

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 12/5/2016

Auditor Information			
Auditor name: Robert Lanier			
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Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 9122811525			
Date of facility visit: October 31, 2016			
Facility Information			
Facility name: North Carolinal Institution for Women			
Facility physical address: 1034 Bragg St. Raleigh NC 27610			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (919) 733-4340			
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: Frank L. Perry			
Number of staff assigned to the facility in the last 12 months: 702			
Designed facility capacity: 1739			
Current population of facility: 1607			
Facility security levels/inmate custody levels: Close, Medium, Minimum			
Age range of the population: 18 and up			
Name of PREA Compliance Manager: Barbara Whitaker		Title: Correctional Lieutenant III	
Email address: barbara.whitaker@ncdps.gov		Telephone number: (919) 733-4340 ext. 1647	
Agency Information			
Name of agency: NC Department of Public Safety			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 512 N. Salisbury St., Raleigh, North Carolina 27604			
Mailing address: <i>(if different from above)</i> NC Department of Public Safety, 4201 Mail Service Center, Raleigh, NC 27699-4201			
Telephone number: (919) 733-2126			
Agency Chief Executive Officer			
Name: Frank L. Perry		Title: Secretary, NCDPS	
Email address: frank.perry@ncdps.gov		Telephone number: (919) 733-2126	
Agency-Wide PREA Coordinator			
Name: Charlotte Jordan-Williams		Title: PREA Director	
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AUDIT FINDINGS

NARRATIVE

The PREA Audit of the North Carolina Institution for Women, was conducted on October 31, 2016 through November 2, 2016. Six weeks prior to the on-site audit the Notice of PREA Audit was forwarded to the facility for posting in areas throughout the facility and grounds where it would be accessible to staff, inmates, contractors, interns and volunteers. The auditor received one anonymous letter and performed due diligence based on the information provided in the letter. The letter indicated that inmates in a specific living unit were walking around scantily dressed or naked and getting into the showers together and that staff were remiss in correcting that behavior. The auditor interviewed inmates from the dorm where the alleged activity was occurring as well as two experienced staff who work in the unit. Inmates in the unit indicated that the activity was repulsive and that while older, more seasoned staff held the inmates accountable, newer, less experienced staff did not. The inmates related that the activity going on in the living unit was consensual and that no one was coercing or forcing anything on anyone else. The auditor interviewed two of the "seasoned" staff. They indicated that this behavior does not occur on their "watch", that they do not tolerate it and that they hold inmates accountable for inappropriate behavior. They also related that inmates do not walk around naked. They said that during the summer they had issues with inmates wanting to take their shirts off. They also related that when the women do try to get into the showers with other inmates, they write them up. After doing due diligence relative to the anonymous letter the auditor informed the PREA Compliance Manager and the Warden of the allegations. The Warden and PREA Compliance Manger agreed to brief staff again on supervision of inmates and consistently applying the rules and provide the auditor with confirmation that the staff were briefed and that shift supervisors would "drop in" unexpectedly to observe staff supervision of inmates in the unit. Thirty (30) days prior to the on-site audit the facility forwarded a flash drive with the agency's and facility's policies, procedures, and supporting documents enabling the auditor to begin to understand the operations of the Department and the Prison. By prior agreement the auditor arrived at the facility around 7:30 AM. At 8:00 AM the auditor met briefly with the Deputy Warden and then the PREA Compliance Manager. A brief meet and greet was conducted to meet key staff from the facility and to briefly explain the audit process. Following the entrance briefing the auditor took a tour of the entire facility accompanied by the PREA Compliance Manager and another Lieutenant who is soon to be the facility's PREA Compliance Manager.

DESCRIPTION OF FACILITY CHARACTERISTICS

This prison complex is huge and complex in that it houses over 1600 inmates and provides multi-faceted programs serving a variety of custody levels and needs.

The North Carolina Correctional Institution for Women (NCCIW), in Raleigh, is the state's major correctional facility for women. It houses the largest inmate population in the state and serves as the support facility for the state's other six female prisons. The campus-style facility sits on 30 acres of a 190-acre tract of state land in southeast Raleigh.

NCCIW houses female inmates all custody levels and control statuses including death row, maximum, close, medium, minimum and safe keepers. It provides the primary medical, mental and alcohol and chemical dependency treatment for female inmates.

The facility operates a diagnostic center that serves as the point of entry into the prison system for all women sentenced as felons. Upon arrival, inmates undergo a series of diagnostic evaluations that will determine future prison assignments.

Programs

Correction Enterprises license tag plant

Correction Enterprises duplicating and quick copy plant

Dental lab

NC Travel and Tourism Information Center

Reupholster shop

GED

Office technology

Cosmetology

Horticulture

Culinary arts

Mothers and Their Children (MATCH)

Drug Alcohol Recovery Treatment (DART)

Prisoners may attend worship services in the Chapel of the Nameless Woman and participate in Bible studies or other religious programs offered by prison chaplains, Prison Fellowship and other religious volunteers and organizations.

History

The prison originally served as a road camp for male inmates who worked on highway projects. Women inmates were transferred to the Bragg Street site in 1933, while women's living quarters at Central Prison were under renovation. Inmates were initially housed in two large double-tier, barrack style cell blocks. Each building was designed to accommodate 160 inmates. Other buildings on the site were a dining hall, converted infirmary, auditorium and administration building.

Rather than return women inmates to Central Prison, the State Highway and Public Works Commission announced plans in the mid-1930s to begin the construction of a women's prison on the cottage plan in the immediate future. The project never

got beyond the planning stage. The prison eventually supported a farming and canning operation which continued through the 1950s.

Central Prison administrators managed the prison until 1938, when the women's prison became a wholly separate and individual institution. In 1942, Mrs. Edna B. Strickland was named superintendent of the women's prison becoming the state's first female prison superintendent. In 1996, the superintendent's position was elevated to that of warden and Carol Caldwell became the first female warden in the state's history.

The first improvements to the old road camp prison were made in the late 1940s and early 1950s. A \$1 million construction program added four cottage style dormitories, an auditorium, segregation unit, sewing plant, cannery, laundry, kitchen and dining hall and administration building.

In 1986, an aggressive construction and renovation plan for NCCIW began with the funding for a 28-bed infirmary and outpatient medical services building. Over the next seven years, lawmakers funded approximately \$25 million to replace or renovate deteriorated buildings and as part of the prison's master plan add buildings and support services necessitated by inmate population growth. Construction at the prison has continued into the 1990s. The funded master plan included six new dormitories, mental health facility, 48-cell maximum security building, operations building and gatehouse, security perimeter fence and lighting, as well as other infrastructure and support services construction and renovations.

SUMMARY OF AUDIT FINDINGS

The auditor's methodology for conducting the PREA Audit of the North Carolina Correctional Institution for Women in Raleigh, North Carolina was as follows. Prior to the audit the facility received and posted the Notice of PREA Audit enabling staff, inmates, volunteers, contractors, visitors and interns to communicate any PREA related concerns to the auditor. The auditor received one anonymous letter and conducted due diligence to respond to the concern expressed. Due diligence was conducted by interviewing inmates from a specific living unit and staff working in that dorm, after which the warden and PREA Compliance Manager were advised of the nature of the issue and potential actions they could take. The auditor received the flash drive containing policies, procedures, forms and supporting documentation 30 days prior to the on-site audit. The auditor thoroughly reviewed the information provided. Additional documentation was requested for the on-site audit review. The requested information was provided and reviewed. The auditor toured the facility (see below) and observed interactions between inmates and staff and inmates and inmates. Additionally, the auditor observed potential blind spots that were out of camera view. Informal interviews, with both staff and inmates, were conducted during this tour that lasted from 8:00AM through 3:30PM with no breaks. Informal interviews were conducted with custody staff, specialized category staff and maintenance staff. The auditor also interviewed large samples of both staff and inmates, randomly selected. A total of 26 specialized staff were interviewed along with twenty-two (22) randomly selected staff. Also interviewed were nineteen (19) randomly selected inmates representing all housing units. An additional four inmates refused to be interviewed. Following the interviews the auditor sat down with the PREA Compliance Manager and her alternate to review additional PREA related documentation. An exit was conducted with the Warden, PREA Compliance Manager and alternate. Additional documentation was requested and provided.

Tour

This facility houses all custody levels of inmates, including death row inmates. Beginning in the administrative area, the tour continued through the medical/mental health complex, every living unit and dorm, all educational and vocational areas, food services and the minimum custody housing program outside the main prison complex. The facility was observed to be clean and orderly and staff were observed maintaining observation and supervision of inmates in their areas. It was obvious during the tour that the facility has worked hard to identify blind spots and areas for potentially clandestine sexual activity. The facility has a number of offices and areas and doors with windows allowing easy viewing by anyone walking by or conducting unannounced PREA rounds. These windows were observed in virtually every living unit. Cameras were observed located throughout the facility in strategic areas. Cameras were observed in the Robin Unit/Healthcare Unit stairwells and in the elevator. Mirrors have been used to mitigate vision in areas that did not have cameras. Again, it is evident that the facility is concerned about enhancing supervision using cameras and the facility has a large number of cameras.

In the Vocational Area/ Tag and Duplicator area, there is a set of stairs leading up to the "air handling Units." This area housing the air handling units contained multiple blind spots. Interviewed maintenance staff were not aware of who all had access to the keys to the area. Hopefully cameras can be allocated to cover this area. It was noted however that the facility does have a sign on a chain that should have been placed across the stairs that stated "No Inmates Allowed." The facility submitted documentation to confirm they will ensure the "No Inmates Allowed" sign remains up. Too, in the facility's evaluation of options, they decided that they will add two mirrors to the Air Handler area over the tool room and adding one in the front office area. Too, the facility removed some boxes of air filters that were obstructing views. Additionally, the warden provided a memo stating that in the upgrades of the video system he will also consider the feasibility of placing cameras in that area. Staff will also, when making unannounced rounds, check that area as well.

A "canteen" storage unit was being used by two inmates to stock the shelves with goods that will be sold to the inmates. The lights were out and visibility inside the unit with the lights out restricts and seriously limits viewing inside. The door was open and nothing inappropriate was observed other than the lights were out. The touring team agreed that one possible solution that was not costly would be to add motion detector lights in the canteen. As corrective action, the facility provided documentation that they have submitted a work order to install motion sensor lights.

The warehouse area had no cameras however the post is gender specific and the post is occupied for one and one-half hours after the inmates working in the unit are gone.

A solid wooden door in the hall (supply closet) needed a mirror to enable viewing and a window was observed covered with a sheet restricting viewing. The sheet was removed. The storage door #6 in this area was slightly obstructed by boxes stacked up past the window. Staff just need to be reminded not to stack boxes so high that viewing from the outside the area is not obstructed. Corrective action documentation confirmed that the sheet has been removed and the stacked -up boxes have been rearranged to clear the obstruction.

Dorm E has no cameras in the basement area which is used only as a storage area for different units at the facility. The key to the basement door is accessible to the staff on duty and the post is gender specific. Doors to specific rooms used for storage are secured with padlocks. Each unit using dedicated rooms for storage has a key to their specific room. This area is not accessible to inmates however the facility agreed to consider, in the video upgrade plan, to consider the feasibility of placing cameras in this location.

The acute side stairwell by the emergency exit needs minimally a mirror and preferably a camera.

There is a blind spot at the chronic side stairwell at the A-2 Door. The facility provided documentation to confirm a work order has been submitted for the mirrors.

Inmates are afforded privacy during showers and when using the toilet. Every shower in the facility had PREA Curtains and toilets had stalls with doors.

Staff reported there were no cameras in any of the rooms except in the Robin Medical Unit where two cells were designated for monitoring inmates who exhibited "suicide potential". Commodes in the rooms are in view of the camera. When asked about this viewing staff related the rooms will be used for monitoring potentially suicidal inmates however the post observing and monitoring the cameras would always be a female staff and would never be manned by a male staff. On December 6, 2016, the facility provided the revised POST Order specifying that this post is gender specific.

The auditor observed multiple occasions where opposite gender as well as same gender staff would announce the presence of a male on the hall. Male announcements were loud and clear and left no doubt that a male was coming on the hall. Staff were observed engaging inmates and inmates were observed to be well behaved.

PREA Posters were observed throughout the facility and virtually every unit had a PREA Bulletin Board and other Bulletin Boards were also replete with a variety of PREA Information. Bulletin Boards were often prominent and attractively decorated, drawing attention to the information on the boards. Information on the bulletin boards was posted in ways that were just very creative and attention drawing. Hotline numbers were observed posted prominently by or adjacent to the phones and inmates were observed using phones indicating that have access to them as needed.

Nineteen (19) inmates from virtually every living unit were informally interviewed during the tour. All the inmates reported receiving PREA Training, including the Zero Tolerance Policy and how to report sexual abuse if it happened to them or someone they knew. They also related that information is readily available on bulletin boards. When asked if they had access to the phones if they needed to call the hotline each of them stated that had no issues using the phones. Six of the 19 informally interviewed inmates complained that inmates were using PREA allegations just to get moved to another unit trying to get in the same units as their "girlfriends" or to get someone moved, and they resented that they get moved. I explained the process and that we had to take every allegation seriously and take immediate action to protect the inmates while the facility conducts an investigation. They said they understood but felt it was not right. One inmate who had been in the facility for decades came up to the auditor and thanked the auditor for PREA and for trying to help inmates remain safe in the facilities. She related that staff at this prison take allegations seriously and she felt staff would take immediate action if there was an actual or alleged sexual assault. An additional 23 randomly selected inmates were selected to be interviewed. Four inmates refused to be interviewed even after the auditor attempted to explain the purpose of the interview and how they might be helping other inmates in the future.

Twenty-three (23) staff also were informally interviewed during the tour. These staff represented multiple living units and programs. Staff were very knowledgeable of PREA and could articulate not only what they learned about PREA but also how and when they received their training. Twenty-two (22) randomly selected staff were also interviewed as well as staff accounting for twenty-six (26) specialized categories of staff.

Solid doors to closets and storage rooms that are not covered by a camera often had signs restricting access to authorized personnel. Additionally, some of the keys to these areas were restricted keys that would require staff accessing the keys to check the keys out from the control room and sign for them, leaving a record of who has accessed the keys. Additional solid doors out of camera view were identified during the tour that need signs on them restricting access. These doors were checked however and were locked as they are required to be to prevent unauthorized access.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: 0

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 (DPS) are comprehensive, well written and describe the agency's Zero Tolerance Policy for 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 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. A brief interview with the PREA Coordinator indicated that he is a very professional and very knowledgeable individual who has been involved in implementing PREA for a number of years. Additionally, the Warden has designated a Lieutenant as the PREA Compliance Manager. The PREA Compliance Manager at the North Carolina Correctional Institution for Women is one of the most knowledgeable and motivated PREA Compliance Managers I have had the pleasure of working with. She is not only aware of the standards but is totally aware of what is going on in her prison. She is aware not only of the standards, but also of facility blind spots and how the agency has addressed them. She also has an associate PREA Compliance Manager in training. He is a highly motivated young man and can be expected to do a good job as well. The PREA Compliance Managers have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager related that she has the complete support of the prison's administration in implementing PREA. 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 multiple inmates representing every living unit, including those informally interviewed during the tour as well as those randomly selected, 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, inmates and volunteers are trained in and understand the zero tolerance policy.

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 Warden 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 each 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”. Additionally, staff may be pulled from support services or staff may be held over to meet the minimum staffing. 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. Staffing analyses are conducted every three years on site by a DPS team. The plan considers the items required by the standards and video monitoring is always a part of the planning process to supplement direct supervision. This facility has a large number of cameras covering numerous blind spots. The Warden related plans to further upgrade the existing camera system by adding multiple additional cameras to cover blind spots. Supervision is enhanced further by unannounced rounds made each shift by the shift supervisors. The Warden and his Deputy Warden 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.

North Carolina Department of Public Safety (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment), requires that youthful offenders are not placed in a housing unit in which the youthful inmate would have sight and sound contact with any adult inmates using a shared dayroom or other common space, shower area or sleeping quarters. It also requires that in areas outside the housing units, the facility either maintains sight and sound separation between youthful inmates and adults or provides direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. Additionally, the policy requires that youthful inmates have access to other programs and work opportunities to the

extent possible. This facility houses youthful offenders in a self-contained unit that enables youthful inmates to be sight and sound separated from adult offenders. Youthful inmates are housed in single occupancy cells. There are five restricted housing cells (segregation). The unit has its own program area, rec yard and dining room. Inmates go to church while adult inmates are also attending however the youthful inmates are required to sit in the back of the chapel, separate from the adult prisoners and are supervised by two correctional staff. An interview with a youthful offender confirmed that youth are housed in a self-contained unit, sight and sound separated from adult inmates. She also related that youth are provided opportunities for programming and access to medical and mental health inside the unit. There were six youthful offenders in the unit during the on-site audit period.

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. Cross gender strip, body cavity and frisk searches are not allowed absent exigent circumstances. Interviewed staff indicated they were trained to conduct cross gender pat/frisk searches however they stated they have never seen a male officer conduct a frisk search of any inmate. Interviewed inmates representing all housing units related that male staff do not search females. They related a male as never searched them nor have any of them ever witnessed a male staff conducting a search of a female.

Showers were observed to provide privacy through use of PREA Curtains that allow staff to see the head and feet of an inmate showering for security purposes however the torso of the inmate is not in view. Toilets also provide privacy with doors on the stalls. Cameras are not located in either the shower or restroom area. Interviewed staff indicated that inmates are never naked in full view of staff of the opposite gender. Interviewed inmates representing inmates from all housing units also related that inmates are never naked in full view of male staff. They also related that even prior to a male assisting with “count” a female officer comes into the shower and restroom area to ensure there are no females showering or using the restroom.

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 male staff announce their presence consistently. They indicated that the female staff will announce it as well when they see a male officer coming in to the unit. Interviewed inmates consistently related that they can dress, shower and use the restroom without being viewed by staff of the opposite gender.

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. The facility has access to staff who may provide interpretive services. In the absence of staff interpreters staff are aware of the professional interpretive services provided by the Department of Public Safety. Detailed instructions for accessing and working effectively with interpreters are provided as well. Interviews with staff consistently indicated that staff would not rely on an inmate interpreter except in exigent circumstances. Most of the staff stated they could use a staff interpreter however most related that they would use the telephone interpretive services to ensure an accurate interpretation. None of the inmates interviewed were limited English proficient or disabled and staff could not recall when they have had an inmate who was limited English proficient.

Standard 115.17 Hiring and promotion decisions

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

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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.

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 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 HR Manager indicated she is an experienced and knowledgeable staff. She articulated a comprehensive process in which the applicant submits his/her application to the DPS Employment Specialist who reviews applications and refers only those who are “highly qualified”. Applicants complete the Applicant Verification Form answering the three PREA Related Questions. Applicants are interviewed by a panel at the Regional Office and applicants selected for correctional officer positions undergo a background investigation that includes a search of court records, an NCIC check and driver’s license check. Background checks are made prior to hire, every five years and upon receiving a promotion. Staff also check the BEACON System to see a potential employee’s prior state work experience, including their reasons for leaving their last state employment. Additionally, reference checks, asking previous employers about prior allegations, are conducted. Five- year background checks are being done. A sample of 20 personnel files were reviewed and each contained the required background check information, the signed Applicant Verification Form acknowledging responses to the PREA related questions asked of applicants and the DPS Employment Statement which again asks the PREA related questions.

Standard 115.18 Upgrades to facilities and technologies

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

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The facility has not had any upgrades to the prison since August 20, 2012 however there have been major upgrades to video monitoring technology, including the addition of numerous cameras to enhance supervision and monitoring of inmates and to address multiple identified blind spots. During the tour the PREA Compliance Manager and alternate were very aware of the locations of their cameras and pointed them out to the auditor. An interview with the PREA Compliance Manager, her alternate, and the Warden confirmed that the facility is also receiving additional cameras to cover additional blind spots the facility has identified. He indicated he and his staff are actively involved in any plans for cameras and that their input is made and generally accepted in identifying locations for cameras and enhancements in surveillance 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 abuse be referred to the appropriate investigative agency. Protocols for reporting, including reporting to local law enforcement and other investigative agencies are identified. 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. Medical care is available at the prison 24/7. 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/she 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 Room 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 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 at the hospital or available on call. An interview with the SANEs nurse at the hospital confirmed the availability of a SAFE or SANE to conduct the forensic exam. She also related that the hospital would offer treatment for injuries, a detailed forensic exam and STI Prophylaxis. They also would contact an advocate to accompany the inmate through the forensic process if she requested it. 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).

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. 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 facility investigators indicated they would expect staff to report all knowledge, reports, suspicions or allegations of sexual abuse, sexual harassment, retaliation or staff neglect or conduct that may have contributed to an incident or retaliation. They also indicated that if the allegation or incident involved staff, the DPS Office of Special Investigations investigators would be called in and if the incident appeared or was criminal in nature, the local law enforcement would conduct the criminal investigation in tandem with the OSI who would be conducting a parallel investigation involving any staff. Interviews with 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 Coordinator, an in-house investigator and/or local law enforcement. Several mentioned OSI would also investigate. The facility had approximately 160 allegations during the past year. A sample of investigations were reviewed. Reviewed investigations indicated the facility does take PREA seriously and investigates all allegations and reports of sexual abuse and sexual harassment. The nature and scope of these investigations indicated that this facility takes allegations seriously and refers them for investigation without fail. Staff also related they would report any "undue familiarization".

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 training during annual re-certification training and through information provided through the daily dozen and shift briefings. Staff were knowledgeable of the Zero Tolerance Policy, signs and symptoms, rights of inmates and staff related to PREA issues and first responding. Staff were knowledgeable of PREA. They were aware of their responsibility to report and the actions they would take as first responders.

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 signs 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 she had received the on-line “PREA 101” training and was actually knowledgeable about a wide variety of PREA topics above and beyond the Zero Tolerance Policy and reporting. She related that she also receives the training annually.

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 education 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. 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 given an opportunity to ask questions related to the material presented. Multiple acknowledgment forms were reviewed

indicating that inmates are receiving the required information. They are also acknowledging that they have a duty to report any threat or occurrence of Undue Familiarity or Offender Sexual Abuse and Harassment to DPS Staff. They also acknowledge having received the brochure entitled, "Sexual Abuse Awareness for the Offender." An interview with the staff responsible for conducting orientation indicated that they provide the PREA Education generally not later than the day following admission. Inmates consistently related during interviews that they received an orientation that included PREA Education and that they received a packet containing PREA related information including the PREA Brochure. They also consistently related that they watched a PREA Video. Some of the inmates indicated that they receive PREA information and watch the video several times a year. Inmates also pointed out that PREA information is liberally located throughout the facility. They were very knowledgeable of PREA and how to report allegations of sexual abuse or sexual harassment.

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. Interviewed investigators were very knowledgeable of the investigation process and able to articulate the steps they would take in an investigation. They indicated that if an investigation involved staff in any manner, the DPS OSI investigator would be contracted to conduct the interview. If the allegation or act appeared to be criminal, the local law enforcement would conduct the investigation in tandem with the OSI.

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 medical and 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 the health services staff confirmed that they all have received their PREA 101 training and Specialized Training as required. Samples of documentation to indicate specialized training were provided.

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 on admission 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 safe keepers 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 5) Whether the inmate's criminal history is exclusively nonviolent 6) Whether the inmate has prior convictions for sex offense against an adult or child 7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming 8) Whether the inmate has previously experienced sexual victimization 9) The inmate's own perception of vulnerability 10) Whether the inmate is detained solely for civil immigration purposes and 11) 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, 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 all offenders and safe keepers admitted to this facility from county jails undergo a documented health screening by on-site Diagnostic Center staff most often within 24 hours of arrival and not later than 72 hours. Offenders are reassessed within 30 days of admission as well. The screening inventory has questions focused and directed to risk and history of sexual victimization and abuse. Positive responses trigger automatic referrals to qualified mental health staff for a more thorough screening. Inmates reporting prior victimization are seen by mental health within 14 days as required. Staff reported that a large portion of the population is on the mental health caseload and receive mental health services on an ongoing and regular basis. Mental health services are available 24/7 in this facility. Multiple examples of the MHSI were reviewed in the OPUS System confirming that screening is taking place.

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 residents being laced 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. According to a staff member responsible for ensuring inmates are appropriately screened, specific housing, bed, work, education and program assignments for those identified through the risk screening process are reviewed during weekly multi-disciplinary meetings (and more timely if needed). Changes are made accordingly as needed. Offenders and safe keepers deemed at particular risk are added to the mental health caseload and seen every 30-45 days according to policy or more frequently if needed. In compliance with Gender Dysphoria Policy, TX-13, offenders in need of consideration for additional accommodation are referred to a multi-disciplinary committee where their needs are reviewed on a case-by-case basis. 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. Inmates at high risk for vulnerability for victimization or high risk for becoming an abuser are discussed at each weekly multidisciplinary team meeting to ensure that they 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.

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 effort 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 Warden, indicated that inmates are not automatically placed in restricted housing as a first response. They may request restricted housing. An interview with the Warden indicated that involuntary protective custody would not be used unless there were no other options available to keep the inmate safe. He indicated 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 again that placing a victim in involuntary restricted housing would be a last resort.

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 that can 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) 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. At the conclusion of PREA Orientation, inmates sign an acknowledgment form. Inmates were well versed and knowledgeable of multiple ways they could report. They consistently stated they would tell a staff, either a Correctional Officer, Sergeant or Officer in Charge. They indicated they would use the PREA Hotline. One inmate said she had used the hotline and her issue was resolved within a few days and the inmate harassing her was moved to another unit. Some indicated they would tell a family member, a therapist or drop a note in the PREA or grievance boxes. All the inmates related they had been told how to report and that there were posters all over the facility to inform inmates of how to report. A number of the interviewed inmates, those informally interviewed during the tour as well as those

randomly selected inmates who were interviewed reported that, in their opinions, a large number of allegations are made to get an inmate moved from their dorm to another dorm. They also indicated that they believed that these also were the result of love affairs between inmates gone awry. A number of inmates in one of the housing units reported that some staff were lax in enforcing the rules and that some of the inmates were often naked in front of the other inmates and that they would get into the showers with their girlfriends and lay on bunks scantily dressed or undressed. They reported that the more seasoned staff would write the inmates up and hold them accountable however they believed the newer staff were more prone to overlook it. The auditor followed-up on these reports and informed the Warden and PREA Compliance Manager. The auditor also interviewed several of the seasoned staff via phone and learned that inmates are not walking around naked on their shifts nor are they scantily dressed. They were unaware of what went on on other shifts. It is recommended that unannounced PREA rounds be made in these units and that case managers and line staff as well as inmates from the units be interviewed periodically.

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 Diagnostics, in how and where to obtain a grievance form. During their orientation in the Diagnostic Center, the inmates also get an oral explanation of the procedures and are 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 or her 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 or her 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. Very few inmates identified the grievance process as a way to report sexual abuse, sexual harassment or retaliation but when asked if they had access to a grievance process they stated they could and that they could access a grievance form from an officer and that they would give them the form. Reviewed investigation report packages indicated that a number of inmates actually did report sexual harassment via the grievance process

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 counsel. The facility has a Memorandum of Understanding with an outside advocacy organization to provide support services. That organization is Interact. An interview with the staff at Interact indicated that they are aware of the potential needs of the Women’s Prison. She also related they staff a 24/7 hotline and have a total of 30 advocates. An advocate would meet the victim at the hospital where the forensic exam is being conducted to make contact with the inmate and to provide services if requested. Interviews with inmates indicated that they are not aware of outside support services and did not know how to contact them if needed. They were 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. One inmate was aware that the outside advocacy organization was Interact. Some of the inmates stated 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. Some said they felt sure the information was probably on a poster but they were not knowledgeable about who the outside organization is or how to access them. It is recommended that staff provide additional training addressing each item of the standard to ensure that inmates know who the outside organization is, how to access them, the services they provide, and the degree to which what the inmates tell them is confidential. The facility responded with corrective action and prominently posted even more posters with information about Interact, the outside advocacy program available to them should they ever need it.

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. When discussing ways inmates could report sexual abuse and sexual harassment, inmates stated they could tell their families or other inmates who could then make reports for them. They also stated they would be able to report for any other inmate who had been sexually abused. 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.

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 3) 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 is notified. Failure to report subjects non-reporting staff members to disciplinary action. Policy requires reporting allegations of abuse that an inmate was abused at another facility. Interviews with staff, including line staff and specialized staff, confirmed they are aware of their duty to report. All of them stated they would report all allegations and knowledge of sexual abuse or sexual harassment. They also indicated that 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. Medical and mental health staff stated they make inmates aware of their duty to report prior to initiating services.

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. Interviews with staff indicated that they would take an allegation that an inmate was subject to a substantial risk of imminent sexual abuse seriously and take immediate action to protect the inmate. All the interviewed staff related they would take immediate action to separate the inmate from the potential risk. Most stated they would keep the inmate with them until their supervisors could make a decision about what to do with the inmate. The Warden related that he would identify and separate the aggressor from the potential victim. He stated that his facility attempts to identify

potential abusers and potential victims to ensure they are not housed together. He also stated he would remove the aggressor and possibly move her to another facility. He also indicated that protecting a potential victim in restricted housing would be a last resort. If the potential aggressor had been identified the aggressor could be placed in restricted housing while the allegation was investigated and if, necessary, transferred to another facility.

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 Warden and Deputy Warden confirmed that they are knowledgeable of this requirement and both were able to 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 refrain from taking any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Reviewed documentation and investigation packages confirmed that staff performed their first responder duties as required and that they separated the victims from alleged abusers upon receiving an allegation of sexual abuse or sexual harassment.

Additionally, inmates alleging sexual abuse or even sexual harassment are taken to medical and to mental health. Interviewed inmates alleging sexual abuse or sexual harassment related they were separated immediately from the aggressor and taken to medical and mental health. Staff consistently articulated the steps they would take as first responders. Their responses addressed the steps required by the agency's policy and the PREA Standard 115.64. Staff reported they would separate the victim and take him away from the alleged abuser. They said they would immediately report it verbally to their immediate supervisor and then treat the area where the alleged abuse occurred as a crime scene as well as requesting that the alleged victim not take any actions to degrade or contaminate potential evidence, including not changing clothing, brushing their teeth, bathing or defecating.

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 coordinated response plan with the roles of each player depicted in a flow chart. Interviewed staff from each discipline, including line staff, medical, mental health, investigators and the administration were knowledgeable of their roles in responding to an allegation of sexual abuse or sexual harassment.

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 the North Carolina Correctional Institution for Women are all 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 to 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 is forwarded then to the PREA Compliance Manager. An interview with a PREA Support Staff indicated that they have been trained to perform PREA Support services, including retaliation monitoring. They related their responsibility, after an allegation, is to explain to the inmate that their role is to serve as a support person and of their responsibility to monitor for retaliation. The services are offered to the inmate however the inmate has the right to refuse if she believes services are not needed or she is not fearing retaliation. Support Staff indicated that they meet weekly with the inmates to inquire about retaliation. Monitoring would continue for at least 90 days and beyond if needed. There have been no cases of retaliation during the past 12 months. Reviewed PREA Support Forms documented retaliation monitoring or at least offering those services to an inmate.

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 staff indicated that when an inmate needs post-allegation protective

custody the facility would not use “restricted housing” as the “default” response. Restricted housing would be a last resort. Abusers, if known, might be placed in restricted housing while an investigation is being conducted or be transferred to another facility. The victim may be placed in another dorm if needed for protection or may be transferred to another facility as well. If the victim fears some sort of retaliation preventing her 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 she 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, including third party and anonymous reports. Sexual abuse and sexual harassment investigations are conducted by staff that has 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 Capitol Police. 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. 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 and interview alleged victims, suspected perpetrators and witnesses. Reported allegations shall 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 Region 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 two facility investigators confirmed an investigation process consistent with agency policy. Criminal investigations are conducted by the Capitol Police and in tandem with the DPS Office of Special Investigations, who will be investigating allegations of staff involvement for personnel reasons. Interviews with two facility investigators indicated that they have been trained to conduct sexual abuse investigations inside the facility. If the allegation was or appeared to be criminal, the Capitol Police Office would investigate and again, that would be in tandem with the DPS OSI if the allegation involved a staff member.

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.

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 shall inform 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 is informed 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. The agency’s obligation to report terminates if the inmate is released from the NC DPS custody. An interview with the PREA Support Staff confirmed their role in providing notification to the inmate of the results of the investigation. The PREA Compliance Manager provided samples of investigations containing the PREA Support Person Services Form containing documentation that the inmates were notified of the outcome of the investigation

as required.

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 provided documentation to confirm one officer alleged to have had sex with an inmate was transferred to another facility while the investigation was being conducted and ultimately charges were taken against the officer.

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 Warden indicated that upon receiving an allegation of sexual abuse the volunteer or contractor would immediately be removed from the prison and not allowed back until the conclusion of an investigation. 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 Warden 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.

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 PREA Audit Report

Screening Inventory (MHSI) to all newly admitted inmates. As a result 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. This facility’s mental health staff provide comprehensive services and the screening process is likewise comprehensive and informative. If an inmate endorses a PREA related question a referral is made to mental health for a follow up. Screening for victimization is generally done within 24 hours and not later than 72 hours of the inmate’s arrival at the facility. All offenders and safe keepers admitted to the facility from county jails undergo a documented Health Screening by on-site intake staff within 24 hours of arrival. Offenders transferring from another facility undergo a documented Health Screening within 24 hours of arrival to identify those in need of urgent services. Those individuals deemed in need of further mental health assessment are referred by completing a mental health referral. Intake screenings by health services staff are completed on all offenders within 72 hours.

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 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 at 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. The hospital provides emergency services. The facility has mental health professionals who can offer routine and emergency mental health services. 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. Medical and Mental health staff, indicated that there have been no disclosures of prior victimization requiring a follow up with mental health. Interviews with two medical staff 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 Hospital for treatment and a forensic exam. Mental health staff, who were interviewed, related they would provide crisis intervention counseling and the PREA Support Staff would provide support services within the facility. An interview with a SANE forensic examiner confirmed that inmates would be seen at the hospital for treatment and a forensic exam. STD Prophylaxis is provided and follow-up care is provided by the facility healthcare staff.

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 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. Interviews with inmates indicated that a number of them are on the mental health caseloads and that they trust their therapists.

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 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 Warden and the PREA Compliance Manager indicated that Post Incident Reviews are being conducted at the conclusion of all sexual abuse investigations unless

unfounded. Reviewed PIRs documented Incident Review as well as consideration of the items required in the standards.

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), 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 confirmed it was completed according to the PREA Standard.

Standard 115.88 Data review for corrective action

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

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

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. The facility has a large number of PREA related allegations. Review of the data seems to indicate that many of these allegations are generated because of inmates possibly abusing the system to get inmates moved from a dorm to another dorm. Interviews with staff indicated that data from the Incident Reviews is used to assess barriers and to determine what, if anything, could be done to enhance and improve the sexual safety and prevention efforts of the facility.

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.

DPS policy (North Carolina Department of Public Safety, F.3400, Inmate Sexual Abuse and Sexual Harassment) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

AUDITOR CERTIFICATION

I certify that:

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

Robert Lainer

12-5-2016

Auditor Signature

Date