREA audit review cycle had seventy-seven (77) PREA audit reports completed from August 2016 through August 2019. A review of both PREA audit review cycles indicated each facility was audited at least once during each three year period. The auditor was provided with all relevant documents pertaining to this standard. Currently, NCDPS has sixty-nine (69) facilities (55 prisons, 10 juvenile and 4 adult community confinement) to begin the third PREA audit review cycle. The facility is one of the facilities scheduled for the first year of the third PREA review cycle. The auditor had access to the entire facility and was able to conduct staff and resident interviews in a private room and provided with documentation in accordance to the standard. Residents were permitted to send confidential information or correspondence to the auditor, the same method as sending to their legal counsel. Posters (pre-audit notices) for communicating to the auditor were in all areas of the facility.

Based on the review of the agency policy and procedures and information obtained through the documentation review, the agency has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.10 (General Provisions)
- PREA Standards Compliance Checklist
- NCDPS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- NCDPS 2017-2018 Sexual Abuse Annual Report
- NCDPS 2015-2016 Sexual Abuse Annual Report
- NCDPS 2015 Sexual Abuse Annual Report
- NCDPS website

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed the North Carolina Department of Public Safety (NCDPS) web page at <https://www.ncdps.gov/Adult-Corrections/Prison-Rape-Elimination-Act> containing the PREA audit reports for both the first and second PREA review cycle. The first PREA audit review cycle had forty-three (43) PREA audit reports completed from August 2013 – August 2016. The second PREA audit review cycle had seventy-seven (77) PREA audit reports completed from August 2016 through August 2019. NCDPS has published on its agency website all final PREA audit reports completed and published within 90 days after the final report was issued by the auditor.

Based on the review of the agency policy and procedures and information obtained through the documentation review, the agency has demonstrated compliance with this standard.

Policy and Supporting Documents Reviewed:

- North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document – Section 1.10 (General Provisions)
- PREA Standards Compliance Checklist
- NCDPS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- NCDPS 2017-2018 Sexual Abuse Annual Report
- NCDPS 2015-2016 Sexual Abuse Annual Report
- NCDPS 2015 Sexual Abuse Annual Report
- NCDPS website

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Dorothy Xanos

November 25, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.