

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 12-24-2015

Auditor Information			
Auditor name: G. Peter Zeegers			
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Telephone number: 863-441-2495			
Date of facility visit: 11/23/2015			
Facility Information			
Facility name: Wake Juvenile Detention Center			
Facility physical address: 700 Beacon Lake Drive, Raleigh, North Carolina 27610			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 919-212-3104			
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 type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Sheila Davis			
Number of staff assigned to the facility in the last 12 months: 28			
Designed facility capacity: 24			
Current population of facility: 19			
Facility security levels/inmate custody levels: High Security			
Age range of the population: 7-19			
Name of PREA Compliance Manager: Maurice Fairley		Title: Supervisor	
Email address: maurice.fairely@ncdps.gov		Telephone number: 919-212-3104	
Agency Information			
Name of agency: North Carolina Department of Public Safety			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 512 North Salisbury Street Raleigh, North Carolina 27604			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 919-825-2754			
Agency Chief Executive Officer			
Name: Frank L. Perry		Title: Secretary	
Email address: frank.perry@ncdps.gov		Telephone number: 919-825-2754	
Agency-Wide PREA Coordinator			
Name: Charlotte Jordan-Williams, MM		Title: PREA Director	
Email address: charlotte.williams@ncdps.gov		Telephone number: 919-825-2739	

AUDIT FINDINGS

NARRATIVE

Wake Juvenile Detention Center is a hardware secure, 24 bed facility, housing both male and female youth (ages 7-19) under the direction of the State of North Carolina Department of Public Safety. The facility is located in Raleigh, North Carolina. The facility employs 28 full-time staff. The youth being held in the Wake Juvenile Detention Center have been sentenced in the Court System and are awaiting placement or have a pending trial. The youth attend school daily directed by either the Department of Public Instruction, North Carolina State Curriculum.

This audit was conducted by certified PREA Auditor G. Peter Zeegers. During the pre-audit phase, the auditor reviewed a variety of documents provided by the agency. These included policies and procedures, plans, protocols, training records, curricula, and other documents related to demonstrating compliance with PREA Standards. The auditor conducted a pre-audit conference call one week prior to the on-site audit to provide agency and facility officials with the current status of the audit process, as well as to expand upon and clarify documents that had been submitted. The auditor did not receive any correspondence or requests from staff or youth prior to the on-site audit.

An on-site PREA Audit was conducted on November 23rd and 24th, 2015. The entrance meeting was attended by Dave Hardesty, Director of Facility Operations; Angie Smith, Assistant Director of Facility Operations; Sheila Davis, Youth Services Facility Director; Maurice Fairely, Supervisor and the Facility PREA Compliance Manager; and G. Peter Zeegers, PREA Auditor. The on-site audit work plan was discussed, samples of youth and staff were selected, and specialized staff were identified, and additional pre-audit information was obtained. The entrance meeting was followed by a tour of the facility led by Ms Davis and Mr. Fairley. All areas were viewed, including the administration area, medical area, intake area, kitchen, visitation area, leisure/recreation areas, the boys wing and co-ed wing. PREA-related informational posters and the PREA audit notice were observed posted throughout the facility. Additionally, informational pamphlets about PREA and the Sexual Assault Crisis Services were found in areas where staff and youth have access. There are also "Expect Respect" posters located everywhere in the facility. No SANE or SAFE staff are employed at the facility; however, these professionals are provided at the Wake Medical Pediatric Hospital located in Raleigh, North Carolina, where forensic examinations would be conducted at no cost to the youth and/or their family.

Interviews were conducted with the Agency Commissioner's Designee, the Agency PREA Coordinator, the Wake Detention Center Facility Director, the Facility PREA Compliance Manager, supervisor who conducts unannounced rounds, intake staff, the contracted mental health staff, staff who monitors retaliation, the contracted mental health and medical staff, ten custody staff randomly selected from each of the three shifts, and ten randomly selected youth.

On the day of the on-site audit, 19 youth were housed at the facility. There were two PREA-related allegations made during the previous 12 months. Both were staff on youth sexual harassment with unfounded conclusions. Both administrative investigations were completed by DSS. No youth reported during the intake process a previous sexual abuse. No youth identified themselves as being lesbian, gay, bisexual, trans-gender, inter-sex, questioning, or gender nonconforming during the intake process. There was one youth that identified as hearing or visually impaired, developmentally delayed, or who were limited English proficiency. This information was obtained from the Facility PREA Compliance Manager and the youth files.

Youth receive information on PREA and their rights during the intake process. The PREA information is printed in English and Spanish. Additionally, during their stay youth are provided information about sexual abuse and harassment in both individual and group treatment through a PREA video. Youth who have experienced trauma, abuse, or victimization are provided treatment services, as needed.

DESCRIPTION OF FACILITY CHARACTERISTICS

The facility is located at 700 Beacon Lake Drive in Raleigh, North Carolina. The tour of the facility was conducted by the Facility Director along with the Facility Supervisor, who also serves as the PREA Compliance Manager. The facility is clean, in good repair, and well maintained. This program has one building. This building is spacious enough for the youth and staff with open hallways and good lighting. There is an administration area, master control room, intake, kitchen, pantry, dining room, two dorm wings, leisure/recreation area, and medical. In the boys wing there are twelve cells. Each cell has a sink and toilet. There are two bathrooms on this wing with a sink, toilet, and two showers. There is a laundry room on this wing. The co-ed wing houses girls and boys. There are twelve cells with a sink and toilet. There are two bathrooms that have a sink, toilet, and two showers. There is also a laundry room on this wing. There is a small outdoor recreation area.

There are 31 total cameras located on facility grounds. The master control room can monitor the cameras on a twenty four hour basis.

The PREA Audit notice was posted on the bulletin boards in various hallways, as well as copies of the PREA brochure written in both English and Spanish (this is the same brochure given to youth during the intake process). Posters containing both the hot-line to the Department of Social Services (D.S.S.), and the PREA Hot-Line (Fraud, Waste, and Abuse) are prominently posted in the main lobby area and hallways, as well.

SUMMARY OF AUDIT FINDINGS

The on-site audit occurred on November 23rd and 24th, 2015. Ten youth files were randomly selected for screening instruments for abusiveness and victimization. These files were reviewed with all being completed on the day of intake. The youth education acknowledgment forms were also completed on day of intake. All staff background screening information was completed and timely, as well as staff PREA training records being complete. This was verified by reviewing staff files.

All North Carolina State Policies that were submitted to this PREA Auditor via thumb drive were reviewed prior to arrival for the on-site audit. Additionally, during the on-site audit many of these documents and relevant information were reviewed. Policies included but not limited to: R&P/DJJ 6 (PREA Policy), 14-27.7, R&P/DC, R&P/YD 6, PREA Sexual Abuse and Sexual Harassment 101, PS/YC 3.0, Agency Policy on PREA Website, OPA-T10 (PREA Acknowledgment), YC_RP 1.4, and OPA-I10 (PIR). Additional documents were viewed such as: North Carolina Leadership Organizational Chart, various forms, MOU's, policy refreshers, posters, brochures, acknowledgment forms, internal web page information, revised policies, response plans, additional auditor information, and various informational documents. The results of the audit indicates that the facility is in full compliance with PREA Standards. A final report is being issued.

Number of standards exceeded: 4

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 5

Standard 115.311 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 agency has a written policy R&P/DJJ 6 mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the facility. The policy details the approach it uses to prevent, detect, and respond to sexual abuse and sexual harassment. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy. The agency has designated a Statewide Juvenile Justice PREA Coordinator. She is very knowledgeable of PREA requirements, devotes sufficient time and effort in assisting facility staff with PREA-related issues, and has the authority to implement corrective actions. The facility has a PREA Compliance Manager and reports that he has sufficient time and authority to coordinate the facility’s compliance with the PREA standards. Interviews confirmed the practice.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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This standard is N/A. This facility does not contract with other entities for the confinement of youth.

Standard 115.313 Supervision and monitoring

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

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The staffing plan for this facility is very detailed and addresses all of the criteria required by the standard. It is based on a youth population of 24 maximum; and was most recently reviewed on September 23rd, 2015. There were no deviations from the current staffing plan during PREA Audit Report

the previous twelve months. Policy R&P/DJJ 6 requires the staffing plan be evaluated on an annual basis. Interviews with the Facility Director and Facility PREA Compliance Manager confirmed they have completed the annual staffing plan review meeting. Policy R&P/DJJ 6 requires that all Supervisors shall routinely conduct and document unannounced security checks of all areas of the facility. It further states that staff are prohibited from alerting other staff that these unannounced supervisory checks are occurring, unless such announcement is related to the legitimate operational functions of the facility. Additionally, the facility uses data obtained from PREA surveys to identify the location, frequency, days and times of these security checks. Documentation of these rounds was reviewed, which confirmed compliance with the policy. Interviews with Supervisors and security staff confirmed that these rounds are conducted and that security staff are not alerted in advance.

Standard 115.315 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)

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Policy R&P/DJJ 6 states that staff are not to conduct cross gender pat down searches except in exigent circumstances. Staff do not conduct cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. The facility does not restrict female youth in confinement access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The facility documents all cross-gender strip searches and cross-gender visual body cavity searches, if needed.

The facility enables youth in their custody to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Facility staff of the opposite gender announce their presence when entering the dorm area. Staff do not search or physically examine a trans-gender or inter-sex youth in confinement or under supervision for the sole purpose of determining the youth's genital status. Interviews with staff and youth confirm the practice.

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

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

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

Policy R&P/DJJ 6 requires the facility to take appropriate steps to ensure that youths with disabilities, including but not limited to, youth who are deaf or hard of hearing, blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, have an equal opportunity to participate in or benefit from all aspects to prevent, detect, and respond to sexual abuse or sexual harassment. Such steps include, when necessary to ensure effective communication with youth who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, using any necessary specialized vocabulary. Further, the facility shall ensure that written materials are provided in formats and through methods that ensure effective communication with youth with disabilities, including youth who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A list of resources for these services was provided.

Policy R&P/DJJ 6 states that in order to ensure meaningful access and participation for Limited English Proficiency persons, the facility shall notify these youth that language interpreters are available to them at no cost and shall take reasonable steps to see that language services are provided. Youth are asked during the intake process to identify their first language. When it is determined that a youth is in need of language assistance, a supervisor is notified. Interpreter services are provided prior to completing the admission. Interviews with staff and youth confirmed that youth are not used as interpreters.

Standard 115.317 Hiring and promotion decisions

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

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Policy R&P/DJJ 6 and various administrative memos addresses the requirements for background and criminal history screening. It is required that all applicants and employees who may have contact with youth are asked about previous misconduct. The PREA-related questions are included on the application and provides a notice that material omissions or the provision of materially false information may be grounds for disciplinary action up to and including termination. It is also required that the Hiring Authority to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth. Employees and contractors are to self-report all arrests, charges or summons and/or complaints of any disqualifying offenses. Failure to do so may result in termination of employment or contract. Five year background screenings are conducted, per policy.

It is required that the Director or designee is to provide information on substantiated allegations of sexual abuse of sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the former employee has applied to work.

The interview with the Human Resources staff confirmed the implementation of these policies and procedures.

Standard 115.318 Upgrades to facilities and technologies

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

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The facility has not upgraded any facility buildings or facility technology in the last year. This is N/A.

Standard 115.321 Evidence protocol and forensic medical examinations

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The facility does not conduct criminal investigations according to policy R&P/DJJ 6. Referrals are made to the State Investigators and/or Department of Social Services who will conduct administrative investigations and to the Raleigh Police Department who will conduct criminal investigations.

Forensic medical exams, when needed, would be conducted at the Wake Medical Pediatric Hospital located in Raleigh, North Carolina, where forensic exams would occur at no cost to the youth or their family. No forensic medical exams were conducted during the previous twelve months.

The facility has an agreement with the Safe Children's Advocacy Center. There is an MOU pending.

Standard 115.322 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.

Policy R&P/DJJ 6 details a comprehensive set of procedures to ensure that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Policy describes the responsibilities of both the facility and the investigating agencies. This was verified in the interview with the Agency Head Designee.

For all cases of suspected abuse or neglect, a call shall be made to the Department of Social Services immediately or as soon as possible after learning of the incident. If the allegation involves potentially criminal behavior, the Facility Director or designee shall contact local law enforcement. All incidents shall be documented in an informational incident report.

There were two PREA-related allegations made during the previous twelve months. Both were unfounded.

Staff interviews and training documentation confirmed that all staff have been trained on their responsibilities as mandatory child abuse reporters and understand their responsibilities to call DSS and local law enforcement (i.e. Raleigh Police Department) for sexual abuse incidents or suspicions.

Standard 115.331 Employee training

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

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

The agency requires all DPS staff to successfully complete a comprehensive training regarding PREA. This training is offered annually and contains all of the elements required by the standard. It was verified by reviewing the training curriculum. All training is documented and staff are required to sign statements that they have read and understand several agency and facility policies, including the reporting of alleged child abuse and PREA allegations. Samples of this documentation from staff files were reviewed and found in compliance.

Staff interviews also confirm they have received and understood the training.

Standard 115.332 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)

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Policy R&P/DJJ 6 meets the requirements of the standard. The facility utilizes volunteers and contractors, who have completed the same PREA training that staff are required to complete. Documentation was reviewed. Staff interviews and files verified the training completion.

Standard 115.333 Resident 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)

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Policy R&P/DJJ 6 addresses youth orientation and education. During intake, all youth receive an orientation that includes the DPS PREA brochure relating to sexual misconduct and abusive sexual contact. The brochure is available in English and Spanish. Interpretive services for other languages are available, if needed. Interviews with youth confirmed that the information is communicated orally and in written form and that they understood the information presented. Interviews with intake staff confirmed that this orientation is consistently completed with each admission. Youth sign an acknowledgment of having received the PREA brochure and related information during the intake process. A review of the case files of the youth who were interviewed found that all had signed and dated the relevant acknowledgment form on the day of intake. Policy further requires that within 10 days of intake, the facility shall provide PREA education to youth through a video. The video addresses their right to be free from sexual abuse and sexual harassment; their right to be free from retaliation for reporting such incidents, and, facility policies and procedures for responding to such incidents. Again, all youth interviewed confirmed they saw this video and understood the information presented to them. The youth sign statements that they viewed the video. The facility had posters displayed, with PREA Hot-Line numbers and addresses in all areas where youth and staff are present. These are in

English and Spanish. PREA audit notice postings were also displayed in the same areas. Further, the facility provides written PREA materials in formats and through methods to ensure effective communication with youth with disabilities, including youth who have intellectual disabilities, limited reading skills, or who are blind or have minimal vision.

Standard 115.334 Specialized training: Investigations

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

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The State Investigators and or DSS will conduct administrative investigations into PREA related allegations once deemed appropriate by Law Enforcement or a District Attorney. All Investigators complete investigator training to enhance their skills. Interviews confirm this practice. Review of investigator training documentation shows that the standard is met.

Standard 115.335 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)

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Policy R&P/DJJ 6 addresses the training required of this standard, which is received in addition to the PREA training all staff receive. Interviews with medical and mental health staff confirmed they received additional specialized training. Documentation reviewed confirmed that staff received this training. The training reviewed meets the requirements of the standard.

The medical staff at the facility do not conduct forensic exams.

Standard 115.341 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

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Policy R&P/DJJ 6 addresses risk screening. All youth are screened upon arrival for potential risk, utilizing the Admission and Placement Screening for Detention Centers, which contains the elements required by the standard. If the results from the Risk Assessment Tool indicates a probability for victimization or sexually aggressive behavior and/or violent behavior, the youth shall be assigned to an appropriate room close to staff posts. If the screening indicates that a youth has experienced prior victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the intake staff shall offer the youth a follow-up meeting with a facility Mental Health specialist or contracted Mental Health provider. The follow-up shall be completed within 14 days. The Intake staff also completes an inspection of any other medical and mental health screenings that may have been conducted, as well as conversations with the youth during the admission process. Existing court records and case files are also consulted, if available. Policy requires intake staff, as part of the risk screening process, to attempt to ascertain information about any gender non-conforming appearance, mannerisms, or identification as LGBTQI. All risk assessment documentation is securely maintained in the NC-join and accessible only on a need to know basis. Youth are assessed as needed, and more specifically if a youth makes an allegation of sexual abuse or harassment the entire screening is re-conducted. Files showed that all screenings were conducted within 72 hours of intake, with all completed on the day of intake. Youth interviews confirmed that they received a risk screening during the admission process. Interviews with specialized staff who perform the risk screenings confirmed the comprehensive nature of the screenings and how housing decisions were made.

Standard 115.342 Use of screening information

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

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Policies YD 011 and R&P/DJJ 6 state that results of the Risk Assessment Screening process be primarily used to establish housing assignments and to increase staff awareness of potential safety concerns. Housing assignments are made with the intent of separating victims and aggressors by room location. Agency policy prohibits youth identified or confirmed as sexually aggressive are allowed to be housed in the same room as youth who have been identified as sexually vulnerable. There is also a "Safety Plan" that can be created, based on the assessment ratings, to inform staff and be used in Treatment Teams. Policy prohibits youth who identify as LGBTQI from being placed in seclusion as a means of keeping them safe from discrimination, harassment, or abuse.

Department of Public Safety staff are required to make housing decisions on a case-by-case basis for youth who identify as trans-gender or inter-sex, taking into account the youth's perception of the most secure placement, and whether the placement would present management or security issues. Also, policy requires that placement and programming assignments for each youth who identifies as trans-gender or inter-sex shall be reassessed by the Treatment Team at the youth's current placement at least twice each year to review any threats to safety experienced by the youth. The youth may request at any time that the Treatment Team reconsider the placement or programming decision. Policy states that if a youth discloses their sexual orientation or gender identity during intake, the intake worker shall talk with the youth about it in an open and non-judgmental fashion and determine if the youth has particular concerns or needs related to their LGBTQI identity. All youth are permitted to use the bathroom that is consistent with their gender identity and shower separately or in a separate designated area.

Standard 115.351 Resident reporting

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

- Does Not Meet Standard (requires corrective action)

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Youth interviews confirmed that the facility provides multiple internal ways for youth to privately report sexual abuse, harassment, and retaliation by youth or staff. All youth identified the reporting numbers for state agencies listed on the posters in various areas of the facility. They also stated that they can confide in their lawyer, their Juvenile Court Counselor, tell a family member, or tell a staff member. Youth also confirmed that they have access to writing materials, both during the school day, as well as in the dorm area. The youth state that they can put a note or letter in the black box, which is checked daily by Facility Director or designee. The youth also receive a PREA pamphlet that details the various methods to make a report as required by policy. A list of outside agencies with contact information is detailed on the pamphlet. Staff interviews confirmed that they accept all reports, whether verbal or written, and from any source. Staff interviews also confirmed that they can privately report sexual abuse or harassment of youth using the PREA Hot-Line and/or the DSS number. The PREA Hotline number is manned by the State PREA staff. Staff interviews confirmed their knowledge of these reporting methods. There were two PREA-related allegations made during the previous twelve months. Both were unfounded.

Standard 115.352 Exhaustion of administrative remedies

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

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Although there is a facility grievance procedure available for the youth policy R&P/YD 6 dictates that PREA allegations are not officially accepted in this method. In the interview with the Facility Director, she stated that if a grievance or note from the Black Box is pulled and it has a PREA allegation being reported, the grievance is immediately treated as if it had just been reported verbally with proper steps and reporting beginning. This element of the standard is N/A.

Standard 115.353 Resident access to outside confidential support services

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

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

The facility currently has an agreement with the Safe Child Advocacy Center to provide victim advocate and supportive services to youth upon request. Posters containing both the DSS and PREA Hot-Line numbers are prominently posted in the hallways and lobby area. Most youth, during their interviews, stated that they are aware of these posters and their right to call and receive advocacy services. Staff and

youth interviews confirmed that staff provide youth with the limitations of confidentiality regarding mandatory reporting laws. Youth communications to these services are not monitored. Youth interviews confirmed that those who currently have attorneys can communicate with them confidentially. None reported being denied access to their attorneys. All youth reported that they have family visitation and that they have never been denied access to their families. All youth are allowed to make phone calls each week to family members.

Standard 115.354 Third-party reporting

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

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

The facility uses the DSS and PREA Hot-Line for the purpose of third party reporting, and informs parents and guardians that they should call one of these numbers to make a report. The website, www.ncdps.gov provides a public link to reporting Fraud, Waste, or Abuse. This auditor reviewed the NCDPS website for clarification.

Standard 115.361 Staff and agency reporting duties

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

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

Policy R&P/DJJDP 6 states that any person(s) providing services in the facility who receives information, regardless of its source, concerning staff sexual misconduct, youth sexual abuse, sexual harassment, or youth sexual misconduct, or who have reason to suspect, or who observe an incident, are required to immediately report the incident to the shift supervisor and Facility Director or Designee. Policy states that employees, volunteers, contractors and interns with the Department of Public Safety are mandatory reporters for child abuse; and therefore obligated by law to abide by this policy (i.e., Reporting Alleged Abuse). Policy states that all information related to a victim of staff sexual misconduct or youth sexual abuse shall be considered confidential and shall only be released to those who need this information to perform their duties. All staff understand that they are mandatory reporters. Medical and mental health staff reported that they inform youth of their duty to report and the limitations of confidentiality at the initiation of services. All staff are mandated child abuse reporters and receive appropriate training. Policy requires all staff to also report any retaliation against youth or staff who made a report. Policy strictly prohibits the disclosure of information related to a report of sexual abuse, except on an “as needed” basis in order to make treatment and related decisions. Staff interviews confirmed that medical staff are mandated child abuse reporters and that they inform youth of their duty to report and the limitations of confidentiality.

Standard 115.362 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.

Although there were no instances during the previous twelve months where a youth was subject to a substantial risk of sexual abuse, during interviews all security and specialized staff clearly stated their understanding of the importance and duty to protect youth from harm. This is especially true with respect to youth who identify as LGBTQI. As noted above, the facility requires the Treatment Team to reassess placement and programming assignments for these youth every six months. This was verified in staff interviews and resident files. Policy gives those residents the right to request their housing assignment be re-evaluated by the Treatment Team at any time during their length of stay. Further, policy requires that if staff have a reason to believe that staff sexual misconduct or youth sexual abuse has occurred, the employee shall take reasonable and appropriate measures to assure victim safety. Staff report that they are to separate the youth and notify the Facility Director.

Standard 115.363 Reporting to other confinement facilities

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

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

Policy R&P/DDJJ 6 states that allegations of sexual abuse reported to have occurred at a prior Department of Public Safety facility or any institution shall require that the Facility Director receiving the report notify the Director where the alleged incident occurred. If there is no evidence in the DSS database that a report has been made previously, a report shall be made per department policy. The Facility Director stated in her interview that it is expected that such a report be made immediately upon learning of the allegation. There were no such reports or allegations made during the previous twelve months. While there has not been an allegation of sexual abuse made by another facility in the previous 12 months, program policy requires prompt notification, documentation and follow-up with the particular reporting facility. Also, North Carolina policy requires mandated reporters to report such an allegation to DSS.

Standard 115.364 Staff first responder duties

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

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

Policy R&P/DJJ 6 details the facility's first responder duties. All staff are considered to be first responders. If there is a reason to believe that staff sexual misconduct or youth sexual abuse has occurred, the employee shall take reasonable and appropriate measures to assure victim safety. The alleged victim and alleged perpetrator shall be physically separated. Non-punitive change in housing may be provided. The shift supervisor is then notified. Staff directs that the alleged victim and perpetrator not be allowed to shower, wash hands, brush teeth, change clothes, urinate, defecate, drink or eat until all investigation and examination protocols are completed. The room/area where the alleged sexual contact occurred shall be secured by staff and not accessible until released by law enforcement. There were two PREA-related allegations made during the previous twelve months. Both were unfounded. Most staff interviewed understood and could articulate the responsibilities of a first responder. Facility policy includes the requirements of the standard.

Standard 115.365 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 written, site-specific, detailed Coordinated Response Plan for PREA Related Incidents that reflects the requirements of policy. This auditor reviewed the site-specific Coordinated Response Plan. All staff could articulate that the plan could be accessed in the control room. The plan was site specific and had additional staffing plan meeting minutes and staff meeting minutes located in the coordinated response plan binder.

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

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

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

This standard is N/A. There are no agreements of the type defined in the standard in place or contemplated.

Standard 115.367 Agency protection against retaliation

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

- Does Not Meet Standard (requires corrective action)

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

Policy R&P/DJJ 6 states that DPS facilities shall protect all youth and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other youth or staff. All reports of retaliation shall be taken seriously and may result in disciplinary action up to and including termination. Policy requires that for at least 90 days following a report of sexual abuse or sexual harassment, the facility "PREA Support Person" shall monitor the conduct or treatment of youth who reported sexual abuse or sexual harassment. Their role is to link services and support youth who report sexual abuse and harassment. This staff person will connect the victim to professional resources offered by community based advocates and/or mental health professionals found in a confinement setting. Monitoring shall consist of a review of the following: a. The youth's disciplinary reports, b. Housing and room assignment, c. Program changes, d. Staff performance reviews and, e. Staff assignments and duties. Finally, the policy states that monitoring terminates once the allegation has been labeled unfounded by the investigating entity. The Facility PREA Compliance Manager, designated for monitoring retaliation of staff, was knowledgeable on what to look for and what to do with respect to retaliation against, or by, youth and/or staff. There were no instances of actual or threatened retaliation during the previous twelve months.

Standard 115.368 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.

This is N/A. The facility does not utilize any form of segregated housing.

Standard 115.371 Criminal and administrative agency investigations

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

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

The facility does not conduct criminal investigations according to policy R&P/DJJ 6. Referrals are made to the Department of Social Services who will conduct administrative investigations and the Raleigh Police Department will conduct criminal investigations. The facility would conduct administrative investigations only after it is deemed appropriate by Law Enforcement or a District Attorney. Policy states that the Department of Public Safety facility appointing authority (usually the Facility Director) shall ensure cooperation and

coordination with all investigating agencies/persons, and that the facility shall share all pertinent documentation, records, and available information with the agency. There were two PREA-related allegations made during the previous twelve months. Both were unfounded.

Standard 115.372 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.

Neither the agency, nor the facility, conducts criminal investigations of allegations of sexual abuse or sexual harassment. The agency and facility conduct administrative investigations when deemed appropriate. Once a substantiated finding is made by either the DSS or law enforcement, the agency may take disciplinary action. The Statewide PREA Coordinator reported that in practice the standard is preponderance or lower, but never higher.

Standard 115.373 Reporting to residents

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

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

Policy R&P/DJJ 6 addresses the requirements of this standard. Following an investigation into a youth's allegation of sexual abuse and receipt of the investigating agency's finding or findings, the Program Support Person shall inform the youth in writing with a completed OPA-I30 PREA Support Services Form, as to the determined outcome. Following a youth's allegation that an employee has committed sexual abuse against the youth, the Program Director shall inform the youth when: a. The employee is no longer employed at the facility; b. The employee is no longer posted on the youth's unit; c. The facility has learned that the employee has been criminally charged as a result of the allegation; or d. The facility has learned that the employee has been convicted of charges related to the allegation.

The facility is not required to report to the youth an employee's status if the allegation is unfounded.

Following a youth's allegation that he or she has been sexually abused by another youth, the Program Director shall inform the youth when: a. The facility learns the alleged abuser has been criminally charged; or b. The facility learns the alleged abuse has been convicted as a result of the allegation. The facility's obligation to notify the youth terminates if the youth is released from the Department of Public Safety custody. There were two PREA-related allegations made during the previous twelve months. Both were unfounded. The Facility Director stated her understanding and knowledge of the procedures for reporting findings of concluded investigations during the interview process.

Standard 115.376 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.

Agency policy R&P/DJJ 6 states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination. The sanction for a substantiated finding of sexual abuse is presumed to be termination in that such criminal charges usually result in incarceration. Any disciplinary action taken in a specific case depends on a number of variables and should be commensurate to the nature and circumstances of the acts committed, among other considerations. Agency policy requires all allegations of sexual abuse to be reported to the Raleigh Police Department, regardless of whether the staff resigns or is terminated. This was confirmed in the interview with the State’s Director of Juvenile Facility Operations.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Policy R&P/DJJ 6 states that the Facility Director, or designee, is required to curtail, postpone or discontinue the services of a contractor, intern, volunteer or similar individual or volunteer organization, when substantial reasons for doing so exist, such as unlawful conduct or breach of facility rules, and regulations or engaging in activities that threaten the safety, order or security of the facility. The PREA Coordinator reported that in the event the contractor or volunteer held a professional license issued by the state, the applicable licensing authority, such as the Department of Education, would be notified. Interview with Facility Director confirms this.

Standard 115.378 Disciplinary sanctions for residents

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

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

Policy R&P/DJJ 6 states that appropriate remedial measures shall be considered whether to prohibit further contact with other youth. Youth are subject to consequences of sexual misconduct/offense pursuant to the Behavior Expectations policy following the established due process. Youth consequences shall commensurate with the nature and circumstances of the sexual abuse or harassment committed, the

youth's disciplinary history, and consequences imposed for comparable offenses committed by other youth with similar history. The facility takes into consideration whether a youth's mental disabilities or mental illness contributed to the behavior when determining what disciplinary sanctions, if any, will be imposed. A decision would then be made by the Service Planning Team on actions involving the youth. The Director of Juvenile Facility Operations also clarified that the facility does not make any determination regarding whether a particular activity constitutes sexual abuse. This determination is made by a trained investigator, court system, and/or Law Enforcement.

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

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

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

Policy R&P/DJJ 6 states that if the screening for abusiveness and victimization indicates that a youth has experienced prior victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the intake staff shall offer the youth a follow-up meeting with a facility contracted Mental Health specialist or contracted Mental Health provider. The follow-up shall be completed within 14 days. All confidential data is stored in an electronic data base, NC-join, and files that are controlled either by access permissions or "need to know" basis. Medical and mental health staff interviews verified the policy and procedures. Facility policy complies with all elements of the standard. There were no youth who reported prior sexual victimization during intake. Interviews with medical staff confirmed that services would be provided, if requested by a youth.

Standard 115.382 Access to emergency medical and mental health services

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

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

The medical staff are on-call basis only. The youth alleging victimization are transported to Wake Medical Pediatric Hospital where SANE services are available. Acute trauma care shall be provided by the SANE program including but not limited to, treatment of injuries, HIV/AIDS education, timely access to emergency contraception, prophylaxis and testing for Sexually Transmitted Diseases. The Facility "PREA Support Person" shall provide information on local support services to victims. The policy further states that victims shall be provided trauma assessment, crisis intervention, safety planning and address treatment needs. A contracted Mental Health Specialist shall see the youth victim, as soon as possible for assessment and crisis intervention, as appropriate. Based on the results of the trauma assessment, the Mental Health Specialist shall develop a short-term trauma plan (i.e. psychiatric care, medication, mental health counseling, etc.) and an on-going counseling plan as needed. Youth are informed during their intake orientation that all such services will be provided without financial costs (also written on the PREA brochure they each receive). Medical and mental health staff verified the policy and procedures.

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

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

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

Policy R&P/DJJ 6 states that a contracted Mental Health Specialist shall see the youth victim as soon as possible for assessment and crisis intervention, as appropriate. Based on the results of the trauma assessment, the Mental Health Specialist shall develop a short-term trauma plan (i.e. psychiatric care, medication, mental health counseling, etc.) and an on-going counseling plan as needed. Testing for Sexually Transmitted Diseases is provided, as medically appropriate. Youth are informed during their intake orientation that all such services will be provided without financial costs (also written on the PREA brochure they each receive). Treatment can be provided to youth-on-youth abusers. Medical and mental health staff verified the policy and procedures.

Standard 115.386 Sexual abuse incident reviews

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

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

Policy R&P/DJJ 6 states that all substantiated and unsubstantiated staff sexual misconduct and youth sexual abuse incidents shall conclude with a Sexual Abuse Review completed and coordinated by the Facility PREA Compliance Manager. The review process shall consider whether: a. Changes in the policy or practice are needed; b. Whether race, ethnicity, sexual orientation, gender identity, gang affiliation or youth culture in the facility played a role; c. Physical barriers in the facility; d. Staffing levels, and e. Video monitoring needs. The review shall occur within 30 days of the conclusion of the investigation. The Facility PREA Compliance Manager shall invite the following persons to participate in the review: a. Director of Facility Operations; and b. Facility Director or Designee; and c. Facility Supervisors; d. Investigator; e. Medical Provider; f. Mental Health Health Specialist; and g. PREA Support Person. The form that is used according to policy and the Program Director is called OPA-I10 (PIR). The Facility PREA Compliance Manager shall prepare a report of the findings to include recommendations for improvement. The report shall be submitted to the Facility Director, the Director of Facility Operations, and the NCDPS PREA Coordinator. The Facility Director may implement the recommendations for improvement or shall document the reasons for not doing so. In that there were no substantiated or unsubstantiated findings that required a review, there were none completed in the previous twelve months.

Standard 115.387 Data collection

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

- Does Not Meet Standard (requires corrective action)

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

Policy R&P/DJJ 6 states that any incident report that alleges staff sexual misconduct, juvenile sexual misconduct or youth sexual abuse in DPS facilities shall be collected by the DPS PREA Coordinator. The DPS PREA Coordinator shall be responsible for compiling records and annually reporting statistical data to the Federal Bureau of Justice as required by the Department of Justice. There shall be a survey for collecting data regarding sexual contact prevention. Data from the Youth Surveys shall be provided to the DPS Leadership Team on an annual basis to identify trends, safety risks and training needs to be addressed at facilities. The agency collects, aggregates, and maintains the data, as required by the standard. The data instrument collects the data necessary to answer all questions from the USDOJ Survey of Sexual Violence.

Standard 115.388 Data review for corrective action

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

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

The facility has conducted the 2014/2015 annual report and it is posted on the State of North Carolina Department of Public Safety Website.

Standard 115.389 Data storage, publication, and destruction

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

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

The agency meets the requirements of this standard. NCDPS has a public website that features all federal PREA reports, PREA brochures, and information regarding PREA.

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.

Garret Peter Zeegers

12/24/2015

Auditor Signature

Date