

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

**Date of report:** April 12, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Kevin Maurer			
<b>Address:</b> PO Box 4068, Deerfield Beach, FL 33442-4068			
<b>Email:</b> kevin.maurer@us.g4s.com			
<b>Telephone number:</b> 954-790-3735			
<b>Date of facility visit:</b> January 28, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Hoke Correctional Institution			
<b>Facility physical address:</b> 243 Old NC 211, Raeford, NC 28376			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 910-944-7612			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Lynn Summers, Jr			
<b>Number of staff assigned to the facility in the last 12 months:</b> 185			
<b>Designed facility capacity:</b> 622			
<b>Current population of facility:</b> 446			
<b>Facility security levels/inmate custody levels:</b> Minimum			
<b>Age range of the population:</b> Adult 20+			
<b>Name of PREA Compliance Manager:</b> Jeffery Fields		<b>Title:</b> Correctional Captain	
<b>Email address:</b> Jeffery.fields@ncdps.gov		<b>Telephone number:</b> 910-944-7612	
<b>Agency Information</b>			
<b>Name of agency:</b> North Carolina Department of Public Safety			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 512 N Salisbury Street, Raleigh, NC 27604			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 919-825-2754			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Frank L. Perry		<b>Title:</b> Secretary, NCDPS	
<b>Email address:</b> frank.perry@ncdps.gov		<b>Telephone number:</b> 919-733-2126	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Charlotte Williams		<b>Title:</b> PREA Director	
<b>Email address:</b> charlotte.williams@ncdps.gov		<b>Telephone number:</b> 919-828-2754	

## **AUDIT FINDINGS**

### **NARRATIVE**

Hoke Correctional Institution was audited January 28, 2016 by DOJ PREA Auditor Kevin Maurer assisted by DOJ PREA Auditor Pete Zeegers. Prior to the on-site audit, a review of all pre-audit documents was completed. During the initial audit meeting, Lynn Summers, Jr, Superintendent; Capt. Jeffery Fields, PREA Compliance Manager; Lt. Charlene Shaw, Special Operations; Harvey Clay, Security Coordinator; Tammy Lockamy, Nurse Supervisor; Courtney Whitehead, Psychological Program Manager, and Tammi Blake, Accounting Tech. were present. A facility tour was conducted, which included all buildings of the facility and the outside grounds. During the tour, it was noted that the Notice of PREA Audit and other PREA related materials were posted throughout the facility.

Interviewees were identified from a list of staff and inmates. The interviews included 13 inmates and 10 staff which included all shifts. Additionally, 13 specialized staff interviews were conducted. There had been 16 reports of alleged PREA incidents, 1 of which were referred for criminal investigations. 10 resulted in an Administrative Investigation. All required policies, documentation, reports, logs and files were checked for compliance with PREA Standards.

It should be noted that the staff of Hoke Correctional Institution and North Carolina Department of Public Safety were very well prepared and organized for the on-site audit, and all pre-audit materials were in order and well highlighted. This shows the dedication and concern for the PREA program from both a Department as well as the facility level.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Hoke Correctional Institution is located in Raeford, NC, in Hoke County. Established in 1954, the facility was part of the McCain Sanitarium, built at the site in the 1920's. In the 1970's the prison was converted to a minimum security unit. It was later returned to use as a medium security prison. During the 1970's, inmates under the supervision of correction engineers erected a recreation building. In 1980, a housing unit with 144 single cells was added.

The General Assembly provided for a 104 bed dormitory as part of the \$28.5 million Emergency Prison Facilities Development program authorized in 1987. This addition was completed in 1989.

The prison currently has three major administrative and housing building. The South Unit is a housing area for transient inmates along with some regular population inmates. The North Unit is a dormitory housing the institution's workforce and D.O.T. highway work squads. Central Unit houses regular population inmates and has 24 cells for placing inmates in administrative or disciplinary segregation and 24 cells for protective custody.

## **SUMMARY OF AUDIT FINDINGS**

On January 28, 2016, Hoke Correctional Institution had its on-site PREA Audit completed. The results of the audit indicate that the facility is not in full compliance with PREA Standards, and an interim report is being issued.

Prior to the completion of the PREA audit, Auditor Kevin Maurer resigned his position with G4S Youth Services, LLC. As a result, DOJ Certified PREA Auditor Bobbi Pohlman-Rodgers completed the audit by addressing only those standards found not in compliance with the original PREA audit. The Agency PREA Coordinator Charlotte Williams was made aware of this change. The facility provided the necessary documents to satisfy the change from Not Met to Satisfactory for the applicable standards.

Number of standards exceeded: 0

Number of standards met: 40

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 Inmate Sexual Abuse and Sexual Harassment Policy mandates a zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines how it will implement the agency’s approach. The policies include definitions, sanctions for prohibited behaviors and addresses strategies and responses.

The interview with the facility PREA Compliance Manager indicated that he is trained in all aspects of PREA, and makes time for the additional responsibilities due to the importance of the program.

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

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

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N/A - Hoke Correctional Institution does not contract with other entities for the confinement of inmates.

**Standard 115.13 Supervision and monitoring**

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

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The Sexual Abuse and Sexual Harassment Policy requires a staffing analysis and unannounced rounds by supervisory staff. A staffing plan was provided that is specific to the facility. Additionally, there was an annual review completed and documented. All deviations from the staffing plan are documented shift-by-shift on the housing unit log sheet.

The Sexual Abuse and Sexual Harassment Policy addresses unannounced rounds on a periodic basis by Supervisory staff and the Duty Officer. These rounds were documented on each housing unit's log sheet.

**Standard 115.14 Youthful inmates**

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

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N/A - Hoke Correctional Institution does not house youthful inmates.

**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 Sexual Abuse and Sexual Harassment Policy prohibits any cross-gender strip search or visual body cavity searches unless exigent circumstances or by medical practitioner. The agency does permit cross-gender pat down searches in male facilities, and does not allow cross-gender pat down searches at female facilities except in exigent circumstances. Any cross-gender search is required to be documented. Staff interviews confirmed that staff receive training in how to conduct cross-gender pat-searches in a respectful and professional manner and this was verified through training records. The policy identifies how transgender or intersex inmates will be identified for searches. The facility provides privacy for inmates while showering, changing clothing and performing bodily functions. This was verified during the facility tour. The agency also prohibits searching transgender and intersex inmates strictly to identify genital status. There are policies requiring the announcement of opposite gender staff when they begin their shift. Policy also directs that information is made available in units to advise inmates that both male and females staff routinely work and visit inmate housing areas.

**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 Sexual Abuse and Sexual Harassment Policy outlines the PREA education plan, and details how inmates with disabilities are made aware of how to report PREA incidents. The use of a language line interpreter service is available if there are no appropriate bi-lingual staff present. Some PREA documents are available in Spanish, including PREA reporting posters throughout the facility. The policy also prohibits the use of inmates for interpretation except in situations where information is immediately needed to protect the safety and security of the inmates and the facility.

#### **Standard 115.17 Hiring and promotion decisions**

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

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The Sexual Abuse and Sexual Harassment Policy and Administrative Memorandum 10-2013 addresses the hiring or promoting of any person who has engaged in sexual abuse or attempted to engage in sexual abuse within an institution or in the community and considers incidents of sexual harassment. All employees and contractors undergo a criminal background check prior to hire/contract. The policy addresses 5-year criminal background checks for staff. A facility policy memo addresses 5-year criminal background checks for contractors, as well as addresses that material omissions regarding misconduct or false information are grounds for termination. The agency does provide information to requests from institutional employers where an employee has applied to work.

On March 17, 2016, the agency has updated their systems to include a 5-year background screening for all staff. Proof of these screenings was provided to this auditor by the Agency PREA Coordinator.

#### **Standard 115.18 Upgrades to facilities and technologies**

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

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Hoke Correctional Institution has not recently undergone any upgrades to its monitoring/camera system. However, the need for upgrades were and are discussed during facility and agency meetings. This is verified through staff interviews.

### Standard 115.21 Evidence protocol and forensic medical examinations

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

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The agency is responsible for administrative and criminal investigations are conducted by local law enforcement. Uniform Evidence Protocols are noted in policies and address all areas required for the facility. The agency employs mental health staff who have received training in Rape Crisis and Sexual Assault Services, who are available to assist victims after an allegation. The medical staff are responsible for providing assistance if the victim requests. The medical staff stated that a SANE nurse is available at the hospital. The facility utilizes First Health Moore Regional Hospital for forensic medical examinations.

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

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

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The agency and facility is committed to ensuring that all allegations of sexual abuse or sexual harassment are investigated and are identified in the Sexual Abuse and Sexual Harassment Policy as major incidents, which require investigation. Any sexual abuse allegations are referred to the sexual abuse investigator, and shall be referred to local law enforcement if criminal in nature.

### 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 Inmate Sexual Abuse and Sexual Harassment Policy addresses all areas outlined in the standard for training staff. The training includes Gender-Responsive Training. All staff are required to take PREA training annually. Interviews with staff indicated that they were aware of PREA Audit Report



the required elements of PREA training.

### **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.**

Hoke Correctional Institution provides training for all volunteers and contractors based upon their contact with inmates. This training includes zero-tolerance, how to protect the victim, and who to notify in the event of a reported incident.

### **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.**

All inmates receive information regarding the Zero Tolerance Policy and how to report a PREA incident upon intake at Hoke Correctional Institution. Full PREA education is provided to all inmates within 15 days of intake. The PREA information is provided through inmate brochures and posters, in both English and Spanish. PREA Posters were seen throughout the facility during the tour.

### **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)

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The Inmate Sexual Abuse and Sexual Harassment Policy requires specialized training for Investigators. The agency has provided

documentation of investigators completing training.

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

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

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

The Inmate Sexual Abuse and Sexual Harassment Policy requires medical and mental health staff are to receive standard staff training as well as specialized training. A review of documents indicates that this is complete. Interviews with medical and mental health staff confirm this as well.

#### **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.**

All inmates arriving at Hoke Correctional Institution receive a screening for aggressiveness at the Reception Center. However, the agency is not currently conducting Risk Screenings for Victimization, only for Abusiveness. The Sexual Abuse and Sexual Harassment Policy requires an additional risk screening at each facility to be completed within 72 hours of arrival and reviewed 30 days after intake, as well as when new information is obtained. Review of documentation indicated that the screening done at the facility was not consistently done within 72 hours. The policy also prohibits the discipline of an inmate for refusal to answer questions from the screening, and the facility has created a system in which only identified staff can access the completed screening tool.

On March 17, 2016, the agency PREA Coordinator provided to this auditor documentation that the agency now produces a High Risk for Victimization List (HRV) that is reviewed alongside the High Risk for Abusive List (HRA) to ensure that all housing, work, and programming services are assigned with the protection of the inmates as a key factor. Upon intake at a reception center, the inmate and staff complete the Mental Health Screening Inventory. This tool identifies all required components of the standard. From this document, two lists are produced – the HRV and HRA (see above). These lists are protected from viewing by staff who do not have an immediate need to know and access is only provided to the Facility Head, PREA Compliance Manager, Asst. Superintendent for Custody and Operations, Asst. Superintendent for Programs, and the Inmate Assignment Coordinators, or IAC. It is the responsibility for the designated staff to run these lists weekly to review for appropriate placement. This facility was then required, and has completed as of March 18, 2016, a review of all inmates on the HRV and HRA list as well as changes made to ensure the safety of inmates. The facility has implemented a review of the HRV and HRA twice weekly, to coincide with their intake days. A review of housing and bed assignment, work, education and programming will be conducted to ensure inmate protections. Identification of any changes as a result of the review will be documented.

Additionally, the facility provided documentation of the risk screening for new inmates. A review indicates that these were completed within 72 hours.

### Standard 115.42 Use of screening information

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

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Information from the PREA High Risk Abuser Report is used to assist with housing decisions. Each housing decision is also based on other factors. The Sexual Abuse and Sexual Harassment Policy requires a bi-annual review of all transgender and intersex inmates housing and programming. All transgender and intersex inmates are given the right to shower separately from all other inmates.

However, the agency is not currently conducting Risk Screenings for Victimization, only for Abusiveness. Therefore, the agency is not able to make necessary determinations for inmates for housing, bed, work, education, and program assignments as required by Standard 115.42.

On March 17, 2016, the agency updated their current system to now include a review of the High Risk Victimization (HRV) and the High Risk of Aggressive (HRA) list at the facility on a weekly basis, or more often if needed, to ensure that inmates are placed in educational, vocational, and housing that ensures their safety. Inmates who are identified as HRV are now placed in closer proximity to the staff in the housing units. This information was provided to the auditor to show that on March 21, 2016, Hoke Correctional Institution completed the first run of this new system and made changes in order to protect inmates. A review of their documentation log indicates that there was no identified HRV who required reassignment of housing, work, education or programming.

### 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)

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The Inmate Sexual Abuse and Sexual Harassment Policy prohibits the use of administrative restrictive housing unless there is no other option for keeping an inmate who is vulnerable to victimization separate from aggressive inmates. Any placement of an inmate in administrative restrictive housing is documented. Participation in programs, privileges, education and work opportunities may be restricted due to security issues; however all efforts are made to provide certain programming within the restrictive housing. All restrictions are documented. The policy requires a review every 30 days for continued restriction/placement.

### 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)

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The agency allows for the reporting of any knowledge, suspicion or information through internal and external sources. Externally, inmates can mail a letter to NC Prisoner Legal Services, which is not a part of the NC Dept. of Public Safety. Internally, inmates are provided several methods to report sexual abuse or sexual harassment: They may send a letter directly to the State-wide PREA Director, or they may notify any staff member. This information is contained within the Inmate PREA Brochure, as well as posted throughout the facility. Staff may report any knowledge, suspicion or information regarding sexual abuse or sexual harassment by following the chain of command, Fraud, Waste & Abuse Hotline or e-mail/writing to the Statewide PREA Coordinator. Staff are provided methods to report privately and anonymously as well.

**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)

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The Administrative Remedy Procedure Policy states if a grievance complains about sexual abuse or harassment of an inmate(s), immediate notification shall be made to the Department of Public Safety’s PREA Office. No inmate grievance alleging sexual abuse or harassment shall be rejected.

**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)

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Hoke Correctional Institution provides inmates with access to qualified victim advocates through the use of PREA Support Persons for emotional support services related to sexual abuse. PREA Support Persons are facility staff and have had the proper training for victim advocacy. Additional outside support services are provided by Hoke County Domestic Violence & Sexual Abuse Center.

### 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)

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The NC Dept. of Public Safety website provides for two 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 e-mail through the link provided. Both methods report the information directly to the State-wide PREA Coordinator, who will inform the Superintendent. Any reports made directly to the facility will be investigated. This was confirmed through staff interviews.

### 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)

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Staff are prohibited by policy from sharing information regarding an allegation of sexual abuse or sexual harassment with individuals who are not identified as a part of the investigative team. All medical and mental health staff are mandatory reporters of sexual abuse in the facility. Inmates are made aware of this during their initial medical and mental health screenings. The sexual abuse investigators are responsible for all investigations of sexual abuse and sexual harassment.

### 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)

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immediately made to the sexual abuse investigators who will investigate. Interviews with staff confirm their knowledge regarding their duty to protect inmates.

#### **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)

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Any allegations of sexual abuse that are received that have occurred in another institution are required by Sexual Abuse and Sexual Harassment Policy to be reported to the Superintendent of that facility. This information is documented. The policy also requires that any receipt of such allegations from another institution shall be investigated similar to if the allegation was made while the inmate was housed at Hoke Correctional Institution. There were no PREA allegations received from other institutions.

#### **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)

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The Inmate Sexual Abuse and Sexual Harassment Policy addresses all components of Standard 115.64. First responders are required to protect the victim, address the preservation of evidence and to preserve the crime scene. All non-security staff are trained to provide the victim with protection and to make an appropriate report to the Warden. Staff interviews confirm their understanding of their first responder duties.

#### **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.**

Hoke Correctional Institution has a Coordinated Response Plan that address all requirements of the PREA standards in response to allegations. The Coordinated Response Checklist is specific to the facility, and includes all contact names and phone numbers.

#### **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.**

N/A - Hoke Correctional Institution does not enter into collective bargaining agreements

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

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

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

Inmate Sexual Abuse and Sexual Harassment Policy addresses practices to protect both staff and inmates who report sexual abuse or sexual harassment from retaliation. Various protection methods are identified, including housing changes, transfers for both inmates and staff, as well as emotional support services. Retaliation is monitored for a minimum of 90 days, with periodic status checks. A facility policy memo addresses the protection of individuals who assist in the investigation.

#### **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 Inmate Sexual Abuse and Sexual Harassment Policy meets all requirements of PREA Standard 115.43. Additionally, any inmate who has suffered sexual abuse and is placed in Administrative Restrictive Housing (Protective Custody) is seen every seven days by a counselor who documents their status. Additionally, the classification team reviews all placements in Administrative Restrictive Housing.

#### **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 NC Dept. of Public Safety conducts its' own administrative investigations. Criminal Investigations are conducted by local law enforcement. All investigators have received specialized training as required pursuant to PREA standard 115.34. All evidence available is gathered and preserved. Prior reports involving the same perpetrator or victim are required to be reviewed. Credibility of any person identified during the investigation is individually based and no polygraph examination or other truth-telling device is offered as a condition of continuing the investigation. Sexual abuse investigators are responsible for conducting an initial investigation and the administrative investigation. Administrative investigations include addressing staff actions, credibility and investigative facts and findings. Any investigations where there appears to be criminal activity is referred for prosecution, and no interviews are conducted without consulting the Office of Special Investigations and Compliance. Both administrative and criminal investigations are documented and include narrative of the evidence collected.

#### **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 Inmate Sexual Abuse and Sexual Harassment Policy imposes no standard higher than a preponderance of the evidence in determining whether allegations are substantiated.

#### **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)



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 Inmate Sexual Abuse and Sexual Harassment Policy requires, and investigative files indicate, that reporting inmates who are alleged to have suffered sexual abuse and/or sexual harassment are advised of the outcome of PREA investigations by the PREA Support Persons at the conclusion of the investigation. Additionally, the policy requires information on the progress of the case. This notification is documented.

### **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.**

Inmate Sexual Abuse and Sexual Harassment Policy requires disciplinary sanctions, up to and including termination, for staff who violate agency policy regarding sexual abuse and sexual harassment. All disciplinary actions are reviewed based upon the nature and circumstances of the allegation and disciplinary action on prior comparable offenses. Any staff terminations for violation of the agency zero-tolerance policy are reported to the state licensing body. In the past 12 months, there were no staff from this facility who violated the agency sexual abuse policy.

### **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.**

Inmate Sexual Abuse and Sexual Harassment Policy requires that any contractor or volunteer who violates the zero-tolerance policy are prohibited from any contact with inmates. If applicable, the actions of the contractor or volunteer will be reported to the licensing body (if applicable). There were no incidents of sexual abuse or sexual harassment by a contractor or volunteer.

### 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.**

All inmates shall be subjected to appropriate disciplinary actions as per the PREA standards. Sanctions are commensurate with the nature and circumstances of the incident, the inmate's history and similar sanctions imposed for comparable offenses. An inmate's mental health is considered in the determination of sanctions. No inmate is sanctioned for contact with a staff member who consented to the contact. No inmate is sanctioned for good faith reporting. This agency prohibits all sexual activity between inmates.

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

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

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

The Inmate Sexual Abuse and Sexual Harassment Policy requires immediate services of medical and mental health services upon notification of sexual abuse or sexual harassment. Confidential information of prior sexual abuse is shared only upon the consent of the inmate. Follow-up counseling is conducted within three days and as necessary thereafter.

### 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.**

Inmates who report sexual abuse shall be immediately taken to medical. Those who report recent victimization will then be transported to First Health Moore Regional Hospital for SANE examination. Mental health services will begin immediately and followed up within three days. Additional counseling services are available as necessary thereafter as well as requested by the victim. Agency policy states that

pregnancy related and STD related information will be provided. All treatment is offered at no cost to the victim, regardless if they identify the alleged perpetrator or not.

### **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.**

Inmate Sexual Abuse and Sexual Harassment Policy provides for ongoing medical and mental health care for victims of sexual abuse, whether the incident occurred within an institution or in the community. All care is consistent with the community level of care. Follow-up care is provided within two (2) weeks and as requested by the victim. Agency policy states that pregnancy tests are provided if appropriate, and pregnancy information and timely services will be available. STD testing and treatment is provided. There are no costs to an inmate for services as a result of sexual victimization.

### **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 NC Dept. of Public Safety requires an incident review for all allegations of sexual abuse where the findings were substantiated or unsubstantiated. Hoke Correctional Institution conducts incident reviews for substantiated allegations, but has not been conducting an incident review for sexual abuse incidents that have been determined to be unsubstantiated. The Incident Review Report is provided to the PREA Director and Superintendent that details the review and includes any recommended corrective action.

During the corrective action period, the facility conducted PREA Incident Reviews for four (4) incidents and provided these to the auditor for review. All four were conducted with a full team of staff members, and addressed policy, motivation, staffing levels, physical barriers, enhancement of technology, and allowed for corrective actions to be noted if identified.

### **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 NC Dept. of Public Safety maintains records and data on all allegations of sexual abuse and sexual harassment that captures information as identified by the DOJ-SSV. This information is aggregated annually and included in their annual report.

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

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

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

The NC Dept. of Public Safety reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility. These reports includes a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of The NC Dept. of Public Safety’s progress in addressing sexual abuse.

### **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 agency has publicized the 2013 and 2014 PREA data on the website. The 2015 data is pending. The reports contain no personal identifiers. A facility policy memo identifies that PREA related documents be maintained for at least 10 years of the initial report or as long as the abuser is incarcerated or employed by the agency, plus 5 years, whichever is longer.

### **AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.

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

Bobbi Pohlman-Rodgers

May 6, 2016

Auditor Signature

Date