

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 8/06/17

Auditor Information			
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Telephone number: (813) 918-1088			
Date of facility visit: June 26-27, 2017			
Facility Information			
Facility name: Avery Mitchell Correctional Institution			
Facility physical address: 600 Amity Park Road, Spruce Pine, NC 28777			
Facility mailing address: (if different from above)			
Facility telephone number: (252) 244-3337			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Carlos Hernandez			
Number of staff assigned to the facility in the last 12 months: 321			
Designed facility capacity: 860			
Current population of facility: 848			
Facility security levels/inmate custody levels: Medium Custody			
Age range of the population: 20+			
Name of PREA Compliance Manager: Brian Watson		Title: Special Affairs Captain	
Email address: brian.watson@ncdps.gov		Telephone number: (828) 765-0229	
Agency Information			
Name of agency: North Carolina Department of Public Safety			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 512 N. Salisbury St., Raleigh, North Carolina 27604			
Mailing address: (if different from above) 4201 Mail Service Center, Raleigh, NC 27699-4201			
Telephone number: (919) 733-2126			
Agency Chief Executive Officer			
Name: Erik A. Hooks		Title: NCDPS Secretary	
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Agency-Wide PREA Coordinator			
Name: Charlotte Jordan-Williams		Title: PREA Director	
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AUDIT FINDINGS

NARRATIVE

Avery Mitchell Correctional Institution (Avery Mitchell CI) is a medium secure adult male prison with a designed capacity of 860 inmate beds and governed by the North Carolina Department of Public Safety (NCDPS) located in Spruce Pine, North Carolina. The facility's mission is to protect the public, to promote an environment of professional and equal treatment of staff and inmate population by providing education, training, support and transitional services in order to effectively benefit growth of staff, volunteers and inmates associated with this facility. There were eight hundred forty-eight (848) inmates at the facility at the time of the on-site visit and no youthful inmates.

Avery Mitchell CI is staffed with three hundred and twenty-one (321) full-time and part-time employees including medical, mental health staff and there are various groups of volunteers providing religious services to inmates. The staff consisted of: Correctional Facility Administrator, Correctional Assistant Superintendent IV, Correctional Assistant Superintendent of Programs II, Special Affairs Captain, Correctional Programs Director I, (3) Correctional Programs Supervisor, (4) Correctional Captain II, (6) Correctional Lieutenant II, (24) Correctional Sergeant II, (10) Lead Correctional Officer II, (177) Correctional Officer II, (6) W/A Correctional Officer II, (2) Social Worker II, (2) Processing Assistant IV, (2) Processing Assistant III, (5) Correctional Case Manager, (6) Correctional Housing Unit Manager I, Correctional Training Specialist II, Staff Psychologist, Institution Classifications Coordinator, (25) other staff (accounting, administrative, food service, maintenance and technology) and twenty (20) vacant positions.

The medical staff both full-time and part-time providing services at the facility consisted of: Registered Nurse Supervisor II, six (5) Professional Nurses (Lead & Staff), (7) Licensed Practical Nurse, Physician Assistant (twice a week), Physician (one day a week) and two (2) other support staff (health assistant and medical records), licensed nurses providing nursing services on-site twenty-four (24) hours a day, seven (7) days a week and an on-call physician. All inmates are seen by a physician upon arrival to the facility. Additionally, all nurses are supervised by an on-site registered nurse supervisor who is responsible for coordination of the medical services. The medical staff provides medical care to include: completing the initial intake assessment, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams (optical lab), dietary services and referrals, administration of medications/treatments as prescribed, assessments of inmate injuries and treatment as required, medical assessments and monitoring with any restraint or segregation, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. An optometrist is on-site once every three (3) weeks at the facility. The dental staff consisted of a Dentist, Dental Hygienist I and two (2) Dental Assistants providing dental services at the facility three (3) days a week consisting of dental care, cleaning, education, and treatment fillings to extractions. All inmates are seen by the dentist at least annually for a wellness check. Emergency services and forensic examinations are conducted at Carolinas HealthCare System-Blue Ridge Morganton located in Morganton, North Carolina.

Mayland Community College provides eighteen (18) contractual instructors. The education/programs staff will provide inmates who do not have a high school diploma or a GED with an opportunity to gain skills that will benefit them upon their return to their community. Adult Basic Education/General Equivalence Diploma (ABE/GED): These classes provide instruction at all levels; from those learning to read, to offenders who are preparing to study for a GED certificate. The focus areas are reading, math, written and oral communications, social studies, and science. The other full-time learning opportunities consist of: certificate and diploma program in Heating, Ventilation and Air Conditioning (HVAC) and upon completion of the HVAC program inmates have the opportunity to obtain national licensure prior to release from facility. Other specialized programs include but are not limited to Commercial cleaning, Computer Application/Information Technology, Horticulture, Masonry, Human Resources Development, Electrical Electronics, Business, and English as a Second Language. Also, the other programs offered to inmates include religious services, Thinking for a Change, Father Accountability, and Life Skills.

Avery Mitchell CI's staff provides work and learning opportunities for inmates while promoting an effective population management with responsible inmate behavior. The work opportunities include inmate incentive wage positions in prison operations such as: food service, warehouse, loading dock workers, barbers, clothes-house, janitorial assignments, maintenance, yard assignments, road squads and any other daily operational needs of the facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

Avery Mitchell Correctional Institution (Avery Mitchell CI) is a medium custody adult male correctional facility located on 100 acres of land beside the Avery and Mitchell County Line in Spruce Pine, North Carolina. The prison's physical plant is comprised of four (4) buildings surrounded by a perimeter security fence and landscaped. The first building is a check point where everyone entering into the facility undergoes security clearance. The entrance to the main building leads into a lobby, reception area, the administrative area comprised of administration offices, conference rooms, training and training classrooms, line-up and separate locker room areas for both male and female staff, visitation area, master control room, inmate receiving area with holding areas, (2) bathrooms with one having a privacy wall, shower area with privacy curtain, sally port area and a bulletin board containing PREA and facility information. The receiving area has four (4) bays used for inmate strip searches which allow for privacy between them. During the tour, it was observed that there are no cameras in this area and it was emphasized that female staff are never allowed in this area during inmate strip searches. The other areas of the main building consisted of the kitchen with dining area (correctional tables/chairs), chemical closet, dry storage, walk-in cooler/freezer area, medical area including a waiting area, medical offices, pharmacy, dental area, program area with offices including mental health and case management offices, chapel and library area, education and vocation area, warehouse/clothing and supplies, maintenance area, operations area with staff offices, laundry and canteen supplies and an activity center.

The other three (3) housing buildings contain eight (8) pods and within each pod there are thirty-two (32) to thirty-six (36) inmates. Also, there is a forty (40) single cell restrictive housing unit. Each housing building contains a canteen, library, barbershop, administrative offices, recreation room and access to the recreation yard that has weights/exercise areas and an outdoor track. Each pod contains a day room, telephone, correctional tables/chairs, open bay area with bunk beds and shower/bathroom area. The shower/bathroom areas in all the pods have been modified to provide some privacy. Located in each pod, there are bulletin boards containing PREA information, some victim advocate information, and the facility information. At the entrance of each building are posters that provide information regarding the agency's zero-tolerance information ("Ways to Report" & "Break the Silence"), general announcements for the on-site visits in both English and Spanish, grievance box and a sick call box. The inmates pass these bulletin boards a number of times during the day and evening moving from the pod to meals, education/vocation and recreation. Adjacent to the Yancy building (housing) is located the greenhouse, masonry and classes are conducted on a daily basis.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by May 10, 2017, six weeks prior to the date of the on-site audit. The posting of the notices was verified during the tour, via email and verified by photographs received on the USB flash drive from Avery Mitchell CI's Special Affairs Captain/PREA Compliance Manager. The photographs indicated notices were posted on the bulletin boards in various locations throughout the facility including the gate house, lobby area, administration area, chapel, medical area, education area, kitchen/dining area, line-up rooms, maintenance area, personnel, vocation area, warehouse, visitation, programs, receiving area, training hallway, all housing units, restrictive housing and Sergeant's office. This auditor did not receive any communication from the staff but had received communication from one (1) inmate as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by May 29, 2017. The documentation was uploaded to a USB flash drive that was organized and easy to navigate. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address a number of the standards. After a discussion (conference call) with the Correctional Facility Administrator, Correctional Assistant Superintendent IV, Correctional Assistant Superintendent of Programs II, Special Affairs Captain/PREA Compliance Manager, Correctional Housing Unit II, Correctional Housing Unit I, Administrative Secretary I and providing a list of noted concerns, the Administrative Secretary I sent some documentation to this auditor prior to arrival to the facility. Also a number of supporting documents were provided during the on-site visit. Specific corrective actions during the on-site visit were taken to address some of the deficiencies and are summarized in this report under the related standards.

The on-site audit was conducted on June 26-27, 2017. An entrance briefing was conducted with the Correctional Facility Administrator, Correctional Assistant Superintendent IV, Correctional Assistant Superintendent of Programs II, Special Affairs Captain/PREA Compliance Manager, Correctional Lieutenant II, and Administrative Secretary I. During the briefing, it was explained the audit process and a tentative schedule for two (2) days to include conducting interviews with the staff and inmates and reviewing the documentation. A complete guided tour of the entire facility was conducted including the administrative area, visitation area, inmate receiving area, sally port area, program/support offices, operations area, classroom/vocational area, medical/dental area, kitchen and storage area, dining area, recreation areas, commissary areas, barber shops, warehouse/maintenance and storage areas, greenhouse area, housing units/dormitories and restrictive housing. During the tour, inmates were observed to be under constant supervision of the staff while involved in various activities. Most buildings at the facility were clean and well maintained and it was obvious staff took pride in their working areas. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing inmates of the telephone numbers to call against sexual abuse and sexual harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in the inmates's shower/toileting area so inmates are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower area. During the tour, it was observed the toilet areas in the male unit/dorm areas did allow for some privacy including the restrictive housing area. However, the inmate bathroom in the kitchen area did not allow for privacy. This was corrected and verified with a photograph sent to this auditor by the Administrative Secretary I.

During the two (2) day on-site visit, there were a total of eight hundred and forty-eight (848) inmates in the facility. There are twenty-six (26) living unit/dorms/restrictive housing and thirty-three (33) inmates were randomly selected for the interview process. However, twenty-one (21) inmates were interviewed and the other inmates declined to see the auditor. Inmates were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administrative staff, the hot line, and the grievance process. The community victims' advocacy service and telephone number is available to the inmates located on bulletin boards in living unit/dorms, restrictive housing and throughout the facility. There is evidence of Avery Mitchell CI's Correctional Facility Administrator obtaining a Memorandum of Understanding with Mitchell County SafePlace to provide confidential emotional support to inmates who are victims of sexual abuse and forensic exams. Twenty-eight (28) staff were interviewed including those from both shifts, administrative and supervisory staff, medical and mental health staff, case management/support staff, two (2) educational instructors on both days of the audit and the Correctional Facility Administrator and Special Affairs Captain/PREA Compliance Manager were interviewed 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 NCDPS Region Security Coordinator, Correctional Facility Administrator, Correctional Assistant Superintendent IV, Special Affairs Captain/PREA Compliance Manager, Correctional Lieutenant II, and Administrative Secretary I. At the exit debriefing, it was discussed additional documentation was required for six (6) standards and it was determined this information would be sent to this auditor within the next three (3) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the Administrative Secretary I prior to the submission of this report. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 3

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 and approved by the Director of Prisons; Policy A.0200 (Conduct of Employees), NC General Statute 14-27.31 (Intercourse and sexual offenses with certain victims; consent no defense) and outlines how each facility implements its approach to preventing, detecting and responding to all approaches of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and inmates 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 inmates. NCDPS's PREA Office has also required each facility administrator statewide to designate at their facility a primary and an alternate PREA Compliance Manager. Avery Mitchell CI's Standard Operating Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 reflects the facility's specification of how they will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. It is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the inmates in their care throughout the State of North Carolina.

NC Department of Public Safety has a designated PREA Coordinator, her official title is PREA Director and reports directly to the General Counsel, NCDPS. The PREA Director works statewide to implement the PREA Standards and indicated she has sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA compliance of over seventy (70) facilities with the support of the Department. The Avery Mitchell CI's Correctional Facility Administrator completed a memorandum on October 18, 2016 to the NCDPS PREA Office, his designation of the Special Affairs Captain and Correctional Captain II as his primary and alternate PREA Compliance Managers. Avery Mitchell CI'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. It was evident during the staff interviews, staff had been trained and were knowledgeable of NCDPS Inmate Sexual Abuse and Harassment Policy including all aspects of sexual abuse and sexual harassment in accordance with the requirements.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The documentation reviewed indicated that the Avery Mitchell Correctional Institution does not contract for the confinement of inmates with private entities or other entities, including other government agencies, therefore this standard is not applicable to this facility.

Standard 115.13 Supervision and monitoring

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.1600 (Management of Security Posts) and NC General Statute 143B -709 (Security Staffing); Avery Mitchell CI's Standard Operating Procedures #C-05 (Management of Security Post) effective date 4/21/17 and #C-33 (Inspections/Audits) effective 05/05/17 contained the required information identifying the facility to develop a staffing plan to provide for departmental adequate staffing levels to ensure the safety and custody of inmates, physical plant, video monitoring, and federal standards. Additionally, the policies contained information identifying the facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds on a daily basis during all shifts documenting the information in unit log books, activity log (master control center) and daily shift narratives that contains observations of all areas of the facility. The NCDPS's PREA Office staff complete a yearly staffing plan for all facilities statewide. Avery Mitchell CI's staffing plan is reviewed on an annual basis and the facility did not have any deviations from the staffing plan during the past twelve (12) months, their critical positions are always filled, it is a mandate.

Avery Mitchell CI's is a secure facility and utilizes constant video and staff monitoring to protect the inmates from sexual abuse and harassment. The Correctional Facility Administrator's interview, documentation and staff interviews confirmed the process takes place in the facility. The Correctional Facility Administrator had reviewed and approved of the process for all supervisory staff (Captain II, Lieutenant II & Officer-in-Charge) but could also assign other staff (Unit Managers, Assistant Unit Managers and Sergeants) to conduct unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment on a daily basis and to document the information in the shift narratives and log books. In addition, the Correctional Facility Administrator, Correctional Assistant Superintendent of Programs II, Correctional Assistant Superintendent IV and Special Affairs Captain/PREA Compliance Manager conduct and document unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment on a weekly basis. During the facility tour, there were three (3) areas (kitchen/dry goods storage area, kitchen supervisor's office window and the warehouse area) identified as having blind spots. A procedure will need to be implemented as to how these areas will be supervised or utilizing some form of enhanced supervision. Since the initial review and on-site visit, the Administrative Secretary I sent the documentation (pictures) to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.14 Youthful inmates

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 contained the elements of the standard, however, Avery Mitchell Correctional Institution does not house youthful inmates. Therefore, this standard is not applicable to this standard.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.0100 (Operational Searches); Policy F.1600 (Management of Security Posts); Health Services Policy and Procedure TX 1-13 (Evaluation and Management of Disorders of Gender Dysphoria); Avery Mitchell CI's Standard Operating Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 and #C-42 (Operational Searches) effective date 3/13/17 revealed policy and procedures prohibit any cross-gender strip search or visual body cavity searches or cross-gender pat-down searches to same gender staff absent exigent circumstances, shower procedures, female staff announcing when entering housing area, and prohibiting the search of a transgender or intersex inmate solely for the purpose of determining the inmate's genital status. Also, the policy indicated any cross-gender searches are required to be documented. 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 to all staff. There is a requirement for all staff to sign and date the "Cross Gender Announcement and Acknowledgment" form acknowledging their completion of the orientation and limitations to cross gender viewing and searches. Staff and inmates interviews indicated that female staff entering the housing area some of the time announce themselves.

A review of the training documentation and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex inmates are conducted in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of inmates. 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. Staff and inmate interviews confirmed inmates are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Most staff interviews could identify the NCDPS policy on prohibiting staff from searching or physically examining a transgender or intersex inmate for the purpose of determining that inmate's genital status. During the facility tour, it was evident many of the bathroom/toilet areas in the male unit/dorm areas and other areas did allow for some privacy. However, the inmate bathroom in the kitchen area did not allow for privacy. This was corrected and verified with a photograph sent to this auditor by the Administrative Secretary I. There have been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of inmates 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 inmates in the past twelve (12) months. After the on-site visit, all staff were re-trained on the NCDPS and Avery Mitchell's policy on female staff announcing their presence when entering the male unit/dorm areas. Avery Mitchell CI's Administrative Secretary I sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

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

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

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Policy E.1800 (Non English Speaking Inmate Program); Policy E.2600 (Reasonable Accommodations for Inmate with Disabilities) and Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 contained procedures to be taken to ensure inmates with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Also, the policy states the facility will not rely on inmate interpreters, inmate readers or any kind of inmate assistants except when a delay in obtaining interpreters services could jeopardize an inmates' safety. NCDPS has established a contract with WorldWide Interpreters, 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. There are postings throughout the facility in English and Spanish and both admission and program staff have access to interpreter services. Staff training documentation, pamphlet, and inmate PREA orientation packet contained information on providing appropriate explanations regarding PREA to inmates based upon their individual needs. Most staff interviews confirmed there is an outside agency to provide services and they do not allow for the use of inmate assistants in relation to reporting allegations of sexual abuse or sexual harassment. In the past twelve (12) months, the facility did not have any instances of inmate interpreters or readers being used for reporting allegations of sexual abuse or sexual harassment.

Standard 115.17 Hiring and promotion decisions

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 and the Addendum to the Administrative Memorandum 10-2013 from the PREA Office contained all the elements required by this standard and all background checks are conducted initially on new employees, current and promotion decisions of employees and contractors. NCDPS has an extensive initial background screening requirements that include the screening for criminal record checks (AOC & NCDL), possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, psychological, driving records check, child abuse registry checks, domestic violence check, Diana screening - sex offender registry checks, and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. The agency conducts 5-year background checks for all employees and contractors. There is an affirmative duty to disclose any arrests or previous misconduct. Material omissions by an employee is subject to termination. A sampled review of staff's, volunteer's, and contractor's HR files had documentation on staff completing varied forms containing the questions regarding past misconduct (Applicant Verification form, Professional Reference Check, DPS Employment Statements and the PREA Notice and Information Collection for Current Employees) that are completed during the hiring process. The HR staff complete the criminal background information and receive an email on whether an individual is approved or disqualified. Once an individual is approved for hire, the new employee begins the LMS training and orientation process. The Administrative Officer III's interview confirmed the staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Also, personnel staff utilize a "DCI tracking form" to track all staff and their hire dates in the facility. The agency provides information to requests from institutional employers where an employee has applied to work.

Standard 115.18 Upgrades to facilities and technologies

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Avery Mitchell Correctional Institution has not been newly designed or had a substantial expansion or modification since August 20, 2012. The initial documentation review contained information on a memo dated 5/23/17 requesting additional cameras to be installed at the facility. During the tour, the video monitoring system, electronic surveillance system and mirrors were observed, this will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Also, this enables the staff to monitor inmates more efficiently throughout the physical plant of the facility. Interviews with the Corrections Facility Administrator and Special Affairs Captain/PREA Compliance Manager confirmed the additional cameras had been installed to provide the continued prevention of sexual abuse and sexual harassment at the facility.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 and Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, it requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to investigative agencies. Documentation and an interview with the Correctional Facility Administrator confirmed Avery County Sheriff's Department (ACSD) conducts the criminal investigations of allegations of sexual abuse and sexual harassment.

There is evidence of Avery Mitchell CI's Correctional Facility Administrator obtaining a Memorandum of Understanding with Mitchell County SafePlace to provide confidential emotional support to inmates who are victims of sexual abuse and forensic exams. Carolinas HealthCare System-Blue Ridge Morganton (SAFE/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 support to inmates who report sexual abuse and sexual harassment by another inmate, staff member, contractor or volunteer. The Avery Mitchell CI's Correctional Facility Administrator has designated six (6) staff for this role and completed the required form (OPA-A18) on October 17, 2016. These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training (PREA Support Person Training). Staff interviews and training documentation confirmed the role of the PSP individuals in the facility.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

- Does Not Meet Standard (requires corrective action)

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 and #C-64A [(PREA) Sexual Abuse Institutional Response Plan] effective date 4/11/16 requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse and sexual harassment for investigation to the Avery County Sheriff's Department (ACSD) for the determination of criminal charges. ACSD provides services on a 24 hour basis that will include the responsibility of investigating allegations of sexual abuse by qualified staff who have received training concerning sexual abuse and forensic examination issues.

Staff refer all allegations of sexual abuse and harassment to the Central Office and the PREA Office for completion of an administrative investigation. The appropriate information will be entered into their internal OPUS system. The PREA policy can be found at the North Carolina state's website and information can be found in their PREA pamphlet (Sexual Abuse Awareness for the Inmate) that is available in English and Spanish. Avery Mitchell CI had received twelve (12) allegations of sexual abuse and sexual harassment resulting in a criminal investigation and/or an administrative investigation in the past twelve (12) months. All staff interviews reflected and 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. Avery Mitchell CI's Administrative Secretary I sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.31 Employee training

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 and #C-64A [(PREA) Sexual Abuse Institutional Response Plan] effective date 4/11/16 requires an indepth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All the PREA training provided to employees statewide contains all ten (10) topics consistent with this standard's requirements and is tailored to all facilities with the gender of their inmate populations. The staff training documentation including a powerpoint presentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All new employees receive the NCDPS Employee brochure on prevention strategies to maintain a professional atmosphere and sign the "PREA Acknowledgement Form" indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training.

A review of all staff and training education forms as well as staff interviews confirmed that staff are receiving their required PREA training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment. At the facility, it was evident that staff are trained continually about the PREA standards during shift briefings and the

completion of various on-line trainings. Additionally, all staff are required to complete an annual in-service PREA training. Employee training records are maintained electronically and certain training documents (NCDPS Human Resources On Boarding Checklist form and PREA Acknowledgement Form) are maintained in their personnel file. New employees are provided a “Breaking the Code of Silence” Correctional Officer’s Handbook and a “Staff First Responder Card” identifying specific PREA information i.e. first responder protocol. It is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the inmates in their care throughout the State of North Carolina by providing extensive training to all employees who work at their facilities.

Standard 115.32 Volunteer and contractor training

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 and Policy F .0604 (Community Volunteer Program) requires volunteers and contractors who have contact with inmates to receive indepth PREA training. All volunteers and contractors receive the PREA training, PREA Volunteer brochure and sign the “PREA Acknowledgement Form” upon completion of the PREA training they received. The training consists of a power point presentation that includes: policies, PREA definitions, reporting requirements and other required procedures. Additionally, the brochure provided to all volunteers and contractors is a guide to prevention and undue familiarity and sexual abuse with offenders/inmates. A review of the documentation confirmed they are aware of the facility’s requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. Interviews with two (2) instructors confirmed their knowledge of the PREA training.

Standard 115.33 Inmate education

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Diagnostic Center Procedures Manual (DCPM) Policy 201 (Orientation) and Avery Mitchell CI’s Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 requires inmates to receive appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency’s response to allegations within fifteen (15) days upon arrival. However, the program staff provides the inmates with this information immediately upon arrival during their initial intake. This information is reviewed verbally with the inmate and a pamphlet is provided to them for future reference. Additionally within 72 hours, the program staff provides a transfer orientation to the facility.

After the review with the inmate, he is asked to sign various forms which include: Offender PREA Education Acknowledgment Form, verifying receipt for all information regarding orientation to the facility. All inmates are provided a NCDPS Sexual Abuse Awareness for the Inmate pamphlet which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and is

available in Spanish. Documentation of inmate's signatures were reviewed and confirmed during inmate interviews. Some inmates interviewed stated they received this information the same day they arrived at the facility, identified the receipt of the pamphlet and the transfer orientation to the facility by a program staff. PREA postings were observed throughout the facility tour and inmates identified the postings as another source of information for them.

Standard 115.34 Specialized training: Investigations

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 and Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 requires an investigation for all allegations of sexual abuse or sexual harassment to the Avery County Sheriff's Department (ACSD) for criminal investigations and the NCDPS PREA Office for administrative investigations. All investigators under go 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 seven (7) staff at the facility who have completed the NCDPS PREA Specialized Investigations: Sexual Abuse and Sexual Harassment and other required investigative training. An interview with one (1) of the investigators and the documentation confirmed the compliance with the PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement.

Standard 115.35 Specialized training: Medical and mental health care

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 requires PREA training and specialized training for medical and mental health staff. It was evident through the medical and mental health staff interviews they had received the basic PREA training provided to all staff and the specialized training offered by NCDPS [Sexual Abuse and Sexual Harassment Medical and Mental Health Response (Prisons-Health Services)]. All medical and mental health staff sign the "Medical & Mental Health Care PREA Training Acknowledgement" form to acknowledge they received the training and understand their responsibilities in the event of an incident. The medical staff do not conduct forensic examinations. Interviews with three (3) medical and mental health staff confirmed their understanding of the requirement to complete the specialized training and verified completing the course.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Diagnostic Procedures Manual and Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 requires prior to placement as part of the screening process each inmate is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness with the OPUS Mental Health Screening Inventory and within seventy-two (72) hours a mental health practitioner will conduct an initial Mental Health Assessment. Most inmates are screened within seventy-two (72) hours upon arrival at the facility to determine placement and their special needs. Those inmates who score vulnerable to victim or sexually aggressive are included into their tracking system, as well as receiving further assessments, as identified. This intake screening is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Inmates could be reassessed at a minimum of every thirty (30) days and throughout their stay at the facility. The facility's policies limits staff access to this information on a "need to know basis". Some inmate interviews and the documentation revealed that risk screenings are being conducted within seventy-two (72) hours of their admission to the facility.

Staff interviews confirmed a screening is completed on each inmate upon admission to the program within seventy-two (72) hours. Inmates reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health staff. Although there have been no transgender or intersex inmates admitted to the facility within the past twelve (12) months, staff were aware of giving consideration for the inmate's on views of their safety in placement and programming assignment. Inmate interviews indicated limited knowledge of being asked specific questions (i.e. whether you had ever been sexually abused, whether you think you might be in danger of sexual abuse here etc.) during the admission process. After the on-site visit, it was determined to provide the facility's case managers with a refresher training on the updated inmate admission and transfer orientation process on how to review the PREA information verbally to the inmates. Avery Mitchell CI's Administrative Secretary I sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.42 Use of screening information

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; OPUS Online; Health Services Policy and Procedure TX 1-13 (Evaluation and Management of Disorders of Gender Dysphoria) and Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 precludes gay, bi-sexual, transgender and intersex inmates being placed in a particular housing unit, beds or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment

process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine an inmate's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all inmates safe and free from sexual abuse. The program staff utilize various forms and any other pertinent information during the inmate's admission process. Staff interviews described how information is derived from the forms as indicated above and the initial health assessment and mental health/substance abuse screening forms to determine placement and risk level. There are twenty-four (24) living unit/pods containing a day room, telephone, correctional tables/chairs, open bay area with bunk beds and shower/bathroom area. The other two (2) living units/restrictive housing contain a day room, single cells with bunk beds and shower/bathroom area. At the entrance of each housing building was a sick call box and a grievance box. Isolation is not utilized at the facility as a means of protective custody.

Standard 115.43 Protective custody

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 and Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 prohibits the use of involuntary restrictive housing unless there is no other option for keeping an inmate who is vulnerable to victimization separate from aggressive inmates. Also, the policy requires a review every thirty (30) days for continued restriction/placement. The inmates participation in programs, privileges, education and work opportunities may be restricted due to facility security issues, however all efforts will be made to provide certain programing within the restricted housing. Any placement of an inmate in involuntary restrictive housing and any type of restrictions are documented.

Standard 115.51 Inmate reporting

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Policy D .0300 (Inmate Use of the Mail) and Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 provides multiple internal ways for inmates to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates 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, external reporting, placing a written complaint in the grievance box, and third party. While touring the entire facility, this auditor observed a number of bulletin boards located in each living unit/dorm including the restricted housing areas that are continually accessed by inmates. The bulletin boards contained PREA information, some victim advocate information and the facility information. Reporting procedures are provided to inmates through the Inmate/PREA Orientation, pamphlet and Inmate Rule

Booklet. Most staff and inmate interviews along with the orientation and supporting documentation verified compliance with this standard.

Standard 115.52 Exhaustion of administrative remedies

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy G .0300 (Administrative Remedy Procedure) describes the orientation inmates receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with inmate's grievances regarding sexual abuse or harassment. Inmates may place a written complaint in the grievance box located in the hallway outside of all living units/dorms. The facility has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process and allow for other individuals to assist an inmate in filing a grievance or to file grievances themselves on behalf of an inmate. Inmates 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. Grievances are to be resolved with a written response no later than twenty (20) days. Also, the facility has an emergency grievance procedure requiring an initial response within 24 hours. A review of the Avery Mitchell CI's Inmate Rule Booklet, staff and inmate interviews confirmed the grievance process relating to sexual abuse or sexual harassment complaints. Avery Mitchell CI had no grievances in the past twelve (12) months related to sexual abuse or sexual harassment complaints.

Standard 115.53 Inmate access to outside confidential support services

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 and Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 ensures that inmates are provided access to outside confidential support services, PREA Support Persons and legal counsel. NCDPS continues to collaborate with NCCASA (North Carolina Coalition Against Sexual Abuse) to establish advocacy services, education and training statewide. There is evidence of Avery Mitchell CI's Correctional Facility Administrator obtaining a Memorandum of Understanding with Mitchell County SafePlace to provide confidential emotional support to inmates who are victims of sexual abuse and forensic exams. There have been no calls from inmates to outside services in the past twelve (12) months. The Inmate/PREA Orientation contained information of outside services. Inmates interviews revealed limited knowledge of how to access outside services. Since the initial review and on-site visit, the facility's bulletin boards located in the living units/dorms including restrictive housing were updated to clearly post the victim advocate services, the telephone number and the staff will provide additional education to future inmates on victim advocate services during their orientation process. Avery Mitchell CI's Administrative Secretary I sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.54 Third-party reporting

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 and Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 identifies the Department's third party reporting process and instruct staff to accept third party reports. NCDPS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of an inmate. 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. There are two (2) separate reporting options for the receipt of third-party reports of sexual abuse or sexual harassment. They may write to the State-wide PREA Director or send an email through the link provided. This information is reported directly to the State-wide PREA Director who will inform the Correctional Facility Administrator. These reports will be investigated. All inmate interviews confirmed their awareness of reporting sexual abuse or sexual harassment to others outside of the facility including access to their attorney. All staff interviews were able to describe how reports may be made by third parties.

Standard 115.61 Staff and agency reporting duties

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 and #C-64A [(PREA) Sexual Abuse Institutional Response Plan] effective date 4/11/16 identified the reporting process for all facility staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against inmates or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All facility staff are mandated reporters and most random staff interviews confirmed the facility's compliance with this standard. Also, the facility staff receive information on clear steps on how to report sexual abuse and to maintain confidentiality through the facility's protocol and/or training. The staff would complete an incident report with the details of any incidents that would occur in the facility in compliance with this standard. Interviews with mental health staff without hesitation confirmed their responsibility to inform inmates their duty to report and limitations of confidentiality. However, the medical staff do not disclose their limitations of confidentiality to the inmates. Since the initial review and on-site visit, the medical staff have been trained on their duty to disclose their limitations of confidentiality to inmates. Avery Mitchell CI's Administrative Secretary I sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.62 Agency protection duties

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 and #C-64A [(PREA) Sexual Abuse Institutional Response Plan] effective date 4/11/16 requires that immediate action to be taken upon learning that an inmate is subject to a substantial risk of imminent sexual abuse. There were no inmates determined to be subject to substantial risk of imminent sexual abuse in the past twelve (12) months. Documentation and interviews with the Correctional Facility Administrator and other random selected staff were able to articulate, without hesitation, the expectations and requirements of NCDPS Policies and PREA Standards, upon becoming aware that an inmate may be subject to a substantial risk of imminent sexual abuse. Staff interviews indicated if an inmate was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the inmate, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the inmate would be referred for mental health services.

Standard 115.63 Reporting to other confinement facilities

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 and #C-64A [(PREA) Sexual Abuse Institutional Response Plan] effective date 4/11/16 requires the Correctional Facility Administrator, upon receiving an allegation that an inmate was sexually abused while confined at another facility, to notify the Correctional Facility Administrator where the alleged abuse occurred and to report it in accordance with NCDPS policy and procedures. Also according to policy and procedure the Correctional Facility Administrator is to immediately report the incident for investigation and complete an incident report. The Correctional Facility Administrator had received no allegations that an inmate was abused while confined at another facility during the past twelve (12) months.

Standard 115.64 Staff first responder duties

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 and #C-64A [(PREA) Sexual Abuse Institutional Response Plan] effective date 4/11/16 and training documentation requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There had been no inmates sexually abused or first security staff responding to an alleged victim and abuser during the past twelve (12) months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that an inmate was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with NCDPS policies and procedures. It was evident that staff have been trained in their responsibilities as first responders. The staff had palm cards containing the policy on the first responder's specific steps to respond to a report of sexual abuse.

Standard 115.65 Coordinated response

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015, Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 and #C-64A [(PREA) Sexual Abuse Institutional Response Plan] effective date 4/11/16 and NCDPS Sexual Abuse & Harassment Coordinated Response Overview provides a written coordinated response system to coordinate actions taken in response to an incident of sexual abuse among staff first responders, administration, executive staff and contacting medical and mental health outside sources. Avery Mitchell CI's staff have a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting law enforcement, victim advocate services, and a number of other individuals. Interviews with the Correctional Facility Administrator and other staff validated their technical knowledgeable of their duties in response to a sexual abuse.

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

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

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

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

Standard 115.67 Agency protection against retaliation

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 and #C-64A [(PREA) Sexual Abuse Institutional Response Plan] effective date 4/11/16 requires the protection and monitoring of inmates and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. NCDPS policy prohibits retaliation against any staff or inmate 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 inmate disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff.

Avery Mitchell CI's Special Affairs Captain/PREA Compliance Manager is responsible with overseeing the monitoring of the conduct or treatment of inmates or staff who reported the sexual abuse and of inmates 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 inmates who report sexual abuse and sexual harassment by another inmate, staff member, contractor or volunteer. The Correctional Facility Administrator has designated six (6) staff for this role and completed the required form (OPA-A18). These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training. Staff interviews and training documentation confirmed the role of the PSP individuals in the facility. If a retaliation should occur, the PCM would complete the Staff (OPA-I22) form documenting the staff retaliation monitoring and the assigned PSP individual would complete the Offender (OPA-I24) form documenting the inmate retaliation monitoring. Upon completion of the investigation, the PCM and/or the PSP individual will complete a "PREA Sexual Abuse and Harassment Retaliation Report" form [Staff (OPA-I22) or Offender (OPA-I24)]. There were no incidents of retaliation in the past twelve (12) months.

Standard 115.68 Post-allegation protective custody

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

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 and Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 contained information on post-allegation protective custody or guidelines for moving an inmate to another housing area (Administrative Restrictive Housing – Protective Custody) or another facility as a last measure to keep inmates who alleged sexual abuse safe and only until an alternative means for keeping the inmate safe can be arranged. If an inmate is placed in the restrictive housing, the inmate is seen every seven (7) days by a mental health staff who documents the status. No inmates who have alleged sexual abuse in the past twelve (12) months were secluded or isolated from the other inmates.

Standard 115.71 Criminal and administrative agency investigations

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 and #C-64A [(PREA) Sexual Abuse Institutional Response Plan] effective date 4/11/16 and NCDPS Sexual Abuse & Harassment Coordinated Response Overview require all staff to refer all alleged incidents of sexual abuse or harassment to local law enforcement [Avery County Sheriff's Department (ACSD)] for criminal investigations. The staff refer all allegations of sexual abuse and harassment to the Central Office and the PREA Office for completion of an administrative investigation. Additionally, the facility's PREA investigators could be assigned to conduct the administrative investigation. There have been no reported investigations of alleged staff's or inmates sexual abuse or sexual harassment that occurred in this facility that were substantiated and referred for prosecution in the past twelve (12) months. All seven (7) facility investigators have received the specialized training as required by the standards. It was evident the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the department. Evidence is collected and prior reports involving the same perpetrator or victim are required to be reviewed. Any investigations where it appears to be criminal activity is referred for prosecution and no interviews are conducted without the approval of the Office of Special Investigations and Compliance and law enforcement agency.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of

proof for determining if allegations are substantiated. The OSI PREA Investigator and/or the facility's PREA Investigator investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded. An interview with one (1) of the investigators indicated that they conduct fact finding investigations and make conclusions following their investigations (which are administrative in nature) therefore the Correctional Facility Administrator in consultation with legal and his supervisory staff and Human Resources would make a determination regarding disciplinary actions to be imposed and the standard they would use is the preponderance of evidence.

Standard 115.73 Reporting to inmates

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 and #C-64A [(PREA) Sexual Abuse Institutional Response Plan] effective date 4/11/16 and NCDPS Sexual Abuse & Harassment Coordinated Response Overview requires that any inmate who makes an allegation that he or she suffered sexual abuse is informed in writing contains the process for notifying inmates whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. This policy further requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility informs the inmate unless the allegations are "unfounded" whenever the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; NCDPS learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving inmate-on-inmate allegations of sexual abuse, the facility will inform the inmate whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. Avery Mitchell CI's Administrative Secretary I created a PREA Incident Report Checklist to track all the investigations that occur at the facility. There have been ten (10) reported investigations of alleged inmate's sexual abuse that occurred in this facility in the past twelve (12) months that were completed by the agency/facility. All ten (10) inmates were notified verbally and/or in writing of the results from these ten (10) investigations. Both the Correctional Facility Administrator and Special Affairs Captain/PREA Compliance Manager validated their technical knowledge of the reporting process during their interview.

Standard 115.76 Disciplinary sanctions for staff

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 and Policy A .0200 (Conduct of Employees) requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to the PREA

Office and law enforcement if criminal in nature. All disciplinary sanctions are maintained in the employees HR file in accordance with NCDPS policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally, staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There has been no employee disciplined in the past twelve (12) months for violation of the facility's sexual abuse or harassment policies. The Correctional Facility Administrator interview validated his technical knowledge of the reporting process was consistent with NCDPS policies and procedures.

Standard 115.77 Corrective action for contractors and volunteers

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 and Policy F .0604 (Community Volunteer Program) requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of inmates will be reported to PREA Office and local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with inmates in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. 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 and during an interview with the Correctional Facility Administrator. There have been no volunteers or contractors reported in the past twelve (12) months for engaging in sexual abuse or harassment of an inmate.

Standard 115.78 Disciplinary sanctions for inmates

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Policy B.0200 (Inmate Disciplinary Procedures) and Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions. Avery Mitchell CI's staff provides each inmate with an Inmate/PREA Orientation and Inmate Rule Book that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Inmates will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There was no administrative findings of guilt for inmate-on-inmate sexual abuse that has occurred at the facility in the past twelve (12) months. The Correctional Facility Administrator indicated that inmates may also be referred for prosecution if the allegations were criminal.

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

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Diagnostic Procedures Manual Policy 305.03 (Psychological and Psychiatric Referral) Revision; Health Services Policy and Procedure CP 18 (Clinical Practice Guidelines); Memo 10-2013 (Diagnostic Policy Update); Memo 11-2013 (Case Manager PREA Requirement); Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 and #C-64A [(PREA) Sexual Abuse Institutional Response Plan] effective date 4/11/16 require medical and mental health evaluations and as appropriate, treatment is offered to all inmates victimized by sexual abuse and ensure confidentiality of information. Inmates who report prior sexual victimization or who 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 a mental health practitioner within 14 days of admission/screening. Medical staff complete various admission screening forms electronically (HERO system) and mental health staff complete various forms (i.e. Mental Health Assessment and Treatment Plan) during the initial intake process including informed consent disclosures (General Consent form) available both in English and Spanish. Also, mental health staff review assignment areas in the facility and track high risk victims/abusers assigned to these areas. There were no inmates who disclosed prior victimization during their initial screening process. During the interviews with the medical and mental health staff confirmed that although there were no disclosures, all inmates were offered follow-up meetings with medical and mental health providers.

Standard 115.82 Access to emergency medical and mental health services

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; the Health Services Policy and Procedure CP 18 (Clinical Practice Guidelines); Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 and #C-64A [(PREA) Sexual Abuse Institutional Response Plan] effective date 4/11/16 requires inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical and mental health staff have a protocol in place to assist in expediting an inmate to the emergency room with specific documentation (Trip Ticket & Mental Health Services Referral) for the staff. Also, documentation provided confirmed treatment services are provided to every victim without financial cost. The medical staff have a tracking system of documenting all PREA incidents that occur at the facility. Carolinas HealthCare System-Blue Ridge Morganton (SAFE/SANE certified) provides the emergency services and forensic examinations and Mitchell County SafePlace as the victim advocate services for this facility. Interviews with the medical and mental health staff confirmed that inmates have immediate access to emergency medical and mental health services.

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

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015; Health Services Policy and Procedure CP 18 (Clinical Practice Guidelines); CC 8 (Aftercare Planning for Inmates in Healthcare Services) and Avery Mitchell CI's Standard Operating Procedures Procedures #C-64 (Inmate Sexual Abuse and Sexual Harassment Policy) effective date 8/17/16 requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to the Carolinas HealthCare System-Blue Ridge Morganton where they will receive treatment and where physical evidence can be gathered by a certified SAFE/SANE medical examiner. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused. There have been ten (10) investigations of alleged inmate's sexual abuse that occurred in this facility in the past twelve (12 months). The medical and mental health staff have a protocol in place to assist inmates upon discharge from the facility to continue services if needed.

Standard 115.86 Sexual abuse incident reviews

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 and NCDPS Sexual Abuse & Harassment Coordinated Response Overview requires a PREA Post Incident Review (OPA-I10) of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within seven (7) days. Avery Mitchell CI's Sexual Abuse Incident Review Team consists of the Correctional Facility Administrator, Correctional Assistant Superintendent IV, Correctional Assistant Superintendent of Programs II, Special Affairs Captain/PREA Compliance Manager, six (6) PSP staff and seven (7) facility PREA investigators. There have been ten (10) investigations of alleged staff's or inmate's sexual abuse that occurred in this facility in the past twelve (12) months. Staff interviews confirmed they would document their review on their PREA Post Incident Review (PIR) form that captures all aspects of an incident.

Standard 115.87 Data collection

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 requires the collection of accurate, uniform data for every allegation of sexual abuse. The Correctional Facility Administrator inputs information into the OPUS system and the NCDPS PREA Director obtains the data from this system relating to PREA. The NCDPS PREA Director implemented a data collection protocol and collects all data relating to PREA from the OPUS system. NCDPS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Victimization (SSV). A review of the annual report revealed it was completed according to this standard.

Standard 115.88 Data review for corrective action

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2015 Annual Report indicated compliance with the standard and included all of the required elements. The NCDPS 2015 Annual Report is posted on the NCDPS Website for public review. The Correctional Facility Administrator monitors collected data to determine and assess the need for any corrective actions. The 2015 annual report was readily available on the North Carolina Department of Public Safety (NCDPS) website.

Standard 115.89 Data storage, publication, and destruction

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

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

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/24/2015 requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

AUDITOR CERTIFICATION

I certify that:

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

Dorothy Xanos

August 6, 2017

Auditor Signature

Date