

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: December 28, 2016

Auditor Information			
Auditor name: Robert Lanier			
Address: P.O. Box 452, Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: December 12-13, 2016			
Facility Information			
Facility name: Tyrrell Prison Work Farm			
Facility physical address: 620 Snell Rd, Columbia, NC			
Facility mailing address: <i>(if different from above)</i> PO Bo 840 Columbia, NC 27915			
Facility telephone number: 252-796-1085			
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: Fentress Bryant (Superintendent)			
Number of staff assigned to the facility in the last 12 months: 161			
Designed facility capacity: 640			
Current population of facility: 504			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18 up			
Name of PREA Compliance Manager: Sonny Reynolds		Title: Correctional Lieutenant	
Email address: Sonny.Reynolds@ncdps.gov		Telephone number: 252-796-1085	
Agency Information			
Name of agency: North Carolina Department of Public Safety			
Governing authority or parent agency: <i>(if applicable)</i> Department of Public Safety			
Physical address: 512 N Salisbury Sstreet, Raleigh, NC 27604			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: Phone: 919-825-2764			
Agency Chief Executive Officer			
Name: Frank L. Perry		Title: Director	
Email address: frank.perry@ncdps.gov		Telephone number: 919 838-4000	
Agency-Wide PREA Coordinator			
Name: Charlotte Williams		Title: PREA Director	
Email address: Charlotte.Williams@ncdps.gov		Telephone number: 919-825-2754	

AUDIT FINDINGS

NARRATIVE

The PREA Audit of the Tyrrell Work Prison Work Farm was conducted on December 12, 2016 through December 13, 2016. Notices of PREA Audit were posted six weeks prior to the on-site audit in areas accessible to staff, inmates, volunteers and visitors. There are no contractors at the facility. The auditor did not receive any communications from staff, inmates, volunteers or visitors. Thirty (30) days prior to the on-site audit the facility provided an external drive containing North Carolina Policies and Procedures, Facility Standard Operating Procedures and other documentation to support compliance with sub-standards and standards. After reviewing the submitted information, the auditor requested additional documentation for review at the on-site audit. By prior agreement the auditor arrived at the facility at 4:45 AM to interview staff from the overnight shift. The auditor was met by the PREA Compliance Manager and a Facility Investigator. Logistics were briefly discussed after which four (4) overnight shift were interviewed followed by interviews with randomly selected day shift staff. At approximately 0830 the auditor met with the Facility Superintendent, Assistant Superintendent, PREA Compliance Manager, Human Resources Manager and the Facility Investigator for introductions and to discuss the audit process and logistics. After the "meet and greet" the PREA Compliance Manager, Investigator, and the Regional Security Coordinator escorted the auditor on a tour of the facility. The facility was observed to be clean and orderly. The administrative building, housing administrative offices, a lobby, entry control room and a conference room, was very clean, neat and orderly. Entry into the facility is controlled in this area. Inmates were engaged in a variety of work details and engaged with staff. Bulletin boards contained PREA related information. Red Flag posters were located in various areas of the facility. Living units are open bay style and house 60 inmates in four dorms and 70 in two additional dorms. Showers contain walls obstructing viewing. One shower in the center of the showers is open however interviews with inmates indicated that showering inmates do not use the middle shower but rather use the showers on either end of the shower area where viewing the upper body is in view but inmates are not naked in view of staff. Restroom areas contained toilets in a line separated by half walls however the stalls do not have doors. Again, one toilet is in full view of staff who might be in the area. Curtains will be placed on the open view toilet. Inmates who were interviewed consistently reported that they are not naked in full view of opposite gender staff. Inmates consistently reported that prior to a female coming into the shower/restroom area, they announce their presence. If an inmate was viewed while on the toilet the viewing would be incidental to the staff performing their security responsibilities. Although the facility does not have cameras, the administration has identified a number of blind spots and attempted to mitigate them by strategically locating mirrors. A number of solid doors were observed. These were out of view of mirrors however the staff have restricted access by restricting the keys. An additional measure could be placing signs on those doors restricting access to authorized staff only. Too, these are areas that need to be checked during unannounced rounds. At the conclusion of the audit the auditor participated in an exit briefing. Attending were the Superintendent, Assistant Superintendent for Custody, PREA Compliance Manager, Alternate PREA Compliance Manager, Regional Security Staff Member and the auditor. Preliminary findings were provided and the auditor informed the group that they facility was in compliance with all of the PREA Standards without additional corrective action required. The facility was congratulated on the work they have done in keeping inmates sexually safe and with the manner in which they have implemented PREA. The facility Superintendent related there have been no allegations of sexual abuse or sexual harassment at this facility since 2014.

DESCRIPTION OF FACILITY CHARACTERISTICS

Tyrrell Prison Work Farm is a minimum-security prison for adult males located on 200 acres of land near Columbia in Tyrrell County. The \$9 million facility was the second prison work farm constructed in North Carolina. The first was the Dan River Prison Work Farm in Yanceyville. Both facilities, built by prison work crews, are designed to emphasize inmate work.

The work farm houses more than 500 inmates who will be put to work in the community work program or in other institutional jobs.

The prison operates with staff representing custody, food service, medical, maintenance, programs, fiscal and administrative and has an annual operating budget of approximately \$8 million.

In the Community Work Program, a correctional officer supervises a squad of up to ten inmates in short term, manual labor projects for public agencies. The prison's farming operation provides produce grown in fields and greenhouses by the prison. Broccoli, cabbage, tomatoes and peppers are grown in the fields. Greenhouses provide a year round supply of lettuce, tomatoes and cucumbers.

The modern and unique architecture of this new facility differs markedly from traditional prison structures and was designed to be built and maintained at less cost. The physical plant consists of an administration building, central complex buildings comprised of food service, staff offices, visiting area, clothes house and central control office, segregation building and produce warehouse. The impressive dormitory building is 60,000 square feet under one roof which contains 10 inmate housing areas, 10 day rooms, two canteens, 10 shower and lavatory areas, medical and programs departments, barber shop, library, classroom, chaplain's office and two control rooms.

SUMMARY OF AUDIT FINDINGS

The audit process included reviewing all documentation contained on the external drive provided by the facility. Documentation included North Carolina Department of Public Safety Division of Prisons Policies and Procedures, Tyrrell Standard Operating Procedures, Memos from State Office Staff, training rosters and host of other documents to support compliance. This information enabled the auditor to better understand the operational procedures of the facility related to PREA. The facility also provided a completed Pre-Audit Questionnaire documenting their compliance or non-compliance with each substandard. The PAQ referenced policies/procedures and page numbers. Where numbers were required they provided the numbers. Additional documentation, including samples of background clearances and PREA Questions, PREA Acknowledgement Forms indicating inmates were educated about PREA and training rosters documenting staff PREA Training was requested, provided and reviewed. On site, the auditor interviewed 15 randomly selected inmates representing inmates from every living unit, including segregation. There were no inmates identifying as gay, bisexual or transgender. There were no inmates who reported prior sexual victimization or sexual abuse while in the Tyrrell facility. Fifteen (15) randomly selected staff were interviewed. Additionally, thirteen (13) specialized staff interviews were conducted. A volunteer and the Director of the Local Inner Banks Advocacy organization were interviewed. The facility has not had any allegations of sexual abuse or sexual harassment during the past twelve months. The warden related they have had no allegations since 2014. Interviews with staff easily confirmed they have been trained in PREA. They were knowledgeable and were able to articulate appropriate responses without prodding or prompting. All indicated they take sexual safety seriously and would accept any report or allegation of sexual abuse regardless of where the report or allegation came from. Inmates were well mannered and every inmate selected elected to participate in the interviews. They consistently reported feeling safe in the facility and all indicated they had staff they trusted and to whom they would report sexual abuse if it ever occurred. The only area inmates were weak in was their knowledge of outside advocacy services. They indicated they were sure there were organizations "out there" they could contact should they need them however they have not needed them. They also indicated the facility probably did give them information about the local advocacy organization, Inner Banks. They indicated the information could have been in their package and they felt sure it was posted on the walls in the living units. Impressive was that each one reported that the staff conducting orientation read the information to them and asked them to follow along with her. Most said they did not pay attention because they have received PREA information so much in so any facilities they did not need to hear it again. The auditor utilized information from all sources, including observation, and evaluated the information/documentation to determine if the minimum compliance was "met" for each standard. The auditor concluded that based upon reviewed documentation, observation, interviews with inmates, as well as interviews with randomly selected staff, specialized staff, a volunteer and the Director of Inner Banks, the local advocacy organization, 39 of 39 standards were rated as "meets" the requirements of the standard.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 4; .12, .14, 18, and .66

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 PREA Policies of the North Carolina Department of Public Safety are comprehensive, well written and describe the agency’s Zero Tolerance Policy for any form any form of sexual activity including sexual abuse, misconduct, sexual harassment and retaliation for reporting sexual abuse or sexual harassment. The agency has demonstrated its commitment to PREA by appointing an Agency PREA Director and a PREA Coordinator for secure facilities and by promulgating very detailed and comprehensive policies and procedures. The Agency’s PREA Director’s position on the agency organization chart indicates that she reports directly to the General Counsel. The agency’s PREA Policy and other relevant DPS Policies describe a comprehensive and integrated approach to prevention, detection, responding and reporting to allegations of sexual abuse and actual sexual abuse. An earlier and brief interview with the PREA Coordinator indicated that he is a very motivated and knowledgeable individual who has been involved in implementing PREA for a number of years.

Additionally, the Superintendent has designated, by memo, a Lieutenant as the PREA Compliance Manager and another Lieutenant as an alternate PREA Compliance Manager. The PREA Compliance Manager is a very proactive, highly motivated and very knowledgeable staff person who stated he has time to take care of his PREA related responsibilities. He also related he has the support of the Superintendent and the Assistant Superintendent for Custody and is able to implement PREA with their full support. Another confirmation of the Superintendent’s commitment to PREA is the appointment of an alternate PREA Compliance Manager who likewise is really a “sharp” individual whose knowledge on a variety of topics and especially investigations and PREA is impressive. Observed interactions between the PREA Compliance Manager and the Superintendent and Assistant Superintendent for Custody indicated a close working relationship and again, commitment to the sexual safety of the inmates in their custody. An interview with the PCM indicated that he reports directly to the Assistant Superintendent for Custody and has his complete support. Interviews with staff confirmed that they have been trained in and understand the agency and facility has a zero tolerance for all forms of sexual activity and sexual harassment. Interviews with 15 inmates and a volunteer also indicated that they are informed of and understand that there is a zero tolerance for all forms of sexual activity and sexual harassment. Reviewed acknowledgments also confirmed that staff and are trained in the Zero Tolerance policy. A volunteer informed the auditor that he had completed PREA Training eight (8) times at this facility. He related he understood the Zero Tolerance Policy and his duty to report.

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 facility does not contract 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)

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 staffing plan for the facility is developed by the Superintendent and his administrative team and documented in the Division of Adult Correction-Prisons Post Chart. The post chart identifies the minimum requirements identified for staffing for all of the housing units, support services, operations and supervisory staff. The plan is based on the shift hours for positions, the numbers of days covered with a minimum number of staff for each shift and using a relief factor to determine the total numbers of staff needed for each post.

Additionally, the staffing plan identifies the “pull post levels” for each position. If the facility cannot meet the minimum, staffing posts are identified for “pulling”. The staffing plan is submitted to the DPS Regional Office for approval. The plan is reviewed annually by the Regional Office and the Division Office. The plan considers the items required by the standards. The facility does not have video monitoring because the facility is a minimum custody facility and in the allocation of resources because this facility is a minimum custody work release program it is not the highest priority for cameras. The facility has been proactive however by utilizing mirrors in an effort to mitigate blind spots. Solid doors out of view of mirrors often had signs restricting access to authorized staff only. Keys to these closets and rooms, according to staff, are restricted providing another level of restriction to access.

Supervision is enhanced further by unannounced rounds made each shift by the shift supervisors. Multiple examples of unannounced rounds were provided for the auditor to review. The Superintendent and Assistant Superintendent for Custody/Operations conduct unannounced rounds as well. These rounds include checking doors to ensure that locked areas are locked and that staff and inmates are where they are supposed to be. Additionally, headcounts throughout the day and night account for the whereabouts of inmates and staff.

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.

This facility does not house youthful offenders.

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.

North Carolina Department of Public Safety Division of Prisons, Policy and Procedures, Chapter F .0100, Operational Searches, requires that complete (strip) searches of inmates are conducted only by correctional officers of the same sex as the inmate, except in exigent circumstances as determined by the shift supervisor. After conducting a complete search in exigent circumstances the staff conducting the search is required to submit an Incident Report explaining the urgency justifying the search exception. The DPS policy also prohibits searching a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. Correctional staff of either sex may conduct routine (pat/frisk) searches of male inmates. Interviewed staff indicated they were trained to conduct cross gender pat/frisk searches. Interviewed staff indicated that female staff are not allowed to do strip searches but may conduct pat/frisk searches. Interviewed staff and inmates confirmed that female staff never conduct strip searches and that females do pat/frisk searches but most of the interviewed inmates related that they have not been searched by female staff. The facility provided training rosters documenting that staff have been trained in “safe search” including cross gender “pat/rfrisk” searches.

Views of inmates during the showering process are restricted/obscured by walls that prevent viewing of genitalia or the buttocks. There is one shower in the middle of the showering area that is exposed. Inmates and staff reported that inmates do not use the middle shower but rather use the showers on either end of the area where the walls eliminate viewing inmates who are naked and showering. The toilets also have half walls without doors or curtains. Similarly, there is one commode in each unit that is positioned where viewing could occur. The remaining toilets were positioned where viewing would not occur unless a staff person walked along the front of the line of toilets. There are no cameras in the shower/restroom areas. Interviewed staff indicated that inmates are not naked in full view of staff of the opposite gender. Inmates stated that females do not come into the area where the toilets and showers are when they are occupied. If it is “count” time, inmates related female staff announce that they are coming into the area. Some inmates stated that females never come in the area when inmates are in the showers or on the toilets. Viewing of inmates is incidental to staff performing essential security duties, including “counts”. inmates related they are not naked in full view of any cross-gender staff unless the inmate walks out of the shower completely naked.

The DPS “Cross Gender Announcement” requires staff of the opposite gender to announce their presence when entering a housing unit. Interviewed staff stated they always announce their presence. Interviewed inmates related that female staff announce most of the time and that some are better at announcing than others. Interviewed inmates consistently related

they can dress, shower and use the restroom without being viewed by staff of the opposite gender. Every inmate reported that they have never had an occasion where they believed staff were looking at them inappropriately but only incidental, when conducting counts. Inmates are not supposed to be in the shower/toilet area during counts.

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.

North Carolina Department of Public Safety, Division of Prisons (NCDPS) Policy E.1800 (Non-English Speaking Inmate Program) and Policy E.2600 (Reasonable Accommodations for Inmate with Disabilities) describe procedures to ensure that inmates with disabilities or who are limited English proficient are provided ways to access the facility’s efforts to prevent, report and respond to sexual assault and sexual harassment. Inmates are not allowed to interpret for any inmate in making a report or allegation of sexual abuse except when a delay in obtaining interpretive services could jeopardize an inmate’s safety. Staff are aware of the professional interpretive services provided by the Department of Public Safety. Detailed instructions for accessing and working effectively with interpreters is provided as well. Interviews with staff consistently indicated that staff would not rely on an inmate interpreter except in exigent circumstances. The Department utilizes a PREA Acknowledgment Form that requires staff to ask the inmate if they understand English. Additionally, interviewed intake staff reported that they read the PREA Related information included in the inmate handbook, the PREA brochure and Zero Tolerance Policy to the inmate to ensure the inmate understands the information, including Zero Tolerance and reporting.

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.

North Carolina Department of Public Safety Division of Prisons Policy (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) and the Addendum to the Administrative Memorandum 10-2013, contained all the elements required by this standard and all background checks are conducted initially on new employees, when employees are promoted and every five years. The initial background checks include checking with the courts for charges/convictions, checks on criminal

convictions and pending criminal charges including checks through the National Crime Information Center (NCIC). The agency prohibits hiring or promoting anyone who has engaged in sexual abuse in a confinement setting or other institution, convicted of engaging or attempting to engage in sexual activity in the community and/or civilly/administratively adjudicated for engaging in such acts. This information is provided on the agency's website to enable potential applicants to see prior to making application.

As a part of the application and employment process, applicants are required to complete the form entitled, "Applicant Verification" and "DPS Employment Statements". Both forms contain PREA Hiring and Promotions Prohibitions and applicants must respond to the following PREA Questions: 1) Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? 2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force or coercion, or if the victim did not consent or was unable to consent or refuse? And 3) Have you been civilly or administratively adjudicated to have engaged in the activities described? The applicant also has an affirmative duty to report if any of the above events occurred during the employee's tenure. Also during the hiring process staff attempt to conduct professional reference checks that include the following statement: "The NC Department of Public Safety is required to complete background checks on all applicants and employees who may have direct contact with offender or resident populations as a requirement of PREA and Public Law 108-79)" and the employer is asked to answer the following question: "Are you aware of your employee being involved in any allegation of sexual abuse that was found to be true or resigning during a pending investigation or any allegation of sexual abuse before the investigation was finished?"

An interview with the facility human resource staff confirmed a hiring process that included the elements required by the standards. Five-year background checks are being done. A sample of twenty (20) personnel files were reviewed and each contained the required background check and the signed Applicant Verification Form. The Human Resource Staff reported that her facility is responsible for conducting background checks for non-certified employees and the Eastern Regional Employment Office conducts them on all certified personnel. Additionally this office interviews applicants and is responsible for documenting the PREA Questions on the Applicant Verification Form.

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.

The facility has not had any upgrades to the prison facilities since August 20, 2012 nor has video monitoring technology been installed. The facility does not have any video cameras. The Superintendent, in an interview, related that if the Department were going to modify the facility physical plant, he and his staff would be involved and consulted about issues related to "sexual safety" and their input would be considered. The same would occur if the Department had plans for video monitoring technology.

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.

North Carolina Department of Public Safety Division of Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) addressed all the requirements of the standard and requires that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency. The agency and facility have protocols for reporting, including reporting to local law enforcement and other investigative agencies. The facility reached out to the agency responsible for conducting criminal investigations, the Tyrrell County Sheriff’s Office to ask that they follow an acceptable protocol. They Sheriff responded with an email confirming receipt of the Facility’s email. The facility utilizes facility investigators for administrative investigations. Facility investigators conduct preliminary investigations to determine if the allegation is a PREA related allegation. The Department’s OSI conducts investigations involving staff. The Tyrrell County Sheriff’s Officer will investigate any allegations that appear to be criminal. North Carolina Department of Public Safety Division of Prisons Policy, Health Services Policy and Procedures Manual (Sexual Abuse) requires that the Division of Adult Corrections provide all inmates who allege sexual abuse a prompt medical evaluation and to offer a referral to Mental Health Services. Under no circumstances are forensic specimens to be collected at the institution. Procedures require that when an inmate reports or is suspected of being the victim of recent sexual abuse he will be treated as an emergency patient and is to be examined by the Division of Adult Correction physician or physician extender, if on site. Protocols are described if a physician is on site and not on site. Following on site involvement of medical staff in response to a sexual abuse allegation the facility will transport the inmate to the local Emergency Department for examination, treatment, prophylactic treatment, counseling and collection of lab specimens for forensic purposes. These procedures also address the protocol for inmate alleged abusers.

All inmate victims are offered forensic medical exams at no cost to the inmate. Interviews with two medical staff indicated that their roles in the event of a sexual abuse would be to provide first aid and to protect the evidence insofar as possible. They also related the inmate would be transported to the local emergency room. Safes/Sanes will conduct the forensic exams if on site or available on call, however the facility reported that, in the absence of a SAFE OR SANE, the forensic exam would be conducted by a qualified nurse at the ER. The ER staff would contact an advocate to accompany the inmate throughout the forensic exam and in the absence of an advocate, the facility has trained staff called PREA Support Staff. PREA Support Staff are system based advocates who have been trained to perform those duties. The duties and responsibilities are described in the document entitled: “PREA Support Person Role and Responsibilities”. The facility also has a MOU with Inner Banks, a local advocacy organization and they would provide an advocate for the inmate at the hospital if requested.

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.

North Carolina Department of Public Safety Policy (Inmate Sexual Abuse and Sexual Harassment Policy), F.3400, requires that the facility report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility’s designated investigators. If there is evidence or suspicion that criminal conduct may have occurred local law enforcement must be notified. The local law enforcement agency responsible for criminal investigations at the facility is the Tyrell County Sheriff’s Office. Staff are required to report all allegations, knowledge, reports or suspicion of sexual abuse, sexual harassment, retaliation or staff conduct that may have contributed to an incident or retaliation. The facility has “in-house” PREA investigators who have been trained to conduct sexual assault investigations in confinement settings. An interview with one of the investigators indicated he has completed the specialized training for conducting sexual abuse investigations in confinement settings. He is one of the most knowledgeable investigators I have interviewed. He was articulate about the investigative process and stated that his role would be to conduct a preliminary investigation to determine if the incident was a PREA related case. If the incident involved a staff member the Department’s OSI would be contacted and would conduct the administrative investigation. If the incident appeared criminal he would contact the Tyrell County Sheriff’s Office. If the allegation involved staff and appeared to be criminal the Office of Special Investigations (OSI) would be involved and would investigate along with the Law Enforcement, however their involvement would be administrative in nature.

Interviews with 15 staff, randomly selected as well as specialized and administrative staff, indicated that the expectation at this facility is to report everything for investigation. They indicated this included “everything”; third party, anonymous, signed or unsigned “drop notes”, reports from inmates or staff; and any suspicions or knowledge of sexual abuse or sexual harassment. Most of the staff indicated allegations would be investigated by the PREA Compliance Manager, an in-house investigator and/or local law enforcement. There have been no allegations of sexual abuse or sexual harassment during the past twelve (12) months therefore there have been no investigations conducted.

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.

North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate and Sexual Abuse and Sexual Harassment) requires PREA Training initially, upon becoming an employee with refresher training annually. All ten (10)

topics that are covered during the PREA Training are consistent with the requirements of the PREA Standards and are tailored to the inmate population. Training is provided either in a classroom setting or through the Learning Management System on-line. The facility provided multiple automated Learning Management System (LMS) rosters to confirm staff are receiving their training as required. Additionally, staff are given PREA information during shift briefings and through posters throughout the facility. Staff receive the "Daily Dozen" that provides staff with a variety of topics to consider related to PREA including things like the Zero Tolerance Policy and professional boundaries and others. The PREA Posters cover items including Zero Tolerance, employee responsibilities, reporting, the NC General Statute and sanctions. Another poster identifies 'red flags' for staff to remain aware of in the facility's prevention, detection, reporting and responding efforts. Staff reported, in interviews, that they receive PREA Training when they are first employed. They also consistently reported they receive annual training during annual re-certification training and through information provided through the daily dozen and shift briefings. Staff were knowledgeable and were able to respond to the questions asked during their interviews without hesitation. They were knowledgeable of multiple PREA related topics including the Zero Tolerance Policy, signs and symptoms, rights of inmates, ways to privately report sexual abuse of an inmate, and first responding. Their responses to first responding was impressive and each one described with detail and specifics, the continuum of activities and responses they would employ upon receiving a report or knowledge of sexual abuse. Multiple training rosters were provided to confirm staff completing PREA 101, the Department's PREA Training for employees.

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.

North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) as well as Policy F.0604 (Community Volunteer Program), requires volunteers and contractors who have contact with inmates to receive PREA Training. Training provided to volunteers and contractors is the same training provided to staff. Documentation was provided to indicate that volunteers and contractors are receiving the training required. Volunteers are also provided a brochure that includes information including their duty to report, how to report and to whom, red flags, undue familiarity, what sexual abuse is, as well as additional information about the PREA and NC DPS response to PREA in preventing, detecting, responding and reporting. An interview with the Volunteer Coordinator also confirmed the process for educating volunteers or contractors. Multiple acknowledgement forms were provided to confirm training.

Acknowledgment forms address Zero Tolerance, the intent of PREA, maintaining clear boundaries with inmates, duty to report and methods of reporting. The volunteer or contractor then sign an acknowledgment form indicating that they have been oriented on and understand the PREA Act of 2003, NC General Statute and the NCDPS zero tolerance standard for sexual abuse as well as acknowledging their agreement to report any findings of sexual abuse immediately. Additionally, an interview with a facility volunteer via phone indicated that he had received the on-line "PREA 101" training. The volunteer, a veteran volunteer, an AA Group Volunteer, has been serving the facility for a number of years. He was very verbal and able to articulate the Zero Tolerance Policy and his responsibility to report and to whom he would report. He related that he takes the PREA Course every year and said, in fact, he has been trained eight (8) times in PREA. He also related that he has to have a background check every year as well.

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.

North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) requires inmates to receive appropriate educational information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency’s response to allegations. In addition to providing PREA Information during orientation, inmates are provided a package of information related to PREA, including a brochure providing essential information on a variety of PREA Topics. The brochure entitled “Sexual Abuse Awareness For the Inmate” provides the definitions of sexual abuse and sexual harassment, preventing sexual abuse, what to do if an inmate is sexually abused, facts about sexual abuse and facts for the inmate who sexually abuses another inmate. PREA Posters were observed on bulletin boards throughout the facility. Inmates sign an acknowledgment form that addresses zero tolerance and affirms that the inmate has received PREA Education and was given an opportunity to ask questions related to the material presented and that the inmate understands that he has a duty to report any threat or occurrences of Undue Familiarity or Offender Sexual Abuse and Harassment to Department of Public Safety staff. Tyrrell Prison also uses a form entitled, “Inmate’s Rights to be Free from Sexual Abuse and Sexual Harassment”. This is a really effective form documenting the inmate’s right to be free from sexual abuse and sexual harassment, the agency’s policies and procedures for responding to incidents and ways to report sexual abuse and sexual harassment. Inmates sign and date this form as an acknowledgment of understanding in addition to the PREA Acknowledgement. Forty-five (45) reviewed inmate files contained PREA Acknowledgements. Twenty-three (23) files contained two or more PREA Acknowledgments.

An interview with the staff responsible for conducting orientation indicated that she provides the PREA Education generally not later than the day following admission and that she reads every word of the PREA Brochure and provides information orally and in writing to incoming inmates. That staff also related that she gives inmates the opportunity to ask any questions they may have to ensure they fully understand the information. Inmates consistently related during interviews that they received an orientation that included PREA Education, that they received a packet containing PREA related information including the PREA Brochure and that the staff read the information and encouraged inmates to ask questions about anything they did not understand or that they needed clarification on. Inmates consistently reported that they have received this information multiple times and that most of them have not read the information provided 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.

North Carolina Department of Public Safety Division of Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) requires an investigation for all allegations of sexual abuse or sexual harassment. The facility has in house PREA Investigators who have also been trained to conduct sexual abuse investigations in confinement settings. The facility provided the curriculum for the training. The curriculum, developed by the North Carolina Department of Public Safety Staff Development and Training, was comprehensive and involved eight hours of training. The facility provided documentation from the Learning Management System to confirm the investigators received the training as required. This training, as required, is in addition to the PREA training for all employees (PREA 101). Documentation also confirmed the investigators have received their PREA 101 training as required and that it is in addition to the specialized training. One facility investigator was interviewed. This staff was impressive in his knowledge of the investigative process. He was detailed and specific in his description of how an investigation should be conducted, including all of the elements that would be included in his report. He also related that if an investigation involved staff in any manner, the DPS OSI investigator would be contacted to conduct the investigation. If the allegation or act appeared to be criminal, the local law enforcement, the Tyrrell County Sheriff’s Office would conduct the investigation in tandem with the OSI with support from the facility investigator. The facility provided documentation of reaching out to the sheriff’s office to agree to support each other and provide any needed services. The Sheriff acknowledged the email and agreed to provide services.

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.

North Carolina Department of Public Safety Policy (Inmate Sexual Abuse and Sexual Harassment Policy) requires mental health practitioners to complete mandated training. It also requires all full time, part time medical and mental health care practitioners who work regularly in its facilities to be trained in: detecting and assessing signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Training is documented in the DPS Learning Management System. Interviews with a Registered Nurse at the facility confirmed that they all have received their PREA 101 training and Specialized Training as required. The facility does not have any on-site mental health employees. Mental Health Services are essentially provided by video link with a DPS Mental Health Professional.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) requires that prior to placement each inmate is screened with an objective screening instrument for risk of victimization and sexual abusiveness. This is accomplished through the OPUS Mental Health Screening Inventory. Policy requires that all inmates and safekeepers are to receive a mental health screening (MHSI) administered via the web based OPUS intake system, within 72 hours after admission to prisons. Diagnostic Services staff are required to conduct the screening to determine an inmate’s risk of being sexually abused by other inmates or their risk for being sexually abusive towards other inmates.

The following information is considered and obtained: 1) Whether the inmate has a mental, physical, or developmental disability 2) Age of the inmate 3) Physical build of the inmate 4) Whether the inmate has previously been incarcerated 6) Whether the inmate’s criminal history is exclusively nonviolent 5) Whether the inmate has prior convictions for a sex offense non-conforming 6) Whether the inmate has previously experienced sexual victimization 7) the inmate’s own perception of vulnerability 8) whether the inmate is detained solely for civil immigration purposes and 9) considers prior acts of sexual abuse, prior convictions for violent offense and history of prior institutional violence or sexual abuse as known to the agency, in assessing inmates for risk of being sexually abusive. Policy requires that within a set time, not to exceed 30 days from the inmate’s arrival at the facility, the facility will reassess the inmate’s risk of victimization or abusiveness based upon any additional and relevant information received by the facility since the intake screening. Upon transfer to another facility, during the initial contact, the case manager will reassess the inmates’ own perception of risk since the initial intake screening. Interviews with staff who conduct the screening indicated that screenings are conducted as required.

Staff indicated during interviews that victimization screening is done at the Processing Center prior to the inmate’s arrival at the facility and the facility’s responsibility is to ask the inmate upon arrival if there have been any assaults or threats of assaults against the inmate that upset the inmate and which he would like to speak with someone in mental health. The Lieutenant (Alternate PREA Compliance Manager) pulls a report weekly from OPUS that identifies inmates who are at risk of victimization and for abusiveness. This is to ensure the inmates are not housed with potential perpetrators, placed on the same job assignment or program placement.

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.

North Carolina Department of Public Safety Division of Prisons Policy (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) and Health Services Policy and Procedure TX 1-13 (Evaluation and Management of Disorders of Gender Dysphoria) 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. Policy requires that information from the screening for risk of victimization and abusiveness is used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually active. Based upon information derived from the screening the following procedures are required: Inmates identified as a high-risk abuser will be restricted from double housing. Lists of high risk abusers as well as potential victims are generated and used to make individualized determinations for bed assignment based on facility housing designs to ensure the safety of each inmate. In making work assignments, facilities are required to consider amounts of staff supervision in the area, presence or absence of surveillance equipment and whether the job is in an isolated area prior to making assignments for high risk abusers.

Program and education assignments are monitored to ensure all program assignments are appropriate for high risk abusers. An interview with the Assistant PREA Compliance Manager indicated that lists are generated weekly to identify inmates who were screened for potential for victimization and abusiveness. These individuals are reviewed to ensure that they are appropriately housed, bedded and are placed in appropriate programming and work assignments.

Interviewed inmates were inconsistent in remembering whether the questions associated with the screening instrument were asked during the admission process or any time after that however a number of those interviewed had been in the prison for long periods of time. Some said the questions were asked of them at the processing center.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) prohibits the use of involuntary restricted housing unless there is no other option for keeping an inmate who is vulnerable to victimization separate from aggressive inmates. Policy also requires review every thirty (30) days for continued restriction/placement. An inmate's 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 programming within the restricted housing. Placement of an inmate in involuntary restrictive housing and any type of restrictions are documented.

The facility did not have any inmates placed in involuntary protective custody in the past 12 months. Interviews with staff and administrative staff, including the Superintendent indicated that inmates are not automatically placed in restricted housing as a first response. They may request restricted housing.

An interview with the Superintendent indicated that involuntary protective custody would not be used unless there were no other options available to keep the inmate safe. He indicated that the abuser, if known, would be placed in restrictive housing. If the abuser was named and could be removed from the housing units to restricted housing or to another facility,

the victim would remain in general population living units. If the abuser had not been identified or if an inmate was alleging imminent sexual abuse, the potential victim might be placed in restricted housing until other arrangements were made. He also related that if he had to put an inmate in involuntary administrative segregation the inmate would be there for not more than 24 hours while the initial investigation was being conducted. He related they would receive programming while in segregation like the general population unless there were reasons they could not be provided, in which case, the reasons would be documented. Again, there have been no allegations of either sexual abuse or sexual harassment during the past twelve (12) months therefore there have been no inmates placed in involuntary or voluntary segregation.

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.

North Carolina Department of Public Safety Division of Prisons (NCDPS) (Inmate Sexual Abuse and Sexual Harassment Policy), Reporting and Investigation of Sexual Abuse and Sexual Harassment, Inmate Reporting, provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment and staff neglect or violations of responsibility that may have contributed to such incidents. The agency also requires the facility to provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency and is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials allowing the inmate to remain anonymous upon request. The following ways to report are provided in policy: 1) To any Department of Public Safety employee 2) Administrative remedy process 3) PREA/Grievance locked box where applicable and 4) the toll free PREA telephone number for reporting directly to the PREA Office, incidents of sexual abuse and sexual harassment (where applicable) and 5) Third Party reports via email, phone or letter. Inmates are provided information on ways to report during orientation and via posters throughout the facility reminding inmates of how to report. After their PREA Orientation, inmates sign an acknowledgment form indicating that they have been informed of multiple ways of reporting.

Inmates consistently indicated that sexual abuse or sexual harassment does not occur at this facility. Every interviewed inmate also stated they felt safe in this facility. When pressed with how they could report for themselves or to help someone else they consistently stated they would tell a staff, either a Correctional Officer, Sergeant or Officer in Charge. Every one of the fifteen (15) interviewed inmates related they had staff they would trust to report to. They indicated they might file a grievance, or tell a family member. A few said they could drop a note, either signed or unsigned. Some said they had a hotline they could use. Every one of the inmates indicated that they were given the information on how to report and that the information was available on posters throughout the facility. They stated the staff person giving them orientation read the PREA information and gave them a packet containing the PREA Brochure with ways to report.

Interviewed inmates told the auditor they believed if they had to report it to a staff something would be done about it.

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.

North Carolina Department of Public Safety Division of Prisons (NCDPS) Policy G.0300 (Administrative Remedy Procedure) provides that inmates get instructed, during orientation at the Diagnostic Center, in how and where to obtain a grievance form. During their orientation, the inmates also get an oral explanation of the procedures and is given the opportunity to ask questions. Policy provides for third party assistance from fellow inmates, staff members, family members, attorneys and outside advocates in submitting a grievance on behalf of the inmate. If a third party submits a grievance on behalf of an inmate, the facility may require, as a condition of processing the grievance, that the alleged victim agree to have the grievance submitted on his behalf and may require the alleged victim personally pursue any subsequent steps in the grievance process. If the inmate declines to have the grievance processed on his behalf, the facility will document the inmate's decision.

Time limits are established in policy. All grievances are required to be processed within 90 days from filing to final disposition. Anytime an inmate is subject to a substantial risk for imminent sexual abuse, the facility will treat the grievance as an emergency grievance and the facility will forward the grievance to a level of review at which immediate corrective action can be taken. An initial response is required within 48 hours with a final agency decision within 5 calendar days. Several of the fifteen (15) interviewed inmates related they could use the grievance process to report sexual abuse or sexual harassment. Inmates related they would ask the officer for a grievance form and that they would give them one.

The Pre-Audit Questionnaire and interviews with staff confirmed that there have been no allegations of sexual abuse or sexual harassment within the past 12 months. There have been no allegations of sexual abuse or sexual harassment made via the grievance process during the past 12 months.

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.

North Carolina Department of Public Safety Division of Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) requires that inmates have access to outside confidential support services, PREA Support Persons and legal

PREA Audit Report

counsel. An interview with the director of Inner Banks confirmed that she is aware of the facility and has agreed to provide a 24/7 Crisis Line that inmates can call. She also related that in the event an inmate was sexually assaulted she would provide an advocate to provide support services to the inmate victim by having an advocate go to the hospital to be there for the inmate if he requested it. The advocate would be with the inmate during the forensic exam if requested as well as with him through the investigation process and court if needed. She said her organization also will provide educational services. She was aware of the internal PREA support staff. Inmates indicated that they felt sure that there were services “out there” and thought that these organizations would probably provide counseling services. They also related they were probably given that information when they arrived at the facility but that because they have not needed it they have not become aware of it or how to access it. The facility provided documentation that the inmates have been given information on the outside advocacy organization.

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.

Third party reporting is addressed in Department of Public Safety Policy (NCDPS) F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy). It states that Third Party Reporting can be made via email, phone or letter. Inmates may write to the State-wide PREA Director or send an email through the link provided. Staff consistently stated, in interviews, that they were aware that third parties could make reports for inmates. They also stated they would take every report, including those from third parties, seriously and report them just as they would any other report. Inmates, when prompted, related they could report sexual abuse or sexual harassment through a family member. They acknowledged that they could tell another inmate but consistently they stated they would not tell another inmate. Several said they would not report another inmate’s sexual assault personally but would send an anonymous note to the staff. The agency’s website provides a way for anyone to report the sexual abuse of an inmate. The report would go directly to the statewide PREA Coordinator who would report to the facility so the incident could be investigated.

The Pre-Audit Questionnaire and interviews with staff confirmed that there have been no allegations of sexual abuse or sexual harassment during the past twelve (12) months.

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.

North Carolina Department of Public Safety Policy (NCDPS) F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) P.16-17, (C) Staff and Agency Reporting Duties requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. The Agency requires that staff report allegations that inmates are having sexual relationships with other inmates or with staff. The Policy provides the following ways for staff to report: 1) The PREA Office by email or phone 2) Anonymously by contacting the Fraud, Waste, Abuse and Misconduct Hotline or Local Law Enforcement. Reports are to be forwarded to the Facility and the PREA Office. It requires reporting of third party and anonymous reports to facility investigators. If there is evidence or suspicion that criminal conduct may have occurred local law enforcement (Tyrell County Sheriff’s Office) is called to investigate. Policy requires that failure to report will subject the nonreporting staff to disciplinary action. Allegations that an inmate was abused at another facility are required to be reported as well. Interviews with staff, including line staff and specialized staff, confirmed they are well aware of their duty to report and were able to articulate multiple ways to report, including ways to privately report. Staff related they will be disciplined if they did not report. All of them stated they would report all allegations and knowledge of sexual abuse or sexual harassment. They also indicated that even a suspicion would result in a report. Staff stated they are required to immediately make a verbal report to their supervisor followed by either a witness statement or an incident report. The PAQ and interviews with staff and inmates confirmed there have been no allegations of sexual abuse or sexual harassment during the past twelve (12) months.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) requires that staff take immediate action to protect the inmate after learning that an inmate is subject to a substantial risk of imminent sexual abuse. Staff consistently reported they would take any allegation that an inmate was subject to a substantial risk of imminent sexual abuse seriously and take immediate action to protect the inmate. Interviewed staff related they would take immediate action to separate the inmate from the potential risk. A number of them stated they would keep the inmate with them or in view until their supervisors could decide what to do with the inmate. The Superintendent indicated that if the potential aggressor had been identified the aggressor could be placed in restricted housing while the allegation was investigated. He said he might have to place the potential victim in a protective setting while an investigation was being conducted. If the potential aggressor was a staff, he indicated the Regional Office would be involved in the decision about what to do with the staff. He could be placed on no contact status (with inmates) while the investigation was being conducted. Additional options to protect the inmate could be to place him in another housing unit if he felt safe. If the inmate requested restricted housing for protective custody, that could be arranged however restricted housing would not be the “default” option to protect the inmate. There were no cases during the past twelve months in which an inmate alleging imminent sexual abuse was placed in restricted housing for protection.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation is required to notify the head of the facility where the alleged incident occurred. This notification must be provided as soon as possible, but not later than 72 hours and the notification is documented by a memo to the file or uploading into the correspondence tracking system (CTS). Additionally, the Facility Correctional Administrator is to immediately report the incident for investigation and complete an incident report. An interview with the Superintendent confirmed that he is knowledgeable of this requirement and he could articulate a response that was consistent with the NCDPS Policy and with the PREA Standard 115.63. There have been no allegations received during the past twelve months requiring notification and investigation.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) enumerates the duties of staff first responders upon learning that an inmate was sexually abused. These steps include: Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; Request that the alleged victim and abuser from taking any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Staff at this facility described their responsibilities as first responders with great specificity and detail. It was readily apparent that they have been trained in their roles as first responder. Staff reported they would separate the victim and take him away from the alleged abuser, keeping him safe. They said they would immediately report it verbally to their immediate supervisor and

treat the area where the alleged abuse occurred as a crime scene. Every interviewed staff specified that they would request the victim take no action to degrade or eliminate potential evidence. That included not using the bathroom to defecate or urinate, not to change their clothing or remove them, not to comb their hair, brush their teeth or drink water. They indicated they would require the alleged perpetrator not take any of those actions as well. They stated they would get the victim to medical and make a report of the incident. There have been no allegations of sexual abuse during the past twelve (12) months.

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 facility has a documented site specific coordinated response plan to ensure that every entity at the facility understands their roles in responding to allegations of sexual abuse. The agency provided the documented Coordinated Response Plan as well as a first responder plan in a flow chart identifying each step to take following an allegation or an incident of sexual abuse. Interviews with staff confirmed that they, both custody and non-custody, understand their roles following a report or allegation of sexual abuse. The facility also has trained advocates (PREA Support Persons) who are a part of the response plan.

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.

The employees of Tyrrell Correctional Institution are state employees and not members of a union. The facility is not engaged in any form of collective bargaining and can remove staff from contact with inmates when investigating an allegation of sexual abuse.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) provides a process for monitoring retaliation of inmates or staff for making a report of sexual abuse or sexual harassment or for cooperating with an investigation related to a PREA Incident. Policy requires the facility PREA Support Person monitor retaliation against the victim and the inmate who either report allegations, or cooperate with investigations, of sexual abuse or sexual harassment. Upon receiving notification of an allegation, the PREA Support Person will initiate monitoring the alleged victim and inmate who reported the allegation or cooperated with officials during the investigation. Monitoring will include periodic status checks of inmates. Monitoring will continue for 90 days or beyond 90 days if the initial monitoring indicates a continuing need. Upon completion of the monitoring period, staff are required to complete and document the results which are forwarded then to the PREA Compliance Manager. An interview with the Retaliation Monitor indicated that he has been trained to perform retaliation monitoring in compliance with agency policy. He advised that he would make contact with the victim immediately following an allegation or incident and explain his role. He related he would then personally contact the inmate on a weekly basis to see if the inmate felt safe or felt the need for continuing monitoring and what to do if he felt intimidated. There have been no allegations of sexual abuse or sexual harassment however the Retaliation Monitor was able to articulate a monitoring process consistent with the standards and with NC DPS Division of Prisons Policy. Too, he is very knowledgeable of the process. The NCDPS Division of Prisons documents retaliation monitoring on the PREA Support Form.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires that inmates at high risk for sexual victimization are not to be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be made immediately the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. Policy also requires that

inmates may be assigned to involuntary housing only until an alternative means of separation from likely abusers can be arranged and this period shall not exceed a period of 30 days. In the event an inmate is placed in involuntary segregated housing the facility is required to clearly document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Evaluation for the continued need for involuntary segregated housing is documented every 30 days.

Interviews with administrative staff indicated that when an inmate needs post-allegation protective custody the facility would use "restricted housing" as a last resort. If the abuser was identified, the abuser would be placed in restricted housing while an investigation is being conducted. The victim may be placed in another dorm if needed for protection or may be transferred to another facility. Again, if the abuser is known the abuser may be placed in restricted housing and/or transferred to another facility. If the victim fears some sort of retaliation preventing him from being returned to the general population, the victim may also be transferred to another facility for protection however the administration reiterated that the abuser will be the one most likely placed in restricted housing and transferred. If an inmate is placed in involuntary segregated housing staff related the inmate is required to have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education and/or work opportunities, the facility is required to document the opportunities that have been limited, the duration of the limitation and the reason for such limitations. Administrative staff, in their interviews, indicated that inmates in involuntary segregated housing would receive programs and opportunities to the extent possible. Interviewed staff indicated inmates in involuntary segregated housing would be seen by medical and mental health and would have access to education and exercise insofar as possible. There have been no inmates placed in involuntary segregated housing in the past 12 months.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires all staff to report any knowledge, reports, allegations or suspicions for investigation. Agency policy requires investigations into all allegations of sexual abuse and sexual harassment and that these investigations are conducted promptly, thoroughly and objectively and including third party and anonymous reports. Sexual abuse and sexual harassment investigations are conducted by staff that have received special training in sexual abuse investigations. Investigations are conducted by the PREA Compliance Manager, facility based investigators, the Office of Special Investigations and/or the Tyrrell County Sheriff's Department. If an alleged act of sexual abuse or sexual harassment is reported or discovered, an immediate preliminary investigation shall be conducted to determine if the incident meets the standards of PREA. This investigation will be conducted by a facility investigator.

Investigators are trained to and are required to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data including video and/or audio recordings, interview alleged victims, suspected perpetrators and witnesses. Reported allegations are required to be documented in OPUS on the (PREA) Incident Report within 72 hours of receiving the report. Sexual abuse and sexual harassment investigation reports are submitted to the facility head. PREA Investigations must be completed and approved by the Region

Director within 30 days of the initial PREA Report. An extension of 30 days maximum may be granted by the Regional Director to allow additional time to collect evidence or to determine validity. The departure of an alleged abuser or victim from employment or control of the facility will not cause the investigation to be terminated. Written reports are retained for as long as the alleged abuser is incarcerated or employed by the agency plus 5 years. Interviews with a facility investigator confirmed that he is an intelligent and extremely competent individual. He described a detailed and specific investigation process consistent with agency policy and with the PREA Standards. Criminal investigations are conducted by the Tyrell County Sheriff's Office and in tandem with the DPS Division of Prisons Office of Special Investigations, who will be investigating allegations of staff involvement for personnel reasons. Even if the allegation appears criminal and is investigated by the Tyrrell County Sheriff's Office, OSI will also be conducting an administrative investigation if staff are involved in the allegation. Interviews with the facility investigator indicated that he has been trained to conduct sexual abuse investigations inside the facility. The facility reached out to the sheriff's office to secure an agreement/understanding of cooperation between agencies. The Sheriff confirmed receipt of the agreement and indicated he would continue to support the facility through mutual cooperation. In addition to the investigator who was interviewed, the PREA Compliance Manager serves as a facility investigator. He too is a very competent and intelligent investigator. This auditor has no doubt that these individuals are well trained, knowledgeable and will conduct investigations as specified and required in the standards and DPS policy. There have been no allegations of sexual abuse or sexual harassment during the past 12 months. This was confirmed through interviews with staff. None of the interviewed inmates reported sexual abuse or sexual harassment since they have been in the facility. Several inmates reported that those "situations" do not occur in this facility.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires that the standard for determining if allegations are substantiated or not is a preponderance of the evidence or a lower standard of proof. Interviews with facility investigators indicated that the investigations that they are responsible for are administrative in nature and that their investigation is a fact-finding investigation after which the facility administrator in consultation with legal, supervisory staff and HR determine what if any disciplinary actions are to be imposed. The standard they would use is the preponderance of the evidence. The Office of Special Investigations also uses a "preponderance of the evidence" as the standard they use for substantiating an allegation of sexual abuse.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires that following an investigation into an inmate’s allegation that he or she suffered sexual abuse in a facility, the PREA Support Person informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. These notifications are documented on the PREA Support Person Services Form. Policy requires that following an inmate’s allegation that a staff member committed sexual abuse against the inmate (unless the allegation is unfounded) the inmate will be advised whenever the staff member is no longer posted within the inmates unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Also, following an inmate’s allegation that he or she has been sexually abused by another inmate the agency will inform the alleged victim whenever the agency learns that alleged abuser has been indicted on a charge related to sexual abuse within the facility or the.

The agency’s obligation to report terminates if the inmate is released from the NC DPS custody. An interview with the PREA Support Staff and PREA Compliance Manager confirmed their roles in providing notification to the inmate of the results of the investigation. There have been no allegations of sexual abuse or sexual harassment during the past 12 months (since 2014 according the Superintendent) however staff understand the process and were able to explain it in great detail.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies and termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Sanctions for violations other than actually engaging in sexual abuse are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. Terminations or resignations by staff who would have been terminated if not for their resignation are reported to law enforcement agencies unless the activity was clearly not criminal and to any relevant licensing bodies. An interview with the facility administration confirmed the process for disciplinary sanctions for staff and the process described was consistent with the standard. The facility has not had any allegations of sexual assault during the past 12 months involving a staff member.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires that any contractor or volunteer who engages in sexual abuse is immediately prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. Policy also requires if an allegation is substantiated the volunteer or contracting agent will be terminated from the relationship with the NCDPS. An interview with the Superintendent indicated that he would, upon receiving an allegation of sexual abuse, have the volunteer or contractor removed from the prison and not allowed back until the conclusion of an investigation. The Superintendent indicated that if the allegations are substantiated the volunteer or contractor would be permanently banned from the facility and referred for prosecution. There have been no allegations made against any volunteer or contractor during the past 12 months.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires that following an administrative finding that an inmate has engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse the inmate is subject to disciplinary sanctions. The sanctions to be imposed must be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Also required to be considered are the following: whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. An interview with the Superintendent indicated that inmates would be sanctioned in accordance with the inmate disciplinary process. His explanation was consistent with the requirements of the DPS Policy and PREA Standard. Inmates alleged to have engaged in criminal behavior could be referred for prosecution depending upon the outcome of the investigation. There have been no allegations of sexual abuse or sexual harassment at Tyrrell Correctional Institution in the past 12 months.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires that if the screening for risk of victimization and abusiveness indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff must ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The same is required for inmates who disclose that they have previously perpetrated sexual abuse. Information from the intake screening is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law. North Carolina Department of Public Safety Prisons, 305, Psychological and Psychiatric Referral, requires that within three days of admission diagnostic staff will administer the OPUS Mental Health Screening Inventory (MHSI) to all newly admitted inmates. Because of a “yes” response to specific questions on the instrument, a referral is automatically generated to ensure the inmates are offered a follow-up with mental health. The PAQ and interviews with staff indicated there were no inmates reporting prior sexual abuse or abusive sexual behavior. Interviews with mental health staff indicated a process consistent with the policies and standards.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy, Diagnostic Procedures Manual Policy 305.03 (Psychological and Psychiatric Referral), Health Services Policy and Procedure CP 18 (Clinical Guidelines) and Memo 11-2013 Case Manager PREA Requirement, require medical and mental health evaluation and, as appropriate treatment, is offered to all inmates victimized by sexual abuse. The Agency Coordinated Response Plan and the site specific Coordinated Response Plan addresses the actions taken from the time an allegation is

made. CP-18, Clinical Practice Guidelines, Sexual Abuse, provides very detailed and specific actions to take upon learning that an inmate is the victim of sexual abuse, including actions taken on site and treatment and forensic exams at the emergency room of the local hospital. Policies indicate that victims of sexual abuse are offered timely information and access to emergency contraception (FEMALE INMATES) and sexually transmitted disease prophylaxis in accordance with professionally accepted standards of care and where medically appropriate and crisis intervention services. Services are offered without financial cost. An interview with the facility nurse indicated the Hospital the facility would use is the Vidant Chowan Hospital. She related that this hospital has no safe/sanes but utilize “qualified” medical practitioners in the absence of a safe/sane. Interestingly, she related that the facility also has access on weekends and holidays to a nurse at another DOC Facility who would triage over the phone and advise the staff at the prison actions to take as needed.

PREA Support Staff are also available to accompany an inmate to the hospital for treatment and a forensic exam. DPS Policies and Procedures require that an inmate reporting prior victimization or sexual abusiveness is offered a followed up with mental health within 14 days of the disclosure. The interviewed facility nurse indicated that there have been no disclosures of prior victimization requiring a follow up with mental health staff. She indicated that the facility would respond immediately to any incident of sexual abuse and provide first aid as needed and arrange to have the inmate transferred immediately to the Vidant Chowan Hospital for treatment and a forensic exam. The facility does not have mental health staff but has access to a mental health professional who works for DOC and who comes to the facility on a regular basis and is accessible via phone.

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.

Health Services Policy and Procedure CP 18 (Clinical Practice Guidelines) and CC 8 (Aftercare Planning for Inmates in Healthcare Services) requires ongoing medical and mental health care for sexual abuse victims and abusers. Policies also require the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to the Vidant Chowan Hospital where they would receive treatment and a forensic exam and evidence collection by either a SANE or a qualified staff person. 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. Interviewed staff confirmed they would offer on-going medical and mental health services as required. Interviewed medical staff indicated they would provide services to an inmate following release from the hospital in accordance with any discharge orders.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy), Post Incident Review (PIR), requires a Post Incident Review be completed for all substantiated and unsubstantiated allegations of sexual abuse and documented on the Form OPA-110 Post Incident Review. The review team; also considers whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identify, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status; or gang affiliation; or motivated by other group dynamics in the facility; examine the area where the incident allegedly occurred to assess whether physical barriers in the area that may enable abuse; assess the adequacy of staffing levels in that area during the different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of its findings pursuant to standards, and any recommendation for improvement.

PIRs are sent to the PREA Compliance Manager, who is also a team member, and to the facility head. An interview with the PCM who is a member of the team indicated that the following staff are a part of the Incident Review Team: Facility Head, Investigator, Maintenance Staff, Medical or Mental Health Staff, and line staff. The PCM articulated a process consistent with the PREA Standards and DOC Policy. The PIR should be completed within 30 days of the conclusion of the sexual abuse investigation. Upon completion, the PIR is forwarded through the chain of command to the Regional Director and a copy to the DPS PREA Office for data collection and analysis. There have been no allegations of sexual abuse or sexual harassment during the past 12 months however individuals who were interviewed who were on the team were able to explain the process and to describe how they would go about reviewing the incident to determine, what, if anything, could have been done differently; to determine if a mirror or other maintenance modification was needed (that is why maintenance is on the team), if the staffing plan needed adjusting and other corrective actions needed. This team is very professional and knowledgeable of the requirements of an incident review team. There have been no allegations of sexual abuse or sexual harassment during the past twelve (12) monthsDe

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy), Post Incident Review (PIR), requires a Post Incident Review be completed for all substantiated and unsubstantiated allegations of sexual abuse and documented on the Form OPA-110 Post Incident Review. The review team; also considers whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual

abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identify, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status; or gang affiliation; or motivated by other group dynamics in the facility; examine the area where the incident allegedly occurred to assess whether physical barriers in the area that may enable abuse; assess the adequacy of staffing levels in that area during the different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of its findings pursuant to standards, and any recommendation for improvement.

PIRs are sent to the PREA Compliance Manager, who is also a team member, and to the facility head. The PIR should be completed within 30 days of the conclusion of the sexual abuse investigation. Upon completion, the PIR is forwarded through the chain of command to the Regional Director and a copy to the DPS PREA Office for data collection and analysis. Interviews with the Superintendent and the PREA Compliance Manager indicated that Post Incident Reviews would be conducted after all sexual abuse investigations unless unfounded. There were no PIRS to review because there have been no allegations of sexual abuse during the past 12 months. Staff who were interviewed however are knowledgeable of the Incident Review Process.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy), requires collection of accurate, uniform data for every allegation of sexual assault. The NCDSP PREA Coordinator implemented a data collection protocol and collects all data relating to PREA. NCDPS has a data collection instrument to answer all questions for the US Department of Justice Survey on Sexual Abuse Violence. A review of the annual report conformed it was completed according to the PREA Standard.

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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment Policy) requires the review of data for corrective action to improve the effectiveness of the facility and agency's prevention, protection and response policies, practices and training. The Agency's 2015 Annual Report is posted on the NCDPS website for review. The facility monitors collected data to determine and assess the need for any corrective actions. Interviews with staff indicated that although the facility does not have many PREA related incidents, and hardly any substantiated cases, the available data as well as information gleaned from the Post Incident Reviews, is used to improve the facility's sexual safety program.

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.

Robert Lanier

12/28/2016

Auditor Signature

Date