

PREA Facility Audit Report: Final

Name of Facility: Cabarrus Regional Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/13/2021

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Karen d. Murray | Date of Signature: 11/13/2021 |

| AUDITOR INFORMATION | |
|-------------------------------------|------------------------|
| Auditor name: | Murray, Karen |
| Email: | kdmconsults1@gmail.com |
| Start Date of On-Site Audit: | 09/29/2021 |
| End Date of On-Site Audit: | 09/29/2021 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Cabarrus Regional Juvenile Detention Center |
| Facility physical address: | 822 McWhorter Road, Concord, North Carolina - 28027 |
| Facility Phone | |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|------------------------|
| Name: | Angela Aiken |
| Email Address: | angela.aiken@ncdps.gov |
| Telephone Number: | 704-720-0807 |

| Superintendent/Director/Administrator | |
|---------------------------------------|---------------------------|
| Name: | Angela D. Wilson |
| Email Address: | angela.d.wilson@ncdps.gov |
| Telephone Number: | 704-720-0807 |

| Facility PREA Compliance Manager | |
|----------------------------------|---------------------------|
| Name: | Angela Wilson |
| Email Address: | angela.d.wilson@ncdps.gov |
| Telephone Number: | O: (704) 215-0042 |
| Name: | Angela Aiken |
| Email Address: | angela.aiken@ncdps.gov |
| Telephone Number: | O: (704) 912-7849 |

| Facility Characteristics | |
|--|------------------------|
| Designed facility capacity: | 30 |
| Current population of facility: | 24 |
| Average daily population for the past 12 months: | 25 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 12-18 |
| Facility security levels/resident custody levels: | N/A |
| Number of staff currently employed at the facility who may have contact with residents: | 31 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 6 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | |
|--|---|
| Name of agency: | North Carolina Department of Public Safety |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 512 North Salisbury Street, Raleigh, North Carolina - 27604 |
| Mailing Address: | |
| Telephone number: | 9197332126 |

| Agency Chief Executive Officer Information: | |
|---|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Agency-Wide PREA Coordinator Information | | | |
|--|---------------------------|-----------------------|------------------------------|
| Name: | Charlotte Jordan-Williams | Email Address: | charlotte.williams@ncdps.gov |

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Pre-Onsite Audit Phase

The Cabarrus Regional Juvenile Detention Center is located at 822 McHorter Road, Concord 28027. In May of 2021 the Cabarrus Regional Juvenile Detention Center contracted to complete their third audit cycle with DX Consulting. DX Consulting then contracted with DOJ PREA Auditor, Karen Murray to conduct the facility's audit.

The primary purpose of the juvenile detention center is to secure and temporarily house juveniles while waiting to go to court or until a placement can be arranged. Juveniles are placed in detention by court order pending hearing, disposition or placement.

On July 28, 2021, DX Consulting initiated the audit with the North Carolina Department of Public Safety and the Cabarrus Regional Juvenile Detention Center. On August 18, 2021, DX Consulting provided audit notices to the facility and emailed those notices to the Auditor. Photos of PREA notices were posted throughout the facility administrative area, Wing A and Wing B on August 19, 2021. Time stamped photos were emailed to the PREA Auditor by the Facility PREA Manager.

On August 11, 2021, the Auditor conducted a phone call with the Agency PREA Coordinator and agency PREA Analyst. This initial call was intended to set a date for the facility's first call with the auditor to speak to first steps and the audit processes; however, facility staff were unable to attend this call and the call was rescheduled. On August 19, 2021, the Auditor conducted an audit processes introductory phone call with the PREA Analyst, Facility Center Director and Facility PREA Manager. During the introductory phone call, the Auditor discussed communications moving forward. The decision was made contacting of one another could be made to either parties, at any time, with weekly scheduled calls each Friday to discuss findings on the Issue Log. The facility was provided instruction on the following:

1. The facility would utilize the on line audit system.
2. The Auditor explained logistics to include unimpeded access to the facility, documents and staff once onsite.
3. The Auditors' role would be one of collaboration to achieve audit processes and purpose.
4. How collaboration would be accomplished to establish goals and expectations. The auditor would provide as many examples and or help, when possible, in order to help the facility reach compliance.
5. The Auditor informed all on the call of the Issue Log for applicable areas of concern of uploaded documentation. The color process of the Issue Log was explained- red highlighted items would indicate further documentation was required. Yellow highlighted items would indicate the uploaded document had questions or needed revision. Green highlighted items indicated the documents uploaded met pre audit standard requirements. Communication exchanged between the Cabarrus Regional Juvenile Detention Center and the Auditor would be documented on the Issue Log.
6. How discussion of corrective action could be accomplished during all phases of the audit.
7. The onsite audit phase would be scheduled for September 29-30, 2021. Due to unknown reasons, this audit date was the third date scheduled for this facility.
8. The notice of the audit posting, for the first scheduled audit, needed to be posted by August 19, 2021. Posting were provided, via email time stamped photos to the Auditor on August 19, 2021.
9. The PAQ and all supporting documentation was to be completed and uploaded by August 26, 2021. Once documentation was uploaded, weekly conference calls were scheduled to discuss areas on the Issue Log.
10. As described above, identification of issues with the PAQ information was provided though the Issue Log.

Document Review:

Throughout the course of the next two months the Auditor completed a review of facility documents uploaded onto the on line audit system.

The following issues were noted on the issue log during the pre-onsite and on-site audit phases.

1. 115.313 a.(2)(3)(4) Supervision and Monitoring

The facility's staffing plan did not consider the following provisions.

- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies

On 10.22.2021 the agency uploaded a revised Staffing Plan to include provisions (2), (3) and (4).

2. 115.317 (a)(c)(c-3)(f) and (e) Hiring and Promotion Decisions:

Employee files were not available to review with the following information.

- (c)(f) original criminal history dates;
- (a) administrative adjudication checks dates;
- (c)(3) Institutional reference checks dates;
- (e) 5-year criminal history check date

On 10.29.2021 the facility uploaded a spreadsheet with the information required in the employee files.

3. 115.331 (c)(d) Employee Training

Current employees did not have documented and or acknowledged PREA initial or refresher or annual training. Facility uploaded 115.3321 (c)(d) Employee Training completion certificates for all nine employees interviewed.

4. 115.333 (b)(e) Resident Education:

The facility could not provide documented and or acknowledged evidence of resident 10-day PREA training. The facility uploaded 115.333 (b)(e) resident 10-day education documents. On 10.5.2021 the facility implemented a Cabarrus Juvenile Detention Center Student Additional Education Acknowledgment form, documenting PREA education provided within 10 days of admission. On 10.14.2021, the facility provided 10 completed Student Additional Education Acknowledgments to include residents having been admitted since the on-site phase of the audit.

5. 115.341 Obtaining Information from Residents

Although the agency's risk screening tool is in place, interpretation of the tool is not understood, in total, by those completing the risk screening tool, resulting in incorrect risk assignment to youth. Retraining on the risk screening tool to those completing the tool and documentation of the training to be provided upon completion. Facility uploaded 115.341 Obtaining information from Resident training for staff completing risk assessments Training completed on 10.14.21

6. 115.376 (d) Disciplinary Sanctions for Staff:

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. On November 9, 2021, the agency provided a memo addressed to all Facility Directors, from the Deputy Secretary for Juvenile Justice implementing a directive stating, "Staff who engage in sexual abuse shall immediately be prohibited from

contact with residents and shall be reported to relevant licensing bodies or law enforcement agencies, unless activity was clearly not criminal.

7. 115.381 Medical and Mental Health Screenings

(a) If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Practice of standard requirements were not documented.

(b) If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Practice of standard requirements were not documented.

On 10.27.2021, the facility provided a NCDPS Memorandum addressed to the PREA Auditor, RE: PREA Standard 115.381 Medical and Mental Health Screening, stating disclosures from victims and perpetrators accepting follow up mental health providers would be documented.

Resident Demographics:

The auditor requested a current resident roster inclusive of:

1. Residents with disabilities;
2. Residents not fluent in English;
3. LGBTQI residents;
4. Past residents housed in isolation or segregated from main population;
5. Residents who reported sexual abuse or who reported sexual victimization during risk screening;
6. All grievances and allegations made in the 12 months preceding the audit; and,
7. All incident reports from the 12 months preceding the audit.

Reported Allegations – External Investigating Agencies:

The Auditor was informed by the PREA Manager that one allegations of sexual abuse and that allegation was out for criminal investigation.

Facility Staff:

The Auditor requested rosters to include volunteers, contracted personnel and staff roster to include staff names, position and years of service. The following staff names and information was received for:

1. Contracted mental health providers;
2. Random staff;
3. Medical staff;
4. Education staff;
5. All employees who serve as first responders and mandatory reporters;
6. Receiving staff who complete intake documentation to include risk assessments;
7. Shift supervisors (Day and evening), on both shifts;
8. Staff who conduct unannounced rounds;

9. Retaliation monitor;
10. Sexual abuse review team members;
11. Staff Trainer;
12. Facility Investigators;
13. Human Resource staff;
14. PREA Coordinator;
15. PREA Manager;
16. Facility Center Director

Outside Services:

Ester House

P.O. Box 734

Albemarle, NC 28992

Phone: 704.961.7500

Cabarrus Hospital

Atrium Cabarrus

Forensic Exam Department

920 Church Street N

Concord, NC 28025

Research:

Through internet and the agency website research, the Auditor did not find any negative media and or reports for the Cabarrus Juvenile Detention Center or the agency as a whole.

Approximately two weeks before the onsite phase of the audit, this auditor supplied the facility with a final on site schedule which consisted of day one beginning at 7:00 am through 11:00 pm to complete a site review, resident and staff interviews and begin file audits. Day two was to begin 8:30 am to 5:00 pm, to complete administrative interviews, finish file reviews and have time to debrief with staff and explain next steps.

Onsite Audit Phase

On Wednesday 29, 2021, at 7:00 am, the Auditor arrived at the Cabarrus Regional Juvenile Detention Center and at the facilities request to interview overnight employees. Once interviews for overnight employees were completed, the Auditor met with the PREA Manager, Facility Center Director, Facility Standards Operations Manager and the Shift Supervisor to discuss rules and regulations for the Auditor, the schedule for the next two days and staff and resident names to be interviewed. Due to the facility having only two pods, one currently being used for quarantine, the decision was made to interview all eight youth in A Wing. Due to the facility having limited staff, all staff from all shifts were interviewed along with the required targeted staff.

Tour:

The tour of the Administrative building took place directly after the person to person introductions of facility administrative staff. The Auditor was granted access to all areas of each building where residents frequented for programming and where staff conducted day to day business. (Reference specific facility information in the facility characteristics section below for a thorough walk through explanation.)

Processes:

After the tour, interviews began. On day one the Auditor was able to interview:

- All available youth – eight in total
- One youth who disclosed sexual victimization
- Two youth who English was not their first language
- The Day Supervisor – currently serving as the supervisor for first and second shift. (Facility has open Shift Supervisor positions for second and third shifts.)
- One staff who screens for victimization
- One Education staff
- One staff who completes intakes
- One staff who monitors retaliation
- All shift staff – all first responders
- One Medical staff - contractor
- One Mental Health staff
- Two overnight staff – both first responders
- Staff Trainer
- PREA Coordinator
- PREA Manager
- Facility Center Director who also serves as an Investigator and is on the Incident Review Team

File Review:

Juvenile file review took place with the staff who completes Intake with youth

Staff files were not available during the onsite. Database reports were completed to establish staff names, birth dates, date of hire. The facility provided a spreadsheet of all other required personnel file documentation.

The day ended at 7:30 pm.

Due to the facility having a limited number of juveniles and staff, the audit was conducted in one day. At 6:30 pm the Auditor conducted a final debrief with the Regional Program Director, Facility Center Director, PREA Manager and Shift Supervisor. The review entailed standards needing correction action during the pre-audit phase and onsite phase of the audit.

The Auditor was allowed access to all areas of the building and access to all requested records, maintained at the facility. All interviews were successful.

The staff and residents were helpful, kind and made the Auditor to feel quite welcome during the entire onsite process.

Other processes:

1. Residents were able to request an official grievance or write their issues on any type of document and place in the locked grievance boxes situated in Wings. Residents are also allowed to verbally report sexual harassment or sexual assault to staff.
2. Cross gender announcements were made by female and male staff as was validated through interviews with both juveniles and employees.
3. Phones were available in each Wings. If juveniles wanted to connect with the hotline, staff would move the juvenile to a private setting, dial the hotline number and allow the juvenile to speak to the operator. If a juvenile wanted to speak to an advocate, the Case Manager and or Mental Health staff would move the juvenile to their office, dial the advocate and connect the operator with the juvenile.
4. The auditor was allowed to speak with staff and residents during the site review. Interview results for both residents and staff are documented below.

Interviews:

The auditor requested a current position control roster showing staff name, title, tenure, shift and position assignment. Random names were chosen based on the above criteria. Of those random staff chosen, those same staff files were chosen for review. (Before each interview with staff and residents, the Auditor introduced herself, explained the audit process, ensured those being interviewed were comfortable being interviewed and understood the process. All interviews were conducted in a private meeting room in the administrative area.)

Staff Interview Category

Completed

Superintendent: Facility Center Director

1

Agency PREA Coordinator

1

Facility PREA Manager

1

Random Staff: All staff are responsible for supervision of residents if segregated, first responders, searches and mandatory reporters

6 (Only 6 available on all shifts)

Specialized Staff

Intermediate or higher-level staff responsible for conducting and documenting unannounced rounds – Shift Supervisor

1

Education staff

1

Program staff who work with youthful inmates – same as random staff in this review

Random staff

Medical staff – LPN

1

Mental health staff

1

Non-medical staff involved in cross-gender searches – same as random staff in this facility

Random staff

Human Resource staff – Human Resource Administrative Assistant,

1

Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff – left message – did not return my call

0

Volunteers - none during COVID

0

Investigative staff at agency level –not applicable for this facility

0

Investigative staff at facility level – investigator(s) – PREA Manager and Center Director

-

Staff who perform screening for risk of victimization and abusiveness – Same as Intake staff

-

Staff who supervise inmates in segregated housed – not applicable at this facility

0

Staff on the sexual abuse incident review team – same as Facility Director

-
Designated staff member charged with monitoring retaliation – same as mental health staff

-
First responders, security staff – all staff serve as first responders
All staff

First responders, non-security staff – all staff serve as first responders
All staff

Intake staff

1

Total Specialized staff

15

Staff training files: Staff training files (same as staff interviewed) was conducted by utilizing the PREA Audit – Juvenile Facilities Documentation Review - Employee* Files Records template. Review of staff training files demonstrated staff had not completed annual or refresher training. Documentation could not demonstrate initial PREA training had been completed for employees hired before August of 2012.

Personnel files: Staff personal files (same as staff interviewed) was conducted by utilizing the PREA Audit – Juvenile Facilities Documentation Review - Employee* Files Records template.

Resident Interviews:

On the first day of the on-site phase and due to the limited number of juveniles, all juveniles not in quarantine were interviewed. There were eight total resident interviews. Of the residents interviewed three were targeted residents who were identified as disclosing and Limited English Speaking.

Resident files reviewed were of those residents interviewed. The auditor utilized the PREA Audit Juvenile Facilities Documentation Review Resident Files/Records template. Every resident file reviewed was 100% compliant for all areas required except booster 10-day education. All resident files reviewed had intake documentation for risk assessments and PREA initial education.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Cabarrus Regional Juvenile Detention Center is a secure program housed in one building. On the days of the onsite phase of the audit, the resident population was 14. Of those residents interviewed, all were male.

Upon entering the facility, is a small vestibule where visitors sign in and an Administrative Assistant is housed. All who enter the facility area must have the door unlocked in order to gain access. The facility has two Wings, A and B Wing separated by a long hall wall where four classrooms, medical office, mental health office, Director office, PREA Manager office, conference room, Sallyport-Intake area, staff bathroom and a staff breakroom. PREA Zero Tolerance and Audit Notices were posted throughout these areas.

Both A and B Wings mirror one another. Each Wing has 15 individual wet cells. Both Wings have both gender residents. Staff distinguish male and female rooms by placing 'window flaps' over windows. Male juveniles have black flaps and female juveniles have white flaps. When juveniles are in any state of undress, the process is to knock on the door to inform staff. Bathrooms have two showers; however, procedure is only one juvenile showers at a time. A large dayroom is in the middle of each Wing. Game tables, chairs and a television furnishes the room. No blind spots were found in the Wings. Cameras are placed throughout the dayroom. PREA Zero Tolerance and Audit Notices were posted in both Wings.

Each Wing has a Control Room which is monitored 24 hours a day, seven days per week. Cameras for the entire facility, to include the recreation yard, can be viewed from each Control Room and the Facility Directors Office. All cameras were working and Control staff could demonstrate viewing into juvenile rooms was not accessible and all other areas of the facility were accessible.

Each Wing had a back door which exited into the Recreation Yard having a grassy area around a black top. Due to the possibility of a blind spot when coming in and out of the facility, juveniles are mandated to stay on the blacktop at all times when outdoors. Three staff are to be outside with juveniles at all times. The Recreation Yard is equipped with five cameras.

Pat down and strip searches were completed in a private area in a designated Wing. Once searches are completed and juveniles are dressed in facility clothing, the following occurs:

- Mental Health complete the MAYSI
- Intake staff complete the Risk Assessment
- Designated Wing staff complete PREA education

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

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|--------------------------------------|----|
| Number of standards exceeded: | 2 |
| Number of standards met: | 41 |
| Number of standards not met: | 0 |

The facility has met 42 standards and exceeded two standards

The facility exceeds standard 115.364:

The facility provided a NCDPS Cabarrus Juvenile Detention Center, PREA Exceptional Children Identification Form which documents PREA training dates for residents and if the resident has an identified cognitive or education deficiency and or is non English speaking. If the resident requires specialized training, the type of training provided is documented.

The facility exceeds standard 115.365:

The facility provided thorough and detailed Cabarrus Juvenile Detention Center Sexual Abuse Institution Response Plan detailing First Responder Duties, Victim Safety, Evidence Preservation, Alleged Abuser, Notifications, Medical Care and Notification Requirements, Investigations and actual names and duties of investigators, actual name and duties of the PREA Compliance Manager and PREA Support Person actual names and responsibilities;

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

| | |
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| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 435 300">Document Review:</p> <ol data-bbox="240 331 1469 904" style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 3. Staffing Plan PREA Review 2021, dated 8.2.2021 4. Revised Staffing Plan PREA Review, provided on 10.22.2021 5. Staffing Plan PREA Review 2020, dated 8.2.2020 6. Staffing Plan PREA Review 2019, dated 8.2.2019 7. 2021 Memo Staffing Plan Review Meetings 1-4, dated August 26, 2021 8. NC Department of Public Safety Memorandum, RE: Staffing Plan Non-Compliance, dated 8.26.21 9. Cabarrus Juvenile Detention Center Unannounced Site Visit, Logbook Documentation samples of ratios, dated 2020-2021 10. 2021 Cabarrus Unannounced Site Visits Email and Log Book entries throughout the last 12 months <p data-bbox="240 994 352 1021">Interviews:</p> <ol data-bbox="240 1052 483 1308" style="list-style-type: none"> 1. PREA Manager 2. Random residents 3. Targeted residents 4. Random staff 5. Supervisory staff <p data-bbox="240 1397 1485 1487">Staff and residents interviewed could attest to supervisory staff conducting unannounced rounds, each day. Staff interviewed stated when ratios were in danger of not being met, mandatory overtime was implemented and or supervisory staff contacted off shift staff to work. (Proper staff to resident ratios were witnessed throughout the on-site portion of the audit.)</p> <p data-bbox="240 1576 1461 1639">During the interview with Shift Supervisor and explanation of the log book was provided. Documentation demonstrated the Shift Supervisor completes rounds daily to include days and times she is not scheduled to work.</p> <p data-bbox="240 1729 483 1756">Site review observation:</p> <p data-bbox="240 1787 1441 1850">During the tour and when waiting for interviews, this Auditor was able to witness the Shift Supervisor in the hallways and Wings, several times throughout the day.</p> <p data-bbox="240 1939 1473 2060">(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. The daily number of residents is 16 and the staffing plan was predicated on 30 residents.</p> |

The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11, section 1.12B Staffing, states “Juvenile Justice Central Office shall submit annual staffing plans to the PREA Office. The report must include: staffing reports and any deviations from the required ratios. Additionally, the Central Office shall assess, determine, and document whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The center’s deployment of video monitoring systems and other monitoring technologies; and
4. The resources the center has available to commit to ensure adherence to the staffing plan.

The facility provided completed Staffing Plans from 2021, demonstrating an annual review was conducted. During the pre-audit phase, the Auditor requested staffing plans from 2019, 2020 and those staffing plans were provided and uploaded to the supplemental files in the OAS. Each staffing plan includes the eleven components mandated by standard and facility policy; however, page 4, section Previous Audit Findings states, “During the last federal audit, dated June 25, 2018 the facility was determined to have met the standard on staffing.” During the pre-audit phase the Auditor stated that all Federal, Judicial, internal and external findings of inadequacy are a requirement of this provision.

On 10.22.2021, the agency revised the staffing plan to include:

- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies

(b) The Cabarrus Regional Juvenile Detention Center PAQ states each time the staffing plan is not complied with, the facility documents and justifies deviations. The facility did not have any deviations from the required ratios of their staffing plan.

The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11, section 1.12B Staffing, states, “The Cabarrus Regional Juvenile Detention Center will maintain direct care and supervision staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented.”

The agency provided a memorandum, subject: Staffing Plan Non-Compliance, stating, ‘As of today, Cabarrus has had no non-compliance with staffing plan and therefore 115.313 (b)-1 is NA/ Respectfully, Angela Aiken, Juvenile Field Training Specialist’

(c) The Cabarrus Regional Juvenile Detention Center PAQ states the facility is mandated by regulation to maintain 1:8 waking hour and 1:16 sleeping hour ratios. In the last 12 months the facility has not deviated from the staffing ratios during awake or sleeping hours.

The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11, section 1.12A Staffing, states, “Each center director shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only certified staff shall be included in these ratios.”

The facility provided sample documentation from the Cabarrus Juvenile Detention Center Unannounced Site Visit, Logbook demonstrating staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. Sample documentation reviewed demonstrates the facility exceeds the required staffing ratios.

(d) The Cabarrus Regional Juvenile Detention Center PAQ states the staffing plan is reviewed annually, in collaboration with the PREA Coordinator. Compliance is documented in policy as shown in provision (a) of this standard.

(e) The Cabarrus Regional Juvenile Detention Center PAQ states unannounced rounds are conducted by intermediate or higher level staff to identify and deter staff sexual abuse and sexual harassment. The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11-12, section 1.13E. Searches, states, "Center Directors or designated supervisors will conduct unadvertised rounds monthly during all shifts to identify and deter staff sexual abuse and sexual harassment. The Director/designee shall document unadvertised rounds in the logbook and in a separate file/document dedicated to recording (person conducting, time, relevant notes) unannounced rounds. Staff members are prohibited from alerting other staff members that these supervisory rounds are occurring unless such information is related to the legitimate operational functions of the center."

The facility provided 2021 Cabarrus unannounced site visit emails from supervisors and log book entries demonstrating supervisory staff appeared at the facility.

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| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>(a) The Cabarrus Regional Juvenile Detention Center PAQ states the Cabarrus Regional Juvenile Detention Center does not contract with private agencies for confinement services of their residents.</p> |

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| 115.313 | Supervision and monitoring |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 435 300">Document Review:</p> <ol data-bbox="240 331 1469 904" style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 3. Staffing Plan PREA Review 2021, dated 8.2.2021 4. Revised Staffing Plan PREA Review, provided on 10.22.2021 5. Staffing Plan PREA Review 2020, dated 8.2.2020 6. Staffing Plan PREA Review 2019, dated 8.2.2019 7. 2021 Memo Staffing Plan Review Meetings 1-4, dated August 26, 2021 8. NC Department of Public Safety Memorandum, RE: Staffing Plan Non-Compliance, dated 8.26.21 9. Cabarrus Juvenile Detention Center Unannounced Site Visit, Logbook Documentation samples of ratios, dated 2020-2021 10. 2021 Cabarrus Unannounced Site Visits Email and Log Book entries throughout the last 12 months <p data-bbox="240 994 352 1021">Interviews:</p> <ol data-bbox="240 1052 483 1308" style="list-style-type: none"> 1. PREA Manager 2. Random residents 3. Targeted residents 4. Random staff 5. Supervisory staff <p data-bbox="240 1397 1485 1487">Staff and residents interviewed could attest to supervisory staff conducting unannounced rounds, each day. Staff interviewed stated when ratios were in danger of not being met, mandatory overtime was implemented and or supervisory staff contacted off shift staff to work. (Proper staff to resident ratios were witnessed throughout the on-site portion of the audit.)</p> <p data-bbox="240 1576 1453 1644">During the interview with Shift Supervisor and explanation of the log book was provided. Documentation demonstrated the Shift Supervisor completes rounds daily to include days and times she is not scheduled to work.</p> <p data-bbox="240 1733 483 1760">Site review observation:</p> <p data-bbox="240 1787 1437 1854">During the tour and when waiting for interviews, this Auditor was able to witness the Shift Supervisor in the hallways and Wings, several times throughout the day.</p> <p data-bbox="240 1935 1469 2069">(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. The daily number of residents is 86 and the staffing plan was predicated on 30 residents.</p> |

The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11, section 1.12B Staffing, states “Juvenile Justice Central Office shall submit annual staffing plans to the PREA Office. The report must include: staffing reports and any deviations from the required ratios. Additionally, the Central Office shall assess, determine, and document whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The center’s deployment of video monitoring systems and other monitoring technologies; and
4. The resources the center has available to commit to ensure adherence to the staffing plan.

The facility provided completed Staffing Plans from 2021, demonstrating an annual review was conducted. During the pre-audit phase, the Auditor requested staffing plans from 2019, 2020 and those staffing plans were provided and uploaded to the supplemental files in the OAS. Each staffing plan includes the eleven components mandated by standard and facility policy; however, page 4, section Previous Audit Findings states, “During the last federal audit, dated August 2016 the facility was determined to have met the standard on staffing.” During the pre-audit phase the Auditor stated that all Federal, Judicial, internal and external findings of inadequacy are a requirement of this provision.

On 10.22.2021, the agency revised the staffing plan to include:

- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies

(b) The Cabarrus Regional Juvenile Detention Center PAQ states each time the staffing plan is not complied with, the facility documents and justifies deviations. The facility did not have any deviations from the required ratios of their staffing plan.

The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11, section 1.12B Staffing, states, “The Cabarrus Regional Juvenile Detention Center will maintain direct care and supervision staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented.”

The agency provided a memorandum, subject: Staffing Plan Non-Compliance, stating, ‘As of today, Cabarrus has had no non-compliance with staffing plan and therefore 115.313 (b)-1 is NA/ Respectfully, Angela Aiken, Juvenile Field Training Specialist’

(c) The Cabarrus Regional Juvenile Detention Center PAQ states the facility is mandated by regulation to maintain 1:8 waking hour and 1:16 sleeping hour ratios. In the last 12 months the facility has not deviated from the staffing ratios during awake or sleeping hours.

The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11, section 1.12A Staffing, states, “Each center director shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only certified staff shall be included in these ratios.”

The facility provided sample documentation from the Cabarrus Juvenile Detention Center Unannounced Site Visit, Logbook demonstrating staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. Sample documentation reviewed demonstrates the facility exceeds the required staffing ratios.

(d) The Cabarrus Regional Juvenile Detention Center PAQ states the staffing plan is reviewed annually, in collaboration with the PREA Coordinator. Compliance is documented in policy as shown in provision (a) of this standard.

(e) The Cabarrus Regional Juvenile Detention Center PAQ states unannounced rounds are conducted by intermediate or higher level staff to identify and deter staff sexual abuse and sexual harassment. The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11-12, section 1.13E. Searches, states, "Center Directors or designated supervisors will conduct unadvertised rounds monthly during all shifts to identify and deter staff sexual abuse and sexual harassment. The Director/designee shall document unadvertised rounds in the logbook and in a separate file/document dedicated to recording (person conducting, time, relevant notes) unannounced rounds. Staff members are prohibited from alerting other staff members that these supervisory rounds are occurring unless such information is related to the legitimate operational functions of the center."

The facility provided 2021 Cabarrus unannounced site visit emails from supervisors and log book entries demonstrating supervisory staff appeared at the facility.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013
4. DPS Cross Gender Announcement & Acknowledgement training records, dated throughout 2021
5. DPS Division of Juvenile Justice Facility Specific Orientation Checklist, dated June 2016
6. PREA Administrator email, dated 4.23.2013, subject; Cross Gender Announcement
7. DPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document dated, September 2013
8. Cross Gender poster, not dated
9. North Carolina Department of Public Safety Division of Adult Correction and Juvenile Justice Office of Staff Development and Training, dated 1.1.2019

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Supervisory staff
5. Medical staff
6. Intake staff
7. PREA Manager

Interviews with bi-sexual, gay and random residents, random staff, Shift Supervisor, medical staff, intake staff and the PREA Manager demonstrated cross gender searches had been trained at the facility; however, resident nor staff remembered an occasion where such searches had happened. In addition, all residents reported their initial and any subsequent searches were respectfully conducted.

Site Review Observation:

1. Intake area
2. Search area

During the tour of the facility the Auditor observed the Intake and search areas of the facility. Both areas were conducive to ensuring searches were conducted in a private secured area, outside of camera view. Training files revealed 100% of staff had been trained in cross gender strip searches.

- (a) Cabarrus Regional Juvenile Detention Center PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. In the past 12 months the facility has conducted zero cross-gender

strip or cross-gender visual body cavity searches of residents. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013, page 11, section 1.13 A-B, states, "The center shall not conduct cross-gender strip searches except in emergency circumstances, where other remedies are not available, or when performed by medical practitioners. Emergency situations shall be thoroughly documented in the logbook and approved by the Center Director. The center shall not conduct cross-gender pat-down searches except in exigent circumstances. The center shall thoroughly document in the logbook all searches of juveniles and include the gender of the juvenile and staff member."

The facility provided DPS Cross Gender Announcement & Acknowledgement training records demonstrating the facility has a procedure for training cross-gender strip or cross gender visual body cavity searches.

The facility provided an email from the PREA Administrator, subject Cross Gender Announcement describing the Office of PREA Administration's "Campaign of Awareness" procedures for Standard 115.15.

(b) Cabarrus Regional Juvenile Detention Center PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches absent exigent circumstances. The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11, section 1.13B. Searches, states, "The center shall not conduct cross-gender pat-down searches except in exigent circumstances. The center shall thoroughly document in the logbook all searches of juveniles and include the gender of the juvenile and staff member."

(c) Cabarrus Regional Juvenile Detention Center PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

(d) Cabarrus Regional Juvenile Detention Center PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11, section 1.13B. Searches, states, "Staff shall ensure that residents shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia -- except in exigent circumstances or when such viewing is incidental to routine room checks."

The facility provided the DPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document including additional state policy regarding policies and procedures.

The facility provided a 'Cross Gender' poster stating, "Staff of the opposite gender could be in this area at any time. Conduct yourself according to the rules and regulations."

(e) The Cabarrus Regional Juvenile Detention Center PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 12, section 1.13F. Searches states, "The center shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner."

(f) The Cabarrus Regional Juvenile Detention Center PAQ states 100% of security staff receive training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner. "The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 12, section 1.13G. Searches, states, "The Department of Public Safety shall provide direct care staff with training in how to

conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.”

The facility provided North Carolina Department of Public Safety Division of Adult Correction and Juvenile Justice Office of Staff Development and Training. Due to this document being 38 pages in total, during the pre-audit phase, the Auditor requested the facility state where in relevant language resides in the document.

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| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Exceeds Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 3. Interpreter Service 2020 United Language Group Statewide Term Contract 961C – Translation and Interpretation Services contract. 4. NCDPS Cabarrus Juvenile Detention Center, PREA Exceptional Children Identification Form, not dated 5. NCDPS, Division of Adult Correction & Juvenile Justice JO Basic Training Course Syllabus, dated 2021 6. NCDPS Division of Juvenile Justice, Expect Respect Resident Brochure, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Targeted residents 3. Random staff 4. Shift Supervisor 5. PREA Manager <p>During interviews with targeted and random residents and staff and supervisory staff, all stated residents were not used for translation services, outside of resident to resident mentoring. Although language barriers are not common at Cabarrus Regional Detention Center, random and supervisory staff could speak to using bilingual staff at the facility or interpretation services. Of the one resident whose first language was not English he was able to answer the Auditor questions and stated he understood the facilities Zero Tolerance policies and procedures.</p> <p>(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency has established procedures to provide disabled residents equal opportunities to be provided with and learn about the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. “The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 7, section 1.16C Resident Education, states, “Appropriate provisions shall be made as necessary for residents not fluent in English, persons with disabilities and those with low literacy levels.”</p> <p>The facility provided Interpreter Service 2020 United Language Group Statewide Term Contract 961C – Translation and Interpretation Services contract. This contract includes instruction regarding contact information and choices for language to be interpreted.</p> <p>The facility provided a NCDPS Cabarrus Juvenile Detention Center, PREA Exceptional Children Identification Form which documents PREA training dates for residents and if the resident has an identified cognitive or education deficiency and or is non English speaking. If the resident requires specialized training, the type of training provided is documented.</p> <p>The facility provided NCDPS, Division of Adult Correction & Juvenile Justice JO Basic Training Course Syllabus, which includes topics such as situational awareness/risk assessment, mental health, and juvenile orientation curricula.</p> |

The facility provided the Resident Expect Respect Resident Brochure documenting resident rights regarding sexual harassment and sexual abuse; reporting options and Childhelp National Child Abuse Hotline numbers.

(b) The Cabarrus Regional Juvenile Detention Center PAQ states the agency has established procedures to provide residents with limited English equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Cabarrus Regional Juvenile Detention Center addresses compliance for this measure, in measure (a) of this provision.

(c) The Cabarrus Regional Juvenile Detention Center PAQ states the agency prohibits the use of resident interpreters. In the last 12 months the facility has had zero instances where residents were used for interpreters. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 10, section 1.9 PREA Compliance Manager, states, "The Department will not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations."

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. Employee Statement, PREA Notice and Information Collection for Current Employees, not dated
4. Employee Statement, PREA Hiring and Promotion Prohibitions, not dated
5. DPS North Carolina Department of Public Safety Applicant Verification, dated September 2013
6. Administrative Memorandum: 10:2013, From: DPS HR Director, RE: PREA Hiring and Promotion Prohibitions
7. Disqualifying Factors, Revised 5.24.2010
8. Form HR008, NC Department of Public Safety Professional Reference Check, dated September 2013
9. Addendum to Administrative Memorandum 10-2013, RE: PREA Hiring and Promotion Prohibitions
10. Employees by Personnel Areas as of 08.2021
11. 115.317 Hiring and Promotion 2021 Employee Records Spreadsheet, provided on 10.29.2021

Interviews:

1. PREA Manager
2. PREA Coordinator
3. Human Resource Assistant

Interviews with the PREA Manager, PREA Coordinator and Human Resource Assistant demonstrated applicants determined to have been convicted of sexual abuse or sexual harassment charges were screened out during the application review process. Additionally, applicants who were terminated in past institutions for sexual abuse and or sexual harassment were not considered for employment or promotion.

Site Review Observation:

During review of staff personnel files reviewed, this Auditor noted that the following information was not available during the on-site phase as the personnel files are maintained in a central office in Raleigh, North Carolina. Upon discovery of the missing documentation the agency office was contacted and this Auditor learned agency staff were not coming into the office due to COVID. The Auditor instructed the facility staff to acquire the following information and place the information on a spreadsheet and upload the data to the supplemental files, which was provided on 10.29.2021.

(c)(f) original criminal history dates;

(a) administrative adjudication checks dates;

(c)(3) Institutional reference checks dates;

(e) 5-year criminal history check date

- (a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency policy prohibits hiring or promoting anyone

who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents who has engaged in or been convicted in or administratively adjudicated in sexual activity described in paragraph (a)(2) of this standard.

The facility provided an 'Employee Statement' demonstrating applicants have affirmed they have not engaged in sexual harassment and sexual abuse, upon hire.

The facility provided an 'Employee Statement' demonstrating staff have affirmed they have not engaged in sexual harassment and sexual abuse, upon promotion.

The facility provided 'Applicant Verification' where applicant affirm agreement with PREA hiring and Promotion Prohibitions in relation to 115.317.

The facility provided an administrative memorandum from the DPS Human Resource Director stating "The Department of Public Safety must adhere to the United States Department of Justice Final Ruleon 115.17 Hiring and promotion decisions...."

The facility provided Form HR008, NC Department of Public Safety Professional Reference Check. This form demonstrates the agency is requesting reference information in regard to Standard 115.317

(b) The Cabarrus Regional Juvenile Detention Center PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any contractor, who may have contact with residents.

The facility policy did not speak to institutional back ground reference checks; however, the facility provided an administrative memo, subject: PREA Hiring and Promotion Prohibitions, from the DPS Human Resource Director, clearly stating and directing all hiring and promotions to be in compliance with the provisions (b)(c)(d)(e)(f) and (g) of this standard, 115.317.

The facility provided an Addendum to Administrative Memorandum 10-2013, RE: PREA Hiring and Promotion Prohibitions. The memo states, "Pursuant to the memorandum dated August 30, 2013, this addendum serves to clarify directions for any and all employees (i.e. temporary, contractual, etc.) that are working the NC Department of Public Safety without access to the Learning Management System." "To ensure compliance, current employees must be made aware of these hiring and promotion prohibitions and provide responses to three questions found on the Employee Statement form."

(c) The Cabarrus Regional Juvenile Detention Center PAQ states Agency policy requires background checks are conducted with all new hires who have contact with residents, consults child abuse registries and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months nine persons hired may have contact with resident who have had criminal background checks.

The facility policy did not speak to institutional back ground reference checks; however, the facility provided an administrative memo, subject: PREA Hiring and Promotion Prohibitions, from the DPS Human Resource Director, clearly stating and directing all hiring and promotions to be in compliance with the provision of this standard, 115.317.

The facility provided Employees by Personnel Areas as of 08.2021 to demonstrate the number of person hired in the past 12 months.

(d) The Cabarrus Regional Juvenile Detention Center PAQ states the agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. In the past 12 months there were zero contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.

(e) The Cabarrus Regional Juvenile Detention Center PAQ states the agency requires background checks to be completed every five years. Compliance of this standard is substantiated in provision (b) of this standard.

- (f) Compliance of this standard is substantiated in provision (b) of this standard.
- (g) Compliance of this standard is substantiated in provision (b) of this standard.
- (h) Compliance of this standard is substantiated in provision (b) of this standard.

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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 3. YD 002 Sexual Abuse Incident Response Checklist, dated August 2013 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Director 2. PREA Manager <p>(a) The Cabarrus Regional Juvenile Detention Center PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>(b) The Cabarrus Regional Juvenile Detention Center PAQ states the facility has not installed electronic surveillance system since the last PREA audit.</p> |

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| 115.321 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 3. 2021 DPS North Carolina Department of Public Safety, Juvenile Justice Advocacy MOU, dated August 25, 2021 4. Office memorandum designating PREA Support Personnel, dated 10.21.2020 5. Six staff training certificates awarded to PREA Support Persons, dated 9.20.2019 - 9.27.2019 6. Cabarrus Juvenile Detention Center PREA Investigator and PREA Support Person Listing, dated 10.21.2020 7. NCDPS PREA Support Person Roles and Responsibilities, not dated 8. OPA-130 NCDPS PREA Support Services form, 5.28.2013 9. OPA-130A Support Services Status Notification Form, dated 09.01.2014 10. NCDPS Memorandum, to: Local Law Enforcement, dated 8.12.2021 11. NCDPS Policy Refresher Memo from the Deputy Commissioner, subject: PREA Refresher, dated 4.8.2015 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Targeted residents 3. Random staff 4. Shift Supervisor 5. Facility Nurse 6. PREA Manager 7. PREA Coordinator 8. Facility Investigators <p>Interviews with all residents and staff interviewed demonstrated all were clearly aware of reporting protocols for sexual harassment and abuse. Of those interviewed, each were comfortable reporting internally; however, each understood how to report to the state hotline, a trusted adult or legal representative. Every staff interviewed clearly articulated first responder duties to include protecting, preserving and reporting. When staff and residents were asked where reporting protocol information was located, responses included on PREA postings in the Wings and hallways</p> <p>Site Review Observation:</p> <p>There were no criminal investigations in the past 12 months.</p> <p>(a) The Cabarrus Regional Juvenile Detention Center PAQ states the facility is responsible for conducting Administrative sexual abuse investigations. The facility holds an annual Incident Reporting Protocol Meeting, inviting Cabarrus County Sheriff's Department and Concord Police Department. This annual meeting explains the requirements of PREA Standards</p> |

115.21, 115. 221 and 115.321.

The facility provided a Sexual Abuse Incident Checklist; however, the checklist seems to be intended for pre-investigations.

The facility provided a NCDPS Memorandum to Local Law Enforcement, RE: PREA Investigations and Compliance, educating law enforcement on the agencies efforts to comply with PREA standards and requesting law enforcement consider PREA Standards 115.321,

The facility provided a NCDPS Policy Refresher Memo from the Deputy Commissioner, subject: PREA Refresher. (document provided in 115.352 documents of the OAS.) The last paragraph of the memorandum states, "Additionally, all investigations conducted by Juvenile Justice staff members are administrative in nature. Do not conduct interviews or proceed with an administrative investigation until cleared by law enforcement to do so if there is evidence or suspicion of a criminal delinquent act. Once cleared by law enforcement to proceed, investigators will conduct an administrative investigation, following existing requirements and protocols.

(b) The Cabarrus Regional Juvenile Detention Center PAQ states the protocol is developmentally appropriate for youth. The protocol was adapted from the most recent edition of the DOJ's Office on Violence Against Women publication. The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 24, section 3.2.1, C. states, "The acute medical evaluations shall be in full compliance with standards established through the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." [U.S. Department of Justice; Office on Violence Against Women (September 2004)]. Per this standard, the alleged sexual abuse victim(s) shall be granted access to a Sexual Assault Nurse Examiner (SANE) at the designated acute medical evaluation center"

(c) The Cabarrus Regional Juvenile Detention Center PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. There have been zero medical exams, SAFE/SANE exams performed in the last 12 months. The NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 23, section 3.1.2, H.1., states, "An acute medical evaluation to be conducted at a designated medical center (The alleged victim shall be transported immediately to the designated medical center in order to assure physical health and well- being, and to optimize evidence collection)."

The Agency PREA Coordinator provided information via an email to the Auditor on September 10, 2021, stating the facility would transport residents to Atrium Health Cabarrus for SANE/SAFE exams. This Auditor contacted Atrium Health Cabarrus at 920 Church Street North, Concord, NC 28025, phone number 704.403.3000 on September 25, 2021 at 3:27 pm.

(d) The Cabarrus Regional Juvenile Detention Center PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff or community member.

The facility provided an effective MOU upon execution between Cabarrus Regional Detention Center and Anson Domestic Violence Coalition, Inc.

On 9.7.2021, at 2:41 pm, the Auditor contacted the Anson County Domestic Violence Coalition Center by dialing 704.690.0362. A recorded message stated, "If you have reached our message we are busy with another crisis. If you are safe, leave a message and we will return your call. If you are not safe, call back every five minutes until we answer your call." The Auditor introduced the nature of the call left a message for a return call. As of 9.11.2021, this call was not returned.

On 9.11.2021 at 12:25pm, the Auditor again reached out to the Anson Domestic Violence Coalition, Inc. and connected with Operator Elizabeth R. The Auditor asked the Operator how she would proceed if a resident called while in crisis and she responded, "I would offer them a listening ear and if they requested services I would tell them to fill out a grievance and contact an internal PREA Officer." The Auditor asked the Operator if she would ever visit a resident in a facility and or

accompany them to a hospital during an exam and the Operator stated, "I wouldn't be sure how to respond for a Cabarrus County call as they are an hour away; however, I would know what to do if the resident was in Anson County." The Auditor asked the Operator what she would do if a resident called her in a true crisis and the Operator stated, "I would call the Director or one of the office ladies for guidance." The Operator did inform the Auditor that if more information was required the Administrative staff were available Monday through Friday from 8:00 am to 4:00 pm.

Upon the Auditor relaying the results of the Anson Domestic Violence Coalition, the facility changed advocacy centers. The facility provided an email documenting attempts of a Memorandum of Understanding (MOU) with the Ester House. Ester House brochures were made available at the facility during the site visit while the MOU was underway.

The facility provided an Anson County Domestic Violence Coalition, Inc. flyer. The flyer provides information of services, a 24-hour hotline and an address without the street number.

The facility provided an office memorandum designating PREA Support Personnel, showing six staff have been designated. Training certificates for the designated staff were provided.

The facility provided a Cabarrus Juvenile Detention Center PREA Investigator and PREA Support Person Listing. The facility provided a PREA Support Person Roles and Responsibilities as internal advocates. The facility provided form OPA-130 Support Services Form describing internal advocacy information to the resident, including a resident signature of receipt. In addition, the form allows for a brief outcome of investigations for victims and the PREA Support Personnel. The facility provided OPA-130A Support Services Status Notification Form which documents notifications to victims.

(e) The Cabarrus Regional Juvenile Detention Center PAQ states a qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals.

(f, h) The Cabarrus Regional Juvenile Detention Center PAQ states the agency is responsible for Administrative investigations and relies on another agency to conduct criminal investigations. The agency does request provision a-e of this standard are considered when conducting all investigations.

The facility provided a memorandum from a PREA Compliance Manager, stating, "Our department is responsible for conducting administrative investigations once Law Enforcement has completed criminal investigation. Therefore 115.321 (f)-1 is NA. During the pre-audit phase, the Auditor asked the PREA Compliance Manager if the PAQ should be corrected to state 'Yes'. The PREA Compliance Manager stated the PAQ should state 'Yes' therefore the facility does complete Administrative Investigations after all Criminal Investigations are completed.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 4D-01 Sexual Assault/Abuse/Harassment, dated 1.14.2020
3. Cabarrus Regional Juvenile Detention Center 401-PREA Incident Response Checklist, dated 11.5.2018
4. Form YD 002 Sexual Abuse Incident Response Checklist, dated August 2013
5. <https://www.ncdps.gov/adult-corrections/prison-rape-elimination-act>

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Shift Supervisor
5. Facility Investigator

Resident and staff interviews demonstrated each can report incidents of sexual abuse and sexual harassment through the grievance process, placing a note in the PREA boxes available, reporting to staff or utilizing the hotline. Each stated being comfortable reporting incidents of sexual harassment and assault.

Site Review Observation:

1. Administrative building
2. School
3. Investigation (referred for criminal investigation)

During the tour of the facility, the Auditor witnessed grievances / PREA reporting boxes in the Wing. All were locked and appropriately labeled to indicate the purpose of the box.

(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency insures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had one allegation of sexual abuse and sexual harassment that was received. In the past 12 months one allegations resulted in an Administrative Investigation.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document page 9, section B.1, states, "The Cabarrus Regional Juvenile Detention Center shall ensure that an administrative, Department of Inspections and Appeals (DIA) or criminal investigation is completed for all allegations of sexual abuse and sexual harassment as appropriate based on the particulars of the allegation."

The facility provided a NCDPS, Division of Juvenile Justice Sexual Abuse Incident Response Checklist for First Responder. The checklist guides first responders on how to respond and make notifications the proper authorities.

The facility provided Form YD 002 Sexual Abuse Incident Response Checklist directing the 'Senior Person in Charge' on how to respond to the incident and make appropriate internal notifications.

(b) The Cabarrus Regional Juvenile Detention Center PAQ states the agency has policy that requires allegations of sexual abuse or harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the State Training School, when completing Administrative investigations. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document,

Agency policy NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures, pages 16-19, section 2.3 Response speaks to how the facility ensures how criminal and administrative investigations are complied with by internal and external investigators. However, page 16, section 2.3 A states, "Assignment of an Investigator: The Lead Investigator is responsible for assigning a trained PREA Investigator from another center when penetration is alleged. When the alleged act does not rise to the level of penetration or staff is not an alleged aggressor, the Lead Investigator may utilize internal, trained PREA Investigators." This policy procedure would not be consistent with criminal investigation directives within their agency policy and procedure.

During the pre-audit phase, the Auditor spoke with the PREA Analyst regarding the language in policy stating "The Lead Investigator is responsible for assigning a trained PREA Investigator from another center when penetration is alleged." The Policy Analyst stated the language intent is for PREA Investigators to follow up with an Administrative Investigations where penetration exists.

(c) <https://www.ncdps.gov/adult-corrections/prison-rape-elimination-act> demonstrates the agency web page for the agencies Prison Rape Elimination Act information and appropriate links for stakeholders to submit and or request information.

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| 115.331 | Employee training |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 435 300">Document Review:</p> <ol data-bbox="240 331 1469 963" style="list-style-type: none"> <li data-bbox="240 331 802 358">1. Cabarrus Regional Juvenile Detention Center PAQ <li data-bbox="240 389 1469 416">2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 <li data-bbox="240 448 1430 506">3. NCDPS Division of Adult Correction and Juvenile Justice Office of Staff Development and Training, PREA: Sexual Abuse and Sexual Harassment 101 Curriculum, dated 7.1.2019 <li data-bbox="240 537 1241 564">4. NCDPS Staff and Juvenile Relationships: Maintaining Professional Boundaries, dated 1.1.2019 <li data-bbox="240 595 568 622">5. The Daily Dozen, not dated <li data-bbox="240 654 1233 680">6. NCDPS Prison Rape Elimination Act (PREA) of 2003 Acknowledgment Form, dated 6.19.2017 <li data-bbox="240 712 1289 739">7. Signed NCDPS Prison Rape Elimination Act (PREA) of 2003 Acknowledgment Forms dated in 2018 <li data-bbox="240 770 786 797">8. PREA Bulletin Board Document, dated 2.11.2014 <li data-bbox="240 828 683 855">9. NCDPS Employee Brochure, not dated <li data-bbox="240 887 887 913">10. NCDPS Human Resources Onboarding Checklist, not dated <li data-bbox="240 945 1086 972">11. Annual Training Certificates for nine employees, dated 10.11.2021 – 10.14.2021 <p data-bbox="240 1052 352 1079">Interviews:</p> <ol data-bbox="240 1111 432 1249" style="list-style-type: none"> <li data-bbox="240 1111 432 1137">1. Random staff <li data-bbox="240 1169 408 1196">2. Target staff <li data-bbox="240 1227 408 1254">3. Staff trainer <p data-bbox="240 1335 1489 1393">Interviews with random and targeted staff demonstrated all were aware of and received initial and annual training through the agency LMS database.</p> <p data-bbox="240 1482 419 1509">Site Observation:</p> <p data-bbox="240 1541 1493 1671">During review of staff training files, this Auditor noted that current employees did not have documented and or acknowledged PREA initial or refresher or annual training. The facility explained the 'LMS' system was not operating properly and contacting staff with annual training notifications. Annual training was completed certificates for all nine employees interviewed were provided on 10.15.2021. Training were completed 10.11.2021 through 10.14.2021.</p> <p data-bbox="240 1814 1485 2110">(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency trains all employees who may have contact with residents in all required provisions of this standard. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 6, section 1.4 A., states, "All employees shall receive initial instruction related to sexual abuse and harassment zero tolerance policy, the right for residents to be free from sexual abuse and harassment, the right for residents and staff to be free from retaliation for reporting sexual abuse and harassment, and how to avoid inappropriate relationships with residents. Training will also include dynamics and common reactions of resident sexual abuse and sexual harassment, effective and professional communication with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents, and relevant laws regarding mandatory reporting and the age of consent."</p> |

The facility provided the NCDPS Division of Adult Correction and Juvenile Justice Office of Staff Development and Training, PREA: Sexual Abuse and Sexual Harassment 101 Curriculum. The curriculum 'Lesson Purpose' states, "To provide North Carolina Department of Public Safety (NCDPS) employees with an understanding of their role in preventing and responding to sexual abuse and sexual harassment (SAH)." In addition, training objectives include:

1. Identify the "Prison Rape Elimination Act (PREA) of 2003" and the agency's zero-tolerance policy of sexual abuse and sexual harassment for offenders/juveniles.
2. Define sexual abuse and sexual harassment.
3. Define offenders'/juveniles' right to be free from sexual abuse and sexual harassment; and from retaliation for reporting.
4. Identify relevant laws.
5. Define employee responsibilities when responding to sexual abuse and sexual harassment.
6. Define the unique attributes of working with females in confinement/under supervision.
7. Define the unique attributes of working with males in confinement/under supervision.
8. Define the vulnerabilities of persons in confinement/under supervision.
9. Identify the dynamics of sexual abuse and sexual harassment in confinement/under supervision.
10. Identify how to detect signs of threatened and actual sexual abuse in confinement/under supervision.
11. Identify the common reactions to sexual abuse and sexual harassment.
12. Identify methods of avoiding inappropriate relationships with offenders/juveniles.
13. Identify techniques for communicating effectively and professionally with offenders/juveniles.

The facility provided NCDPS Staff and Juvenile Relationships: Maintaining Professional Boundaries curriculum. The curriculum 'Lesson Purpose' states: "To provided Juvenile Justice employees with the skills and knowledge for maintain professional boundaries in their relationships with juveniles." The training objectives include:

1. Identify and discuss the reasons why juvenile sexual abuse and undue familiarity has become a concern in the juvenile justice setting.
2. Define and discuss familiarity, undue familiarity, and juvenile vulnerability issues.
3. Identify the Ethical Conduct Policy (DJJDP13), Juvenile Bill of Rights Policy (YD 3), Staff Work Standards Policy (YD 8), and Sexual Abuse and Harassment policies for Facility Operations and Court Services.
4. Explain and discuss why staff-to-staff relationships are so critical in preventing undue familiarity.
5. Explain and discuss appropriate staff-to-juvenile relationships
6. Identify and discuss employee characteristics that make staff vulnerable to engaging in undue familiarity.
7. Identify the "Prison Rape Elimination Act of 2003" (PREA) and related laws.
8. Identify and discuss prevention strategies to assist staff in dealing with undue familiarity.
9. Discuss red flags for inappropriate behavior.
10. Discuss two ways to stop sexual abuse by staff.

This training also includes an 'acknowledgment check' comprehensive test.

The facility provided 'the Daily Dozen'. This document is a 'check and balance' for employee good judgement and helps correctional staff members identify when they may be compromising ethical and professional boundaries.

The facility provided a PREA Bulletin Board Document outlining the agencies policy on zero tolerance, employee responsibilities, reporting duties, NC General Statute 14-27.7(a) and sanctions imposed when engaging in sexual abuse and sexual harassment.

The facility provided an Employee Brochure outlining prevention strategies, resources, maintaining an atmosphere of professionalism, PREA and NCDPS, duty to report and how to maintain professional boundaries with offenders/juveniles.

The facility provided a NCDPS Human Resources Onboarding Checklist affirming employees have read and understand all information and requirements related to 'New Employee On-boarding.'

(b) The Cabarrus Regional Juvenile Detention Center PAQ states training is not tailored to the unique needs and attributes and gender of residents at the facility. During the pre-audit phase, the Auditor asked the PREA Compliance Manager if the PAQ should state 'Yes'. The PREA Compliance Manager affirmed the answer should be 'yes', verifying that the curriculum is tailored for the needs and attributes and gender of residents at the facility.

(c) The Cabarrus Regional Juvenile Detention Center PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment.

(d) The Cabarrus Regional Juvenile Detention Center PAQ states the agency documents that employees who may have contact with residents, understand the training they have received through employee signature or electronic verification. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 6, section 1.4 F. states, "All training will be documented using the DPS Training Course Record (OSDT-1) and the PREA Acknowledgement Form (OPA-T10)."

The facility provided NCDPS Prison Rape Elimination Act (PREA) of 2003 Acknowledgment Form to be signed by NCDPS Officers in Charge, Probation Officers, Facilities, Centers and Judicial District Office employees. The facility provided Signed NCDPS Prison Rape Elimination Act (PREA) of 2003 Acknowledgment Forms dated in 2018.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Division of Adult Correction and Juvenile Justice Office of Staff Development and Training, PREA: Sexual Abuse and Sexual Harassment 101 Curriculum, dated 7.1.2019
4. NCDPS Prison Rape Elimination Act (PREA) of 2003 Acknowledgment Form, dated 6.19.2017
5. NCDPS Volunteer Brochure, not dated
6. 2021 Cabarrus MMH Records, not dated

Interviews:

Due to COVID, the facility was not currently utilizing volunteers and no contractors were at the facility the day of the on-site review.

(a) The Cabarrus Regional Juvenile Detention Center PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and harassment prevention, detection, and response. nine contractors and volunteers, how have contact with residents, have completed the required training.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 6, section 1.5 A 1-3. states,

1. Volunteers (with the exception of one-time volunteers), custodial agents, contractors and other persons providing services to residents shall receive the Sexual Abuse and Harassment 101 training and sign the PREA Acknowledgement Form (OPA-T10) as part of initial orientation.
2. One-time volunteers must review and sign the PREA Acknowledgement Form (OPA-T10) as part of their required overall training.
3. Sexual Abuse and Harassment 101 Training shall be offered by approved staff trainers certified as General Instructors unless an exception is given by the Section Chief.

The facility provided the NCDPS Division of Adult Correction and Juvenile Justice Office of Staff Development and Training, PREA: Sexual Abuse and Sexual Harassment 101 Curriculum. The curriculum 'Lesson Purpose' states, "To provide North Carolina Department of Public Safety (NCDPS) employees with an understanding their role in preventing and responding to sexual abuse and sexual harassment (SAH)." In addition, training objectives include:

1. Identify the "Prison Rape Elimination Act (PREA) of 2003" and the agency's zero-tolerance policy of sexual abuse and sexual harassment for offenders/juveniles.
2. Define sexual abuse and sexual harassment.
3. Define offenders'/juveniles' right to be free from sexual abuse and sexual harassment; and from retaliation for

reporting.

4. Identify relevant laws.
5. Define employee responsibilities when responding to sexual abuse and sexual harassment.
6. Define the unique attributes of working with females in confinement/under supervision.
7. Define the unique attributes of working with males in confinement/under supervision.
8. Define the vulnerabilities of persons in confinement/under supervision.
9. Identify the dynamics of sexual abuse and sexual harassment in confinement/under supervision.
10. Identify how to detect signs of threatened and actual sexual abuse in confinement/under supervision.
11. Identify the common reactions to sexual abuse and sexual harassment.
12. Identify methods of avoiding inappropriate relationships with offenders/juveniles.
13. Identify techniques for communicating effectively and professionally with offenders/juveniles.

The facility provided NCDPS Prison Rape Elimination Act (PREA) of 2003 Acknowledgment Form to be signed by NCDPS Officers in Charge, Probation Officers, Facilities, Centers and Judicial District Office employees.

The facility provided a NCDPS "A guide for the Prevention and Reporting of Undue Familiarity and Sexual Abuse with Offenders/Inmates for Volunteers and Agents of the Department. The objective of the brochure is to educate on the Prison Rape Elimination Act and North Carolina General Statute 14-27.7a and the agency's standard concerning offender/inmate sexual abuse. The brochure also speaks to Red Flags, A Duty to Report, PREA and NC DPS, North Carolina General Statute, Sexual Abuse and Undue Familiarity.

The facility provided 2021 Cabarrus Medical/Mental Health Contractual Staff listing of contractors who have completed specialized training. The facility provided 2018 training records of the nine contractors listed.

(b) The Cabarrus Regional Juvenile Detention Center PAQ states all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 7, section 1.5 B. states, "CONTRACT PERSONS/AGENCIES (who have direct contact with residents): Contracts should include language that reflects commitment to a zero-tolerance of sexual abuse and sexual harassment, and the contract person's duty to report any allegations of resident sexual abuse or sexual harassment either by another resident or by staff. All contractor training shall be documented on the PREA Acknowledgement Form (OPA-T10). All contracts should reflect the contractor's obligation to adopt and comply with PREA Standards."

(c) The Cabarrus Regional Juvenile Detention Center PAQ states the agency maintains documentation confirming that the volunteers and contractors understand the training they have received.

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| 115.333 | Resident education |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 432 300">Document Review:</p> <ol data-bbox="240 331 1469 792" style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 3. Juvenile Educator Manual, Facilitator Guide for Juvenile Training, not dated 4. NCDPS Juvenile PREA Education Acknowledgement, not dated 5. NCDPS Expect Respect Juvenile PREA Brochure, not dated 6. Interpreter Services 2020 United Language Group Contract, dated 10.9.2019 7. 2021 Cabarrus JDC Exceptional Children Identification Form not dated 8. Cabarrus Juvenile Detention Center Student Additional Education Acknowledgements, dated 10.5.2021 through 10.14.2021 <p data-bbox="240 936 352 963">Interviews:</p> <ol data-bbox="240 994 480 1249" style="list-style-type: none"> 1. Random residents 2. Targeted residents 3. Random staff 4. Mental Health 5. PREA Manager <p data-bbox="240 1339 1485 1433">Interviews with the nine residents targeted and random residents, each reported their knowledge on PREA, reporting options to staff, the grievance / PREA boxes, telling a friend, notifying a parent and the hotline numbers posted on Zero Tolerance Posters throughout the facility.</p> <p data-bbox="240 1518 416 1545">Site Observation:</p> <p data-bbox="240 1576 1469 1774">Of the nine resident files reviewed, each demonstrated evidence of PREA education within 72 hours of intake. In regard to 10-day training, this Auditor noted that the facility could not provide documented and or acknowledged evidence of resident 10-day PREA training. On 10.5.2021 the facility implemented a Cabarrus Juvenile Detention Center Student Additional Education Acknowledgment form, documenting PREA education provided within 10 days of admission. On 10.14.2021, the facility provided 10 completed Student Additional Education Acknowledgments to include residents having been admitted since the on-site phase of the audit.</p> <p data-bbox="240 1917 1485 2047">(a) The Cabarrus Regional Juvenile Detention Center PAQ states Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. 366 residents admitted in the past 12 months were given information at intake. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 7, section 1.6 A-E. states,</p> <p data-bbox="240 2132 1485 2159">A. All residents shall receive, during admission, information containing the agency's zero-tolerance policy regarding sexual</p> |

abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse and sexual harassment.

- B. All residents shall receive comprehensive age-appropriate education: (1) regarding their rights to be free from sexual abuse and sexual harassment, (2) their right to be free from retaliation for reporting such incidents, and (3) regarding response procedures for sexual abuse, sexual harassment, and retaliation incidents. Such education shall be completed within 10 days of admission.
- C. Appropriate provisions shall be made as necessary for residents not fluent in English, persons with disabilities and those with low literacy levels.
- D. All materials provided to residents on the subject of resident sexual abuse and sexual harassment, and any lesson plans used during any presentations on this topic shall be approved by Department of Public Safety's PREA Office in consultation with the Manager of Clinical Programs.
- E. Education for Residents shall be offered by staff members who have received training to deliver the PREA Resident Education course.

The facility provided a Juvenile Educator Manual, Facilitator Guide for Juvenile Training. The training manual introduction states, "PREA standards require that all residents (juveniles) receive education on PREA. Upon admission a juvenile is to receive information on the division's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicious of sexual abuse or harassment. PREA standards also require that within 10 days of admission, the division shall provide education to residents regarding their rights to be free from sexual abuse and sexual harassment and to free from retaliation for reporting such incidents, and regarding division policies and procedures for responding to such incidents." Although this manual states additional 10-day education will be provided, this facility provides training on day seven to juveniles in detention.

The facility provided a NCDPS Juvenile PREA Education Acknowledgement. This acknowledgement is used for initial, compressive, transfer and Court Counselor training documentation.

- (b) The Cabarrus Regional Juvenile Detention Center PAQ states within the past 12 months, 366 residents received age appropriate PREA education within 10 days of intake.

The facility provided a Juvenile Educator Manual which includes resident training at intake, and upon the seventh day of detention where staff present comprehensive training to juveniles, to include:

- disbursement of the "Expect Respect" resident brochure,
- definitions with explanations of Child Abuse and Neglect, what are Forms of Abuse and Neglect, Emotional Abuse, Sexual Abuse or Assault, and Sexual Harassment.

- (c) The Cabarrus Regional Juvenile Detention Center PAQ states 100% residents were educated within 10 days of intake. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights.

The facility provided a Juvenile Educator Manual which includes resident training at intake, upon the seventh day of detention and after transfer where staff present comprehensive training to juveniles, to include:

- disbursement of the "Expect Respect" resident brochure,
- asking residents if they have any questions,
- locations of 'black boxes' used for making reports,
- explanation of variations and identify key staff members at their new center

- F. (d) The Cabarrus Regional Juvenile Detention Center PAQ states Resident PREA education is available in

accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 7, section 1.6 C. states, "Appropriate provisions shall be made as necessary for residents not fluent in English, persons with disabilities and those with low literacy levels."

The facility provided the Interpreter Services 2020 United Language Group Contract which includes 100 language interpreted services.

The facility provided a Cabarrus Juvenile Detention Center PREA Exceptional Children Identification Form which documents PREA Training date for residents' disabilities, cognitive deficiencies and if the resident is non-English speaking.

(e) The Cabarrus Regional Juvenile Detention Center PAQ states the facility maintains documentation of resident participation in PREA education sessions.

(f) The Cabarrus Regional Juvenile Detention Center PAQ states The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Office of Staff Development and Training In-Service Training (SAH Investigator Lesson Plan), dated 1.31.2013
4. NCDPS Sexual Abuse and Harassment Investigations: Understanding Sexual Abuse Training, dated 1.1.2013
5. NCDPS PREA Investigators OSDT 001 Training Course Record, dated 7.17.2014
6. 2021 Cabarrus PREA Staff List, dated 10.30.2020

Interviews:

1. Facility Investigator
2. PREA Coordinator

Interviews with facility investigators, the PREA Coordinator and file review demonstrated that each investigator interviewed or reviewed had current investigator training. Each investigator interviewed clearly articulated their role in an investigation and process steps to be taken as is described in the facility coordinated response.

(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 16, section 2.3 B.1., Investigator Training, stating, "In addition to the general training provided to all employees, the Division shall ensure that, its investigators have received specialized PREA Sexual Abuse and Harassment Investigator training."

The facility provided NCDPS Office of Staff Development and Training In-Service Training (SAH Investigator Lesson Plan) with a lesson objective which states, "To provide Sexual Abuse (SA) Investigating Officers with the dynamics of sexual abuse, the skills to conduct a sexual abuse investigation and the abilities to professionally respond to sexual abuse and harassment allegations." Learner objectives include:

1. Identify the "Prison Rape Elimination Act (PREA) of 2003" and the National Standards
2. Identify North Carolina sexual offense statutes.
3. Identify Division Sexual Abuse and Harassment Policies.
4. Define Investigative Warnings.
5. Define Interviewing.
6. Identify the characteristics of a good interviewer.
7. Define the rules of successful Interviewing.
8. Define the Skill Learning Cycle.
9. Identify verbal behaviors of untruthfulness.
10. Identify the five basic types of lies.
11. Define a report and its purpose.
12. Identify responsibilities of the investigating officer in sexual abuse and harassment incidents.

13. Define Incident Scene and Evidence Processing.
14. Identify the role of the PREA Support Person.
15. Demonstrate how to conduct and document a proper investigation.
16. Demonstrate an understanding of preparing the investigating officer's comments.
17. Define Investigation timeframes.
18. Identify the role of Department employees in Criminal Prosecutions.
19. Identify the applicability of the North Carolina Division of Adult Correction (Prisons & Community Corrections) and Division of Juvenile Justice Policy and Procedures.

The facility provided NCDPS Sexual Abuse and Harassment Investigations: Understanding Sexual Abuse Training with a lesson objective which states, "To provide PREA (Sexual Abuse) Investigations with the dynamics of sexual abuse that will aid in conducting thorough investigations. Learner objectives include:

1. Define the importance of a specialized Sexual Abuse (PREA) Investigator.
2. Define a Victim-Centered Investigative Approach.
3. Define sexual abuse.
4. Define how trauma impacts survivors.
5. Identify how power and control are related to sexual abuse.
6. Identify common patterns of sexual abuse in confinement settings.
7. Define verbal and nonverbal communications with victims.

The facility provided PREA Investigators OSDT 001 Training Course Record from 7.17.2014 listing eight investigators in total who completed the training course.

(c) The Cabarrus Regional Juvenile Detention Center PAQ states the agency maintains documentation showing that investigators have completed the required training. The Cabarrus Regional Juvenile Detention Center PAQ states the facility currently has four investigators currently employed who have completed specialized investigator training. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 16, section 2.3, B.2., states, "The Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations."

The facility provided a 2021 Cabarrus PREA Staff List stating four employees currently serving as PREA Investigators for the agency.

The facility provided PREA Investigator OSDT 001 Training Course Record demonstrating one of the four agency investigators completed investigator training. During the site review, the Facility Director was the one investigator interviewed, who had completed investigator training.

115.335 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. OPA-T330.pdf, NCDPS Medical &Mental Health Care PREA Training Acknowledgment Form, not dated
- 4.

Interviews:

1. Nurse
2. Mental Health
3. Program Director

During interviews the Nurse, Mental Health and the Program Director all were able to demonstrate procedural steps to follow during a sexual abuse investigation. Each could articulate how they would ensure the resident understood the processes, how to notify the proper authorities, the SANE/SAFE hospital being used and that each occurrence would be documented in an incident report in the agency database.

Site Observation:

During file review of the medical and mental health staff training records, each had completed specialized training through the facility Medical/Mental Health PowerPoint presentation.

(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 100% of Cabarrus Regional Juvenile Detention Center medical and mental health staff who work at the facility have received training required by agency policy.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 7-8 section 1.7 A. 1-4, states, "All medical care providers who work regularly in centers will be trained on:

1. How to prevent, detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
4. Reporting procedures for allegations or suspicions of sexual abuse and sexual harassment. Training will be documented on the PREA Medical/Mental Health Training Acknowledgement (OPA-T330)."

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 8, section B. 1-5, states, "All mental health care providers who work regularly in centers will be trained on:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. The short- and long-term consequences of sexual trauma on juveniles;
3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
4. Reporting procedures for allegations or suspicions of sexual abuse and sexual harassment.
5. Training will be documented using the PREA Medical/Mental Health Training Acknowledgement (OPA-T330).

The facility provided OPA-T330 NCDPS Medical and Mental Health Care PREA Training Acknowledgment Form to document applicable staff have received PREA Training for Medical and Mental Health Care providers. Staff signatures acknowledge they have received and understood the information provided in the training.

(b) The Cabarrus Regional Juvenile Detention Center PAQ states their medical staff do not conduct forensic medical exams.

(c) The Cabarrus Regional Juvenile Detention Center PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 8, section C. states, "Medical/mental health providers will also attend Sexual Abuse and Harassment 101 training for employees.

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| 115.341 | Obtaining information from residents |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 435 300">Document Review:</p> <ol data-bbox="240 331 1469 586" style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 3. YD 12 001 Admission and Placement Screening for DC's and YDC's, dated April 2019 4. Cabarrus DC 2021 Population Report, date range 7.30.2020 through 7.29.2021 5. Obtaining Information from Resident Training (Risk Screening Tool), dated 10.14.2021 <p data-bbox="240 676 352 703">Interviews:</p> <ol data-bbox="240 734 451 815" style="list-style-type: none"> 1. Intake staff 2. Shift Supervisor <p data-bbox="240 846 1477 940">Interviews with intake and supervisory staff demonstrated that they complete a risk assessment with each resident within 72 hours of admission; however, most were completed on the day of admission. Each stated that the resident risk level is communicated to Youth Care staff, Mental Health, Medical and Administrative staff verbally and through email.</p> <p data-bbox="240 1025 416 1052">Site Observation:</p> <p data-bbox="240 1084 1406 1142">During review of nine resident files, this Auditor noted each resident had received screening on the day of admission. Average length of stay at this facility is days, therefore re-assessments do not occur with this population.</p> <p data-bbox="240 1232 1477 1326">Although the agency's risk screening tool is in place, interpretation of the tool is not understood, in total, by those completing the risk screening tool, resulting in incorrect risk assignment to youth. Retraining on the risk screening tool was provided on 10.14.2021 for the two staff responsible for completing the risk screening tool.</p> <p data-bbox="240 1473 1485 1599">(a) The Cabarrus Regional Juvenile Detention Center PAQ states the facility has a policy that requires screening, upon admission or transfer, for risk of sexual abuse victimization or sexual abusiveness toward other residents. In the past 12 months 309 residents whose length of stay was longer than 72 hours, were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.</p> <p data-bbox="240 1688 1493 1984">NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013, page 9, section 1.10 A, states, "All residents shall receive the PREA Admission and Placement Screening (Form YD 011) within 72 hours of arrival at the center and periodically (e.g., housing assignment change, change in vulnerability or aggression, etc.) throughout a resident's confinement. An objective screening tool will be used. This screening shall include a review of any history of sexual abuse- victimization or sexually predatory behavior, any gender non-conforming appearance, identification as LGBTI, current charges and offense history, age, level of emotional and cognitive development, physical size and stature, mental illness or disabilities, intellectual or developmental disabilities, physical disabilities, and the residents own perception of vulnerability. Residents will also be offered a follow-up meeting with a licensed mental health clinician (LMHC) within 14 days of the admission screening."</p> <p data-bbox="240 2074 1485 2168">The facility provided the YD 12 001 Admission and Placement Screening for DCs and YDCs form. This admission form documents Juvenile Demographics, Risk of Victimization, collateral records review, staff observations of resident, intellectual or developmental disability, risk factors for victimization, propensity to Aggression which include standard provisions.</p> |

The facility provided a Cabarrus DC 2021 Population Report date range of 07.30.2020 through 7.29.2021, demonstrating number of admissions were 366, 234 were at the facility for 10 days or more and 309 residents had a length of stay for more than 72 hours.

(b) The Cabarrus Regional Juvenile Detention Center PAQ states the facility conducts risk assessments by using an objective screening instrument. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013, page 10, section 1.10 B, states, "Any housing concerns noted by staff regarding a resident's history of sexual abuse-victimization or sexually predatory behavior shall be communicated to the resident's center management. Center management shall use information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only when alternative means of keeping residents safe cannot be arranged. Any resident isolated for the purpose of sexual abuse prevention will receive daily visits from medical or mental health staff, have access to required educational programming, and have access to other programs to the extent possible."

(c) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013, page 10, section 1.10 C, states, "In deciding whether to assign a transgender or intersex resident to a center for male or female residents, and in making other housing and programming assignments, the division shall consider on a case-by-case basis whether a placement would ensure the residents health and safety, and whether the placement would present management or security problems. Transgender and intersex residents will be given the opportunity to shower separately from other residents. Housing and programming of these residents will be reassessed at least twice per year."

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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 3. YD 12 001 Admission and Placement Screening for DC's and YDC's, dated April 2019 4. 2021 Cabarrus Isolation statement, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. Shift Supervisor 3. Intake Staff 4. Teacher <p>Interviews with intake and facility staff demonstrated resident risk level is communicated to all departmental staff verbally and through email notifications.</p> <p>Site Observation:</p> <p>During review of nine resident files, this Auditor noted each resident had received screening on the day of admission. Due to a short length of stay, residents do not have work assignments; however, Education, medical and Wing staff stated they were made aware of risk levels of residents verbally and through email notifications.</p> <p>(a) The Cabarrus Regional Juvenile Detention Center PAQ states the facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013, page 10, section 1.10 B, states, "Any housing concerns noted by staff regarding a resident's history of sexual abuse-victimization or sexually predatory behavior shall be communicated to the resident's center management. Center management shall use information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only when alternative means of keeping residents safe cannot be arranged. Any resident isolated for the purpose of sexual abuse prevention will receive daily visits from medical or mental health staff, have access to required educational programming, and have access to other programs to the extent possible."</p> <p>The facility provided the YD 12 001 Admission and Placement Screening for DCs and YDCs form. This admission form documents Juvenile Demographics, Risk of Victimization, collateral records review, staff observations of resident, intellectual or developmental disability, risk factors for victimization, propensity to Aggression which include standard provisions.</p> <p>(b) The Cabarrus Regional Juvenile Detention Center PAQ states the residents may only be placed in isolation as a last resort to keep them safe from other residents, until other arrangements can be made. The facility requires residents in isolation continue to have access to the same programming offerings as all other residents outside of isolation. In the last 12 months there have zero residents placed in isolation at risk of sexual victimization or who were in need of protection from sexual victimization.</p> |

The facility provided 2021 Cabarrus Isolation, which states, "All juveniles are placed in a single room, and no juvenile has been placed in isolation. If isolation was required, Cabarrus Detention would do continuous review for the need of isolation."

(c) The Cabarrus Regional Juvenile Detention Center PAQ states the facility prohibits placing and considering lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.

(d) The Cabarrus Regional Juvenile Detention Center PAQ states the facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by case basis.

(e) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013, page 10, section 1.10 C, states, "In deciding whether to assign a transgender or intersex resident to a center for male or female residents, and in making other housing and programming assignments, the division shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Transgender and intersex residents will be given the opportunity to shower separately from other residents. Housing and programming of these residents will be reassessed at least twice per year."

(f) This provision is found compliant in provision (e) of this report.

(g) This provision is found compliant in provision (e) of this report.

(h) The Cabarrus Regional Juvenile Detention Center PAQ states in the last 12 months, there were zero residents at risk of sexual victimization who were held in isolation.

The facility provided 2021 Cabarrus Isolation, which states, "All juveniles are placed in a single room, and no juvenile has been placed in isolation. If isolation was required, Cabarrus Detention would do continuous review for the need of isolation."

(i) The Cabarrus Regional Juvenile Detention Center PAQ states if residents were held in isolation, such resident would be afforded a review every 30 days to determine whether the continuation for separation was needed. This provision is found compliant in provision (e) of this report.

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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 3. DJJ Brochure, not dated 4. PREA Bulletin Board Document titled Prison Rape Elimination Act, dated 2.11.2014 5. NCDPS Report Fraud, Waste, Abuse or Misconduct, dated 2.1.2014 6. Office of the Prison Rape Elimination Act Administration, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. Random residents 3. Targeted residents <p>Residents interviewed were aware family members, friends or legal representatives could make third party reports if they were not comfortable reporting on their own. Each stated telephone procedures for legal and or PREA calls, which could be made in private, without monitoring or recording, as soon as staff can be available. Such phone calls were not noted to as have occurred. Residents interviewed spoke to the outside hotline advocate phone number being posted on the posters in the facility. Each resident interviewed was aware of his right to report anonymously. Of the random residents interviewed, each were able and willing to answer questions. The targeted residents interviewed stated their initial searches being respectful. None believed their housing assignments were made due to their identification.</p> <p>Site Observations:</p> <p>Resident files reviewed demonstrated each had been educated on reporting requirements at the time of intake.</p> <p>(a) The Cabarrus Regional Juvenile Detention Center PAQ states The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual harassment, abuse, retaliation and or any type of neglect. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 13, section 1.15, states, "Retaliation against staff or residents alleging resident sexual abuse or sexual harassment is prohibited. Unless the allegation is determined to be unfounded, management is responsible for monitoring the conduct and treatment of residents and staff who reported the sexual abuse and the residents who were reported to have suffered sexual abuse for at least of 90 days following the report. The PREA Support Person is responsible for monitoring residents who report or have suffered sexual abuse. The PSP will document retaliation monitoring on the OPA-I24 (Offender/Juvenile Retaliation Report). The PREA Compliance Manager is responsible for monitoring staff who report sexual abuse incidents for indications and/or signs of retaliation (e.g., disciplinary actions, behavioral changes, etc.). Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The PCM will document staff retaliation monitoring on the OPA-I22 (Staff Retaliation Report). Any staff who have knowledge, suspicion, or information regarding retaliation against residents or staff who report sexual abuse or harassment must immediately report that knowledge, suspicion, or information to the PREA Office."</p> <p>The facility provided the DJJ Resident Brochure which directs juveniles to report to the psychologist, the chaplain, the nurse, DJJ staff members and or other juveniles.</p> <p>(b) The Cabarrus Regional Juvenile Detention Center PAQ states facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not have a policy</p> |

requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

The facility provided the DJJ Resident Brochure which directs juveniles to report to the Childhelp National Child Abuse Hotline at 1.800.4-A-CHILD (1.800.422.4453). On 9.12.2021, at 12:45 p.m., the Auditor contacted the Childhelp hotline and inquired as to how the Operator, who declined to provide her first name and last initial, would answer a call from a juvenile in a lock up facility. The Operator stated she would ask the caller their age, who harmed them, if they were safe. If the caller was sexually abused, the Operator would call 911 and get connected to law enforcement local to the juvenile. The Operator stated Childhelp will find ways to protect kids regardless of the circumstance.

(c) The Cabarrus Regional Juvenile Detention Center PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 14, section 2.1 B., states, " Staff Reporting: Any employee who receives an allegation or has knowledge of sexual abuse or possible sexual abuse or harassment and fails to report the allegation as provided in this policy or DJJDP 6, Reporting Abuse and/or Neglect, or fails to initiate a Sexual Abuse Incident Response Checklist, will be subject to disciplinary action up to and including dismissal. Staff has a duty to report any allegation that residents are having sexual relationships with other residents or with staff, as well as a duty to initiate the PREA Sexual Abuse Incident Response Checklist (Form YD 001). The senior person in charge has a duty to initiate the PREA Sexual Abuse Incident Response Checklist (Form YD 002). All reports of sexual abuse, sexual harassment, however made, are to be forwarded to the Center Director and the PREA Office immediately. Failure of staff to report alleged incidents of sexual abuse or sexual harassment will subject the non-reporting staff member to disciplinary action up to and including dismissal. Staff may use the DPS PREA public site to report allegations. NOTE: Sexual harassment is considered neglect, and is reported to DSS and investigated by the Department of Public Safety."

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 14, section 2.1 C., states, " Third Party Reporting: All third party reports of resident sexual abuse or harassment will be responded to and investigated. All parents/legal guardians are provided multiple methods to report. Additionally, there is a reporting link on the DPS public website.

The facility provided a PREA Bulletin Board Document titled Prison Rape Elimination Act which speaks to employee responsibilities and reporting requirements.

(d) The Cabarrus Regional Juvenile Detention Center PAQ states the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The facility provided the DJJ Resident Brochure which directs juveniles to write a note and placing it in the locked black-colored box provided in their unit.

(e) The Cabarrus Regional Juvenile Detention Center PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff have been informed of these procedures through initial and annual training as is described in provision 115.331(a) (1-11). NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document,

The facility provided a NCDPS Report Fraud, Waste, Abuse or Misconduct, a confidential webpage for employees and

citizens to report allegations of fraud, waste, abuse, misconduct or mismanagement in the department. In addition, hotline 1.844.208.4018 is available. Due to the document being a PDF, the Auditor could not access the online reporting form, nor could the form be located on the facility website.

The facility provided an Office of the Prison Rape Elimination Act Administration document outlining the agency mission to promote the elimination of undue familiarity and sexual abuse amongst the offender population. The document also provides an email address PREA@ncdps.gov for third parties and staff to anonymously report undue familiarity or personal misconduct between employees and offenders. On 9.12.2021 at 1:33 pm, this Auditor emailed PREA@ncdps.gov , explained the reason for the email. Immediately following the email, the Auditor received the following response.

"SVC_DPS.PREA SVC_DOC.PREA@ncdps.gov via nconnect.onmicrosoft.com
****AUTOMATED MAIL RESPONSE FROM PREA ADMINISTRATION****

Please keep this email for future references.

Your mail to PREA Administration has been received.

This is a receipt notification only. A personal response will be made by PREA Administration as soon as possible.

If your request is urgent, please call PREA Administration at 919-825-2757. Please leave a message on the voicemail if we are unavailable. Please do not call repeatedly over and over; if you leave a voicemail we will return your call. Slowly say your name, staff id and phone number."

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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 3. NCDPS Juvenile Justice Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013 4. DJJ Youth Development Policy and Requirements and Procedures (R&P) Document (Internal Grievance Process), not dated 5. NCDPS Letter to Juvenile Justice Staff, subject: PREA Refresher, dated 8.6.2015 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Targeted residents 3. PREA Coordinator <p>Residents interviewed were aware of the grievance procedures and understood a trusted adult could assist them, if needed. Residents interviewed had not filed a grievance form.</p> <p>Site Observation:</p> <p>Grievance / PREA boxes, third party postings and third party reporting forms were available in highly trafficked areas by residents and visitors.</p> <p>(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. The DJJ Youth Development Policy and Requirements and Procedures (R&P) Document, page 1, section 6. Non-Disciplinary, Internal Grievance Process, states, "The North Carolina Division of Juvenile Justice supports a grievance system whereby juveniles residing in youth development centers and detention centers have the right to grieve living conditions, daily operations, staff conduct, safety and security mechanisms, or any service received (or failure to receive) while residing at the center. An effective grievance process also provides for a safe workplace and living space, where juveniles are allowed a healthy outlet for their concerns.</p> <p>There are numerous mechanisms for conveying a concern. (1) The informal process includes complaining through in-person or telephone conversations, through the service planning process, or in written letters. (2) The formal grievance process is initiated when a person completes the DJJ Grievance form. These components contribute to an effective, responsive system within DJJ centers of addressing juvenile concerns.</p> <p>The facility provided a NCDPS letter to Juvenile Justice Staff, written by the Deputy Commissioner, subject, Prison Rape Elimination Act (PREA) Refresher, which includes the following language, "If an allegation of sexual abuse or sexual harassment is received from a juvenile via a grievance, threat allegation will be responded to and investigated in accordance with protocols outline in the Sexual Abuse and Sexual Harassment policies."</p> <p>(b) The Cabarrus Regional Juvenile Detention Center PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Agency policy and procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency</p> |

policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Policy compliance can found in provision (a) of this standard.

(c) The Cabarrus Regional Juvenile Detention Center PAQ states the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The DJJ Youth Development Policy and Requirements and Procedures (R&P) Document, page 4, section 6.10. Grievance Process, B., states, "A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff member who is the subject of the complaint."

(d) The Cabarrus Regional Juvenile Detention Center PAQ states the agency's policy and procedures that require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months:

- there have been one grievances filed alleging sexual abuse;
- zeros grievance alleging sexual abuse that reached final decision within 90 days, after being filed;
- zero grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days, and;
- zero cases where the agency requested an extension of the 90-day period to respond to a grievance, and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve.

The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. The DJJ Youth Development Policy and Requirements and Procedures (R&P) Document, page 3-4, section 6.8. Non-Disciplinary, Internal Grievances to Center Director Concerning Sexual Abuse, A., states, "Any grievance that alleges sexual abuse by staff or juvenile shall be investigated with the final agency decision being communicated to the juvenile in writing within 90 days of the grievance. If the decision cannot be communicated to the juvenile in writing within the 90-day period, the PREA Support Person (PSP) shall notify the juvenile in writing that the determination is on-going and that the final agency decision shall be communicated to the juvenile in writing within an additional 70 days. The juvenile shall be notified whether the grievance is founded and what the agency actions to address the grievance will be."

(e) The DJJ Youth Development Policy and Requirements and Procedures (R&P) Document, page 4, section 6.10. Grievance Process, C., states, "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, and parents/legal guardians shall be permitted to file a grievance on behalf of or assist residents in filing grievances relating to allegations of sexual abuse." DJJ Youth Development Policy and Requirements and Procedures (R&P) Document (Internal Grievance Process), page 11, section 6.10 Grievance Process, A. – D., states:

- A. "There exists no time limit on grieving sexual abuse.
- B. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff member who is the subject of the complaint.
- C. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, and parents/legal guardians shall be permitted to file a grievance on behalf of or assist residents in filing grievances relating to allegations of sexual abuse.
- D. The PREA Office offers a web link, address, and phone number for parents/legal guardians to use for complaints."

(f) The Cabarrus Regional Juvenile Detention Center PAQ states the facility has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The facilities policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The facilities policy and procedure for emergency grievances alleging substantial risk of imminent

sexual abuse require that a final agency decision be issued within 5 days. No grievances were received alleging substantial risk of imminent sexual abuse, that were filed in the past 12 months, reached final decisions within five days.

The DJJ Youth Development Policy and Requirements and Procedures (R&P) Document, page 2-3, section 6.5 Non-Disciplinary, Internal Grievances to Center Director, 1, states, "Review and sign each written grievance, and provide a response to the juvenile (when in our physical custody) within 48 hours of receipt; NOTE: For juveniles who have left the physical custody of DJJ, the Division will send the grievance response and an appeal form via certified mail to the juvenile."

The DJJ Youth Development Policy and Requirements and Procedures (R&P) Document, page 2-3, section 6.6 Non-Disciplinary, Internal Grievances to Center Director Concerning Sexual Abuse, states, "Emergency grievance: If a grievance alleges that a juvenile is at substantial risk of imminent sexual abuse, the director shall take immediate corrective action and provide an initial response to the juvenile within 48 hours of receiving the grievance. The Center Director/designee shall provide a final determination of whether the juvenile is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance within 5 calendar days."

(g) The Cabarrus Regional Juvenile Detention Center PAQ states the facility has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, there have been zero grievances alleging sexual abuse to occasions where the agency demonstrated that the resident filed the grievance in bad faith. NCDPS Juvenile Justice Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 13, section D., states, "False Reporting: A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&P) Document, dated September 2013
4. NCDPS Anson Domestic Violence Coalition, Inc., Memorandum of Understanding, dated 8.25.2021
5. 2021 Cabarrus Outside Agency Anson County Domestic Violence Coalition flyer, not dated
6. DJJ Resident Brochure, not dated

Interviews:

1. Random residents
2. Targeted residents
3. Mental Health staff

Residents interviewed demonstrated their reporting knowledge externally to include calling the hotline, or the advocate number posted or telling a trusted adult at the program or in the community. Each resident interviewed stated they felt safe in the program and comfortable reporting sexual harassment or abuse.

Site Observation:

Resident files reviewed demonstrated each had been educated on reporting requirements at the time of intake.

(a) The Cabarrus Regional Juvenile Detention Center PAQ was blank. During the pre-audit phase, the Auditor asked the PREA Compliance Manager if the PAQ should state 'Yes'. The PREA Compliance Manager stated 'Yes' the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:

- Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
- Does not give immigrant residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes.
- Enables reasonable communication between residents and these organizations, in as confidential manner as possible.

NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&P) Document, page 26, section 3.2.1 A., states, "The alleged victim shall be informed of the scope and limits of confidentiality, with particular regard to information obtained during the acute medical evaluation process"

The facility provided an effective MOU upon execution between Cabarrus Regional Detention Center and Anson Domestic Violence Coalition, Inc.

On 9.7.2021, at 2:41 pm, the Auditor contacted the Anson County Domestic Violence Coalition Center by dialing 704.690.0362. A recorded message stated, "If you have reached our message we are busy with another crisis. If you are safe, leave a message and we will return your call. If you are not safe, call back every five minutes until we answer your call." The Auditor introduced the nature of the call left a message for a return call. As of 9.11.2021, this call was not returned. On 9.11.2021 at 12:25pm, the Auditor again reached out to the Anson Domestic Violence Coalition, Inc. and connected with Operator Elizabeth R. The Auditor asked the Operator how she would proceed if a resident called while in crisis and she responded, "I would offer them a listening ear and if they requested services I would tell them to fill out a grievance and contact an internal PREA Officer." The Auditor asked the Operator if she would ever visit a resident in a facility and or accompany them to a hospital during an exam and the Operator stated, "I wouldn't be sure how to respond for a Cabarrus County call as they are an hour away; however, I would know what to do if the resident was in Anson County." The Auditor asked the Operator what she would do if a resident called her in a true crisis and the Operator stated, "I would call the Director or one of the office ladies for guidance." The Operator did inform the Auditor that if more information was required the Administrative staff were available Monday through Friday from 8:00 am to 4:00 pm.

The facility provided an Anson County Domestic Violence Coalition, Inc. flyer. The flyer provides information of services, a 24-hour hotline and an address without the street number.

During the pre-audit phase, the Auditor made the facility aware of the issues described above. Since the facility changed providers to the Ester House, contact number 704.961.7500 at P.O. Box 734 Albemarle, NC 28992. This Auditor phoned the Ester House on 9.25.2021 at 3:58 pm and spoke with Operator 'Tanja'. The Operator informed the Auditor she was not aware of the Cabarrus Regional Detention Center and how she would handle those call. This Auditor asked if she would have the Manager phone the Auditor in an attempt to verify a MOU was in place with the Cabarrus facility.

The facility provided the DJJ Resident brochure. The brochure includes a hotline number to Childhelp; however, contact information for Anson County Domestic Violence Coalition is not included.

The facility provides residents access to such services enabling reasonable communication between residents and advocates in as confidential a manner as possible through PREA education admission and 10-day training. In addition, Mental Health staff provide as private a location as possible for external phone calls to advocates and or hotline calls.

(b) The Cabarrus Regional Juvenile Detention Center PAQ states the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

During the in-take process, facility personnel review the facility rules, expectations, and procedures informing residents of their access to outside support services and to the extent to which such communications will be monitored.

(c) The Cabarrus Regional Juvenile Detention Center PAQ states the facility maintains memoranda of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse.

(d) The Cabarrus Regional Juvenile Detention Center PAQ states the facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&P) Document, dated September 2013
4. NCDPS Report Fraud, Waste, Abuse or Misconduct, dated 2.1.2014
5. Agency web address for Third Party Complaints: NC DPS: Prison Rape Elimination Act.

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Supervisory staff

Residents and staff interviewed demonstrated their reporting knowledge of third party reporting.

(a) The Cabarrus Regional Juvenile Detention Center PAQ states the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 4D-01 Sexual Assault/Abuse/Harassment, page 17-18, section D.1., states, "The Cabarrus Regional Juvenile Detention Center shall establish an email and toll free line dedicated to receiving third-party reports of sexual abuse and sexual harassment and shall distribute publicly the information on how to report sexual abuse and sexual harassment on behalf of a resident.

The facility provided a NCDPS Report Fraud, Waste, Abuse or Misconduct, a confidential webpage for employees and citizens to report allegations of fraud, waste, abuse, misconduct or mismanagement in the department. In addition, hotline 1.844.208.4018 is available. Due to the document being a PDF, the Auditor could not access the online reporting form, nor could the form be located on the facility website.

The Auditor accessed the agency website at NC DPS: Prison Rape Elimination Act. A link titled 'Submit a report of undue familiarity or sexual misconduct' allowed the Auditor to send an email to submit a report of undue familiarity or sexual misconduct.

On 9.12.2021 at 1:33 pm, this Auditor emailed PREA@ncdps.gov , explained the reason for the email. Immediately following the email, the Auditor received the following response.

"SVC_DPS.PREA SVC_DOC.PREA@ncdps.gov via nconnect.onmicrosoft.com
 ****AUTOMATED MAIL RESPONSE FROM PREA ADMINISTRATION****

Please keep this email for future references.

Your mail to PREA Administration has been received.

This is a receipt notification only. A personal response will be made by PREA Administration as soon as possible.

If your request is urgent, please call PREA Administration at 919-825-2757. Please leave a message on the voicemail if we are unavailable. Please do not call repeatedly over and over; if you leave a voicemail we will return your call. Slowly say your name, staff id and phone number.”

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2012
3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&P) Document, dated September 2013
4. NCDPS Abuse and Neglect Policy and Requirements and Procedures (R&P) Document, dated March 2010
5. Form YD 001 – Sexual Abuse Incident Response Checklist, dated June 2013
6. YD 002 Sexual Abuse Incident Response Checklist for Senior Person in Charge, dated August 2013

Interviews:

1. Random Residents
2. Targeted Residents
3. PREA Coordinator
4. PREA Manager
5. Supervisory staff
6. Nurse
7. Mental Health
8. Random staff
9. Program Director/Facility Investigator

Interviews with the PREA Coordinator, supervisory staff, investigators, Nurse, mental health, random staff and residents demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment.

Site Observations:

The PREA Coordinator, PREA Manager and Program Director explained all reports/allegations are documented in the agency database.

(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&P) Document, page 15, section 2.2 D., states, "All allegations of sexual abuse shall be reported to the Center Director and the DPS PREA Office. REFERENCE: Sexual Abuse Incident Response Checklist (Form YD 002)."

NCDPS Abuse and Neglect Policy and Requirements and Procedures (R&P) Document, page 4, section 1.8 a-e, states, "What should a staff member do if he suspects, witnesses, or receives information involving possible abuse and/or neglect?"

The staff member who suspects, witnesses, or receives an allegation of abuse and/or neglect shall:

- a. Take immediate and appropriate action to safeguard the juvenile(s) involved;
- b. When the alleged abuse and/or neglect occurred in or on department- operated facility/grounds, immediately secure the scene;
- c. Immediately notify the on-site supervisor, or if not available, the next level supervisor in the chain of command, of the incident.
- d. Immediately notify DSS;
- i. Document the notification on Incident Report, including any information received from DSS;
- ii. Retain copies of all abuse and/or neglect documentation and evidence in a locked cabinet; and
- e. Complete the Incident Report.

NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&P) Document, page 13, section 1.15, states, "Retaliation against staff or residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations is prohibited. Management is responsible for monitoring the conduct and treatment of residents and staff who reported the sexual abuse and the residents who were reported to have suffered sexual abuse for at least of 90 days following the report. If the allegation is determined to be unfounded, monitoring will no longer be required; documentation will be maintained by the PCM and a copy will be sent to the PREA Office. The PREA Support Person is responsible for monitoring residents who report or have suffered sexual abuse. The PSP will document retaliation monitoring on the OPA-I24 (Offender/Juvenile Retaliation Report). The PREA Compliance Manager is responsible for monitoring staff who report sexual abuse incidents for indications and/or signs of retaliation (e.g., disciplinary actions, behavioral changes, etc.). Monitoring shall begin immediately after the incident is reported and will continue beyond 90 days if the initial monitoring indicates a continuing need. The PCM will document staff retaliation monitoring on the OPA-I22 (Staff Retaliation Report). Any staff who have knowledge, suspicion, or information regarding retaliation against residents or staff who report sexual abuse or harassment must immediately report that knowledge, suspicion, or information to the PCM. Staff may also report suspected retaliation to the PREA Office by telephone or e-mail: PREA@ncdps.gov."

The facility provided Form YD 001 a detailed instruction First Responder Duties check list. YD 002 Sexual Abuse Incident Response Checklist for Senior Person in Charge detailing responsibilities for the senior person in charge.

(b) The Cabarrus Regional Juvenile Detention Center PAQ states the agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Compliance can be found in provision (a) of this standard.

(c) Cabarrus Regional Juvenile Detention Center PAQ states apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

(d) Compliance can be found in provision (a) of this standard.

(e) NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&P) Document, page 21, section 3.1, I., states, "Inform the alleged victim's parents and/or legal guardians of all concerns pertaining to possible sexual abuse, involving a resident(s) within a center, and the timing/location of all evaluation referrals.

Note: If the alleged victim is under the guardianship of the North Carolina child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents and/or legal guardians.

Note: The senior person in charge and staff are prohibited from revealing any information regarding the alleged sexual abuse, of a resident of a center, unless expressly required to secure the immediate safety of a resident, and/or to meet mandated investigation, evaluation, intervention, and/or treatment requirements as established by State or local law or policy, or by DPS/JJ policy.”

(f) NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedure (R&P) Document, dated September 2013, page 14, section 2.1 C., states, “Third Party Reporting: All third party reports of resident sexual abuse or harassment will be responded to and investigated. All parents/legal guardians are provided multiple methods to report. Additionally, there is a reporting link on the DPS public website.”

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| 115.362 | <p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Director/Facility Investigator 2. PREA Coordinator <p>Interviews with the Program Director/Facility Investigator and PREA Coordinator demonstrated the facility staff acts promptly and responds properly at the discovery of the incident.</p> <p>Site Observation:</p> <p>The facility did not have any investigations in the past 12 months.</p> <p>(a) The Cabarrus Regional Juvenile Detention Center PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the facility reports zero residents were subject to substantial risk of imminent sexual abuse. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 14-15, section 2.2 A., states, "The senior person-in-charge on campus shall ensure that the alleged victim and aggressor are physically separated, either through resident reassignment, staff reassignment, or some other effective means. Alleged victims shall only be reassigned as a last resort as to avoid any appearance to the resident that the reassignment is punitive/retaliatory."</p> |
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| 115.363 | Reporting to other confinement facilities |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 432 300">Document Review:</p> <ol data-bbox="240 331 1469 506" style="list-style-type: none"> <li data-bbox="240 331 802 358">1. Cabarrus Regional Juvenile Detention Center PAQ <li data-bbox="240 389 1469 416">2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 <li data-bbox="240 448 1437 506">3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013 <p data-bbox="240 595 352 622">Interviews:</p> <ol data-bbox="240 654 467 680" style="list-style-type: none"> <li data-bbox="240 654 467 680">1. Program Director <p data-bbox="240 712 1469 801">The interview with the Program Director demonstrated that she was aware that upon receiving an allegation that a resident was sexually abused while confined at another facility, she had the responsibility to notify the head of the facility where the allegation occurred. This instance had not occurred in the past 12 months.</p> <p data-bbox="240 891 1469 1048">(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, the facility has received zero allegations that a resident was abused while in confinement at another facility.</p> <p data-bbox="240 1137 1469 1433">NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 11, section 1.11 A-B., state, "Upon receiving an allegation that a resident was sexually abused or harassed while confined at another center (to include agencies outside of DPS), the Center Director that received the allegation shall notify the Center Director or appropriate office where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 24 hours after receiving the allegation. The Center Director providing the notification shall document that the notification was made by sending an e-mail to PREA@ncdps.gov. The e-mail must contain: (Name of person making notification) contacted (Name of person notified) at (date time) regarding an allegation of sexual (abuse/harassment) that was reported to have allegedly occurred at (Facility) on (alleged date of abuse/harassment). This was also reported to: (DSS, Law Enforcement, PREA Office, etc.) on (date/time).</p> <p data-bbox="240 1523 1469 1581">(b) The Cabarrus Regional Juvenile Detention Center PAQ states agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="240 1671 1382 1729">(c) The Cabarrus Regional Juvenile Detention Center PAQ states the facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p data-bbox="240 1818 1469 2078">(d) The Cabarrus Regional Juvenile Detention Center PAQ states facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In the last 12 months, there have been zero allegations of sexual abuse the facility received from other facilities. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 10, section 1.11 A., states, "Upon receiving an allegation that a resident was sexually abused or harassed while confined at another center (to include agencies outside of DPS), the Center Director that received the allegation shall notify the Center Director or appropriate office where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 24 hours after receiving the allegation."</p> |

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013
4. Form YD 001 (Sexual Abuse Incident Response Checklist), dated, June 2013

Interviews:

1. Random staff
2. Supervisory staff
3. Facility Investigator

Interviews with random and supervisory staff demonstrated each were aware of their first responder responsibilities.

Site Observation:

Documentation review of the allegations of sexual abuse reported, each demonstrated staff responded accurately and promptly.

(a) The Cabarrus Regional Juvenile Detention Center PAQ states the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate, preserve, protect, collect physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, one allegations occurred where a resident was sexually abused. During the one allegation, the security staff member immediately responded, separated and reported the alleged victim and abuser. In the past 12 months, there were zero allegations where staff were not notified within a time period that sill allowed or the collection of evidence.

NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 20-21, section 3.1, 1.A-F, states, "Upon learning of a concern for sexual abuse, involving a resident(s) within a center, the first responding staff member shall be required immediately to:

- A. Alert local Emergency Medical Services (911) if the alleged victim(s) is exhibiting signs of obvious life-threatening injury and/or significantly altered mental state;
- B. Separate the alleged victim(s) and the alleged aggressors(s);
- C. Use the Sexual Abuse Incident Response Checklist to guide all subsequent actions; REFERENCE: Sexual Abuse Incident Response Checklist (Form YD 001 for first responders, and Form YD 002 for senior person in charge)
- D. Immediately inform the senior person in charge of all knowledge, suspicion, and/or information pertaining to:
 1. Sexual abuse, involving a resident(s) within the center,

2. Retaliation against resident(s) or staff who reported concerns of sexual abuse, sexual harassment, and/or voyeurism involving a resident(s) within the center, and/or
 3. Staff neglect/violation of responsibilities that may have contributed to an incident and/or retaliation; and
 4. Preserve and protect the potential crime scene(s) until the formal investigation is initiated.
- E. Request that the alleged victim (resident) avoid actions that could destroy (potential) physical evidence, including:
1. Washing (including hands and face),
 2. Bathing (including body and anogenital areas),
 3. Brushing teeth/flossing teeth/gargling,
 4. Changing/removing clothing,
 5. Urinating/defecating,
 6. Removing a tampon and/or sanitary pad,
 7. Cutting/trimming/cleaning finger nails,
 8. Smoking/chewing tobacco, and
 9. Drinking/eating/chewing gum.
- F. Request that the alleged aggressor avoid actions that could destroy (potential) physical evidence, including:
1. Washing (including hands and face),
 2. Bathing (Including body and anogenital areas),
 3. Brushing teeth/flossing teeth/gargling,
 4. Changing/removing clothing,
 5. Urinating/defecating,
 6. Removing a tampon and/or sanitary pad,
 7. Cutting/trimming/cleaning finger nails,
 8. Smoking/chewing tobacco, and
 9. Drinking/eating/chewing gum.

The facility provided Form YD001, Sexual Abuse Incident Response Checklist demonstrating first responders have a detailed outline for reporting incidents firsthand.

(b) The Cabarrus Regional Juvenile Detention Center PAQ states the facility's policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. There have been zero allegations that a resident was sexually abused in the past 12 months where a non-security staff was the first responder. Procedures (R&P) Document, page 9, section B. states, "The PCM will ensure the center has a written, institutional plan (this policy, medical protocol, and Forms YD 001 and 002) for a coordinated response (first responders, medical, mental health, investigators, senior leadership) to resident sexual abuse and harassment issues."

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. Sexual Abuse Institution Response Plan, dated September 2021
4. Cabarrus Juvenile Detention Center PREA Response Guide for Staff, dated June 2018
5. YD 001, Sexual Abuse Incident Response Checklist, dated August 2013
6. YD 002 Sexual Abuse Incident Response Checklist for Senior Person in Charge, dated August 2013
7. NCDPS Coordinated Response Overview brochure, dated 2.6.2018

Interviews:

1. Program Director
2. PREA Coordinator
3. PREA Manager
4. Shift Supervisor
5. Random staff

Interviews with the Program Director, PREA Coordinator, Shift Supervisor and random staff demonstrated the response to allegations of sexual assault is written to coordinate actions taken in response to sexual abuse and sexual harassment incidents.

Site Observation:

Review of the institutional plan demonstrates clear direction to staff to ensure first responder duties are fulfilled.

(a) The Cabarrus Regional Juvenile Detention Center PAQ states the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The facility provided a Cabarrus Juvenile Detention Center Sexual Abuse Institution Response Plan detailing First Responder Duties, Victim Safety, Evidence Preservation, Alleged Abuser, Notifications, Medical Care and Notification Requirements, Investigations and actual names and duties of investigators, actual name and duties of the PREA Compliance Manager and PREA Support Person actual names and responsibilities.

The facility provided the Cabarrus Juvenile Detention Center PREA Response Guide for staff, detailing juvenile safety procedures, first responder duties, and senior person in charge duties.

The facility provided YD 001, Sexual Abuse Incident Response Checklist detailing first responder duties.

The facility provided YD 002 Sexual Abuse Incident Response Checklist for Senior Person in Charge detailing duties required for whomever may be the senior person in charge.

The facility provided a NCDPS Coordinated Response Overview brochure outlining in text and graphics direction for responding to and coordinating action steps to be taken.

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Director 2. PREA Coordinator 3. Random staff <p>Interviews with the Program Director and the PREA Coordinator determined the facility has not entered into collective bargaining agreements.</p> <p>(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency has not entered into or renewed any collective bargaining agreements since the last PREA audit.</p> |

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013
4. 2021 Cabarrus MOU Agreement with Office of PREA Administration, dated 10.21.2020
5. Certificates of Completion of PREA Support Training, dated 9.21.2109 – 9.27.2019

Interviews:

1. PREA Support Person
2. PREA Manager

Interviews with PREA Support Persons and Compliance Managers demonstrated they would complete all retaliation monitoring and documentation.

Site Observation:

A need for retaliation monitoring had not presented a need in the past 12 months.

(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility designates counselors, direct care staff or a designated supervisor as retaliation monitors. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 19, section 2.5, states, "The PREA Investigator and all others involved in the PREA process will strive to protect residents who make complaints of sexual abuse from retaliation, and assure the impartial resolution of PREA complaints in accordance with the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq. The PREA Investigator and all others involved in the PREA process, to the extent possible, will ensure the confidentiality of PREA complaints as well as all data collected through the investigation of those complaints except as required in the following circumstancesL1) to cooperate with law enforcement in any investigation and prosecution of the incidents alleged in such complaints; (2) to take and enforce disciplinary action against any staff member as a result of the incidents alleged in the complaints; (3) to defend against claims brought by the resident for violation of the resident's rights for having been subjected to sexual abuse; and (4) to otherwise comply with the law."

The facility provided a Cabarrus MOU Agreement with the Office of PREA Administration, from the Facility Administrator stating the designation of six PREA Support persons for the facility. Designees have been screened for appropriateness to serve as a victim advocate, received specialized training, and are not the facilities PREA Compliance Manger.

The facility provided six individual certificates of completion of PREA Support Training. Certificates indicate same names as those designated on the Office of PREA Administration MOU.

(b) Compliance can be found in provision (a) of this standard.

(c-e) The Cabarrus Regional Juvenile Detention Center PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the resident is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had zero incidents of retaliation.

NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 13, section 1.15, states, "Retaliation against staff or residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations is prohibited. Management is responsible for monitoring the conduct and treatment of residents and staff who reported the sexual abuse and the residents who were reported to have suffered sexual abuse for at least of 90 days following the report. If the allegation is determined to be unfounded, monitoring will no longer be required; documentation will be maintained by the PCM and a copy will be sent to the PREA Office. The PREA Support Person is responsible for monitoring residents who report or have suffered sexual abuse. The PSP will document retaliation monitoring on the OPA-I24 (Offender/Juvenile Retaliation Report). The PREA Compliance Manager is responsible for monitoring staff who report sexual abuse incidents for indications and/or signs of retaliation (e.g., disciplinary actions, behavioral changes, etc.). Monitoring shall begin immediately after the incident is reported and will continue beyond 90 days if the initial monitoring indicates a continuing need. The PCM will document staff retaliation monitoring on the OPA-I22 (Staff Retaliation Report). Any staff who have knowledge, suspicion, or information regarding retaliation against residents or staff who report sexual abuse or harassment must immediately report that knowledge, suspicion, or information to the PCM. Staff may also report suspected retaliation to the PREA Office by telephone or e-mail: PREA@ncdps.gov."

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| 115.368 | Post-allegation protective custody |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Random staff 3. Mental Health 4. Shift Supervisor 5. Random residents 6. Targeted residents <p>Random and targeted resident interviews conducted demonstrated that residents had not nor had they heard of a resident being placed in isolation during their residency. Interviews with the PREA Coordinator, random, supervisory and mental health staff demonstrated that residents were not placed in isolation. Of the resident files reviewed, none had seclusion room documentation.</p> <p>Site Observation:</p> <p>The seclusion room in the special needs unit was empty at the time of the on-site audit. The seclusion room is located in the center of the building, away from resident single wet cells.</p> <p>(a) The Cabarrus Regional Juvenile Detention Center PAQ states the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise." In the last 12 months there have been zero residents who allege to have suffered sexual abuse, who were placed in isolation.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 9, section 1.10 B., states, "Any housing concerns noted by staff regarding a resident's history of sexual abuse-victimization or sexually predatory behavior shall be communicated to the resident's center management. Center management shall use information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only when alternative means of keeping residents safe cannot be arranged. Any resident isolated for the purpose of sexual abuse prevention will receive daily visits from medical or mental health staff, have access to required educational programming, and have access to other programs to the extent possible."</p> |

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Investigator/Program Director <p>Interviews with the Facility Investigator/Program Director demonstrated she had completed initial and annual specialized investigator training. The Facility Investigator/Program Director clearly articulated processes required during an investigation.</p> <p>Site Observation:</p> <p>The facility did not have any investigations in the past 12 months.</p> <p>(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency/facility has a policy related to criminal and administrative agency investigations. The agency and facility have policies NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, and NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, which both speak to Investigation processes, in depth.</p> <p>NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 16, section 2.3 B.1., Investigator Training, stating, "In addition to the general training provided to all employees, the Division shall ensure that, its investigators have received specialized PREA Sexual Abuse and Harassment Investigator training."</p> <p>The facility provided NCDPS Office of Staff Development and Training In-Service Training (SAH Investigator Lesson Plan) with a lesson objective which states, "To provide Sexual Abuse (SA) Investigating Officers with the dynamics of sexual abuse, the skills to conduct a sexual abuse investigation and the abilities to professionally respond to sexual abuse and harassment allegations." Learner objectives include:</p> <ol style="list-style-type: none"> 1. Identify the "Prison Rape Elimination Act (PREA) of 2003" and the National Standards 2. Identify North Carolina sexual offense statutes. 3. Identify Division Sexual Abuse and Harassment Policies. 4. Define Investigative Warnings. 5. Define Interviewing. 6. Identify the characteristics of a good interviewer. 7. Define the rules of successful Interviewing. 8. Define the Skill Learning Cycle. 9. Identify verbal behaviors of untruthfulness. 10. Identify the five basic types of lies. |

11. Define a report and its purpose.
12. Identify responsibilities of the investigating officer in sexual abuse and harassment incidents.
13. Define Incident Scene and Evidence Processing.
14. Identify the role of the PREA Support Person.
15. Demonstrate how to conduct and document a proper investigation.
16. Demonstrate an understanding of preparing the investigating officer's comments.
17. Define Investigation timeframes.
18. Identify the role of Department employees in Criminal Prosecutions.
19. Identify the applicability of the North Carolina Division of Adult Correction (Prisons & Community Corrections) and Division of Juvenile Justice Policy and Procedures.

The facility provided NCDPS Sexual Abuse and Harassment Investigations: Understanding Sexual Abuse Training with a lesson objective which states, "To provide PREA (Sexual Abuse) Investigations with the dynamics of sexual abuse that will aid in conducting thorough investigations. Learner objectives include:

1. Define the importance of a specialized Sexual Abuse (PREA) Investigator.
2. Define a Victim-Centered Investigative Approach.
3. Define sexual abuse.
4. Define how trauma impacts survivors.
5. Identify how power and control are related to sexual abuse.
6. Identify common patterns of sexual abuse in confinement settings.
7. Define verbal and nonverbal communications with victims.

(b) The facility investigators have completed PREA Support Person specialized training, which includes specialized investigator training.

(c) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 4D-01, Sexual Assault/Abuse/Harassment, page 21, section A. 2., states, "The appropriate individuals shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview resident victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator."

(d) The Cabarrus Regional Juvenile Detention Center PAQ states the agency does not terminate an investigation solely because the source of the allegation recants the allegation. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 18, section M. 1., states, "The Department of Public Safety shall not terminate an investigation solely because the source of the allegation recants the allegation."

(e) NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 18-19, section M. 2, states, "When the quality of evidence appears to support criminal prosecution, the Department of Public Safety shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution, while maintaining resident rights. Substantiated allegations of sexual abuse that appears to be criminal/delinquent shall be referred to the District Attorney. The departure of the alleged aggressor or victim from the employment or control of the Department of Public Safety shall not provide a basis for terminating an investigation. REFERENCE: Law Enforcement Interviews of Juveniles policy for parental notification and juvenile rights information."

(f) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 17, section 2.3 G., states, "A resident that alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

(g) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 17, section 2.3 G., states, "A resident that alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. During the pre-audit phase, the Auditor asked the PREA Compliance Manager where investigations were documented. The PREA Compliance Manager explained that all resident demographic information, including investigations are documented in the State TROI/OSI database.

(h) The facility does not conduct criminal investigations.

(i) The Cabarrus Regional Juvenile Detention Center PAQ states there has been zero sustained allegation of conduct that appears to be criminal that was referred for prosecution, since the last audit date. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 18, section M. 2., states, "When the quality of evidence appears to support criminal prosecution, the Department of Public Safety shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution, while maintaining resident rights. Substantiated allegations of sexual abuse that appears to be criminal/delinquent shall be referred to the District Attorney. The departure of the alleged aggressor or victim from the employment or control of the Department of Public Safety shall not provide a basis for terminating an investigation. REFERENCE: Law Enforcement Interviews of Juveniles policy for parental notification and juvenile rights information."

(j) The Cabarrus Regional Juvenile Detention Center PAQ states the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 10, section 1.10 D., states, "The PREA investigator shall report the allegations of resident sexual abuse, along with the dispositions of the resulting investigations, to center management and the PREA Office, and enter appropriate information into TROI. All case records associated with allegations of resident sexual abuse and harassment, including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained as long as the alleged abuser is in secure custody, incarcerated or employed by the Department of Public Safety plus five (5) years. Data submitted for the Survey of Sexual Violence will be maintained for at least 10 years after the initial collection."

(k) Compliance is found in provision (i) of this standard.

(m) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 19, section 2.5., states, "The PREA Investigator and all others involved in the PREA process will strive to protect residents who make complaints of sexual abuse from retaliation, and assure the impartial resolution of PREA complaints in accordance with the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq. The PREA Investigator and all others involved in the PREA process, to the extent possible, will ensure the confidentiality of PREA complaints as well as all data collected through the investigation of those complaints except as required in the following circumstances: (1) to cooperate with law enforcement in any investigation and prosecution of the incidents alleged in such complaints; (2) to take and enforce disciplinary action against any staff member as a result of the incidents alleged in the complaints; (3) to defend against claims brought by the resident for violation of the resident's rights for having been subjected to sexual abuse; and (4) to otherwise comply with the law."

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| 115.372 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Investigator <p>The interview with the facility investigator demonstrated the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”</p> <p>(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 18, section L.3, states, “The Division shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”</p> |

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013
4. OPA-I30A Support Services Notification, dated 9.1.2014
5. OPA-I30 Support Services, dated 6.30.2014

Interviews:

1. Investigator
2. PREA Coordinator

Interviews with the PREA Coordinator and facility investigator demonstrated notification requirements to victims was given verbally; however, verbal notification was not documented.

(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the last 12 months there have been one criminal and or administrative investigations and one resident was notified of outcomes. During the pre-audit phase of the audit the Auditor notices the PAQ was blank and was notified by the PREA Manager the PAQ should have stated, one administrative investigation and one resident was notified.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 17, section 2.3 H. states, "The PREA Compliance Manager, with input from the Sexual Abuse Review Team, shall complete a post incident review within 30 days of the conclusion for all substantiated and unsubstantiated resident sexual abuse investigations."

The facility provided form OPA-I30A Support Services Notification informing the alleged victim whenever action is required for the alleged abuser.

The facility provided form OPA-I30, Support Services briefing the alleged victim on the role of the PREA Support Person and retaliation.

(b) The Cabarrus Regional Juvenile Detention Center PAQ states If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. In the past 12 months, there has been zero investigations of alleged resident sexual abuse.

(c) The Cabarrus Regional Juvenile Detention Center PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's 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.”

There has not been a substantiated or unsubstantiated complaint of sexual abuse committed by staff against a resident in the last 12 months.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 8., section 1.8. A. 6, states, “Provide victim with a completed OPA-I30 (Victim Support Services form) to inform him/her of the results (status and outcome) of the investigation. Unless the incident is determined as unfounded, the PSP will inform the victim of the law enforcement outcome and the status of the staff member (assailant).”

(d) The Cabarrus Regional Juvenile Detention Center PAQ states following a resident’s allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 19, section N. 2-3, states, “Following an allegation that a resident has been sexually abused by a staff member (unless unfounded), the alleged victim shall be informed by the PSP whenever (1) the staff member is no longer posted in the resident’s unit, (2) the staff member is no longer employed at the center, (3) the agency learns the staff member has been indicted on a charge related to sexual abuse within the center, or (4) the agency learns the staff member has been convicted of a charge related to sexual abuse within the center. Following an allegation that a resident has been sexually abuse by another resident, the alleged victim shall be informed by the PSP whenever: (1) the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the center, or (2) the alleged abuser has been convicted on a charge of sexual abuse within the center.”

(e) The Cabarrus Regional Juvenile Detention Center PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been zero notification to a resident, pursuant to this standard.

NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 19, section N.1., states, “The alleged victim shall be provided a completed OPA-I30 (PREA Support Services form) by the PSP with the results of the investigation.”

Note, the OPA-I30A Support Services form is used to document each type of notification to residents.

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| 115.376 | Disciplinary sanctions for staff |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 3. NCDPS Memorandum from Deputy Secretary for Juvenile Justice, RE: Prison Rape Elimination Act Standards in Juvenile Facilities, dated 11.8.2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Manager 2. Human Resource Assistant <p>Site Observation:</p> <p>In the last 12 months, the facility had zero staff who was disciplined for violation of an agency sexual abuse or sexual harassment policy.</p> <p>(a) The Cabarrus Regional Juvenile Detention Center PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 12, section 1.14 A., states, "Employees: Staff shall be subject to disciplinary action up to and including termination for violation of Department of Public Safety sexual abuse or sexual harassment policies. Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed."</p> <p>(b) The Cabarrus Regional Juvenile Detention Center PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies.</p> <p>(c) The Cabarrus Regional Juvenile Detention Center PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (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. In the past 12 months there have zero staff requiring discipline for sexual abuse or sexual harassment.</p> <p>(d) The Cabarrus Regional Juvenile Detention Center PAQ states all terminations for violations of agency sexual abuse or sexual harassment policies, 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. In the past 12 months, zero staff have been terminated for sexual abuse or harassment.</p> <p>On November 9, 2021, the agency provided a memo addressed to all Facility Directors, from the Deputy Secretary for Juvenile Justice implementing a directive stating, "Staff who engage in sexual abuse shall immediately be prohibited from contact with residents and shall be reported to relevant licensing bodies or law enforcement agencies, unless activity was clearly not criminal."</p> |

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| 115.377 | Corrective action for contractors and volunteers |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 432 300">Document Review:</p> <ol data-bbox="242 329 1469 412" style="list-style-type: none"> <li data-bbox="242 329 799 358">1. Cabarrus Regional Juvenile Detention Center PAQ <li data-bbox="242 385 1469 412">2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 <p data-bbox="242 501 352 530">Interviews:</p> <ol data-bbox="242 560 568 642" style="list-style-type: none"> <li data-bbox="242 560 448 589">1. PREA Manager <li data-bbox="242 616 568 642">2. Human Resource Assistant <p data-bbox="242 732 416 761">Site Observation:</p> <p data-bbox="242 790 1485 851">During the last audit cycle, the facility did not have any volunteers or contractors subject to disciplinary action due to violating sexual abuse or sexual harassment policies.</p> <p data-bbox="242 938 1485 1099">(a) The Cabarrus Regional Juvenile Detention Center PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, there have been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of residents.</p> <p data-bbox="242 1184 1485 1346">NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 12, section 1.14 B., states, "Contractors and Volunteers: Any contractor or volunteer who engages in sexual abuse shall immediately be prohibited from contact with residents and shall be reported to relevant licensing bodies or law enforcement agencies, unless the activity was clearly not criminal. Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed."</p> <p data-bbox="242 1433 1485 1594">(b) The Cabarrus Regional Juvenile Detention Center PAQ states the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The Cabarrus Regional Juvenile Detention Center has not experienced an incident where a volunteer or contractor has engaged in sexual abuse or harassment; however, removal from facility premises and restricting access and possible termination of access would be the remedial measures.</p> |

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013

Interviews:

1. Sexual Abuse Incident Team member/Program Director

Interviews with Program Director demonstrated residents who falsely reported PREA allegations would be disciplined if the opportunity presented.

(a) The Cabarrus Regional Juvenile Detention Center PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been zero administrative findings of resident-on-resident sexual abuse have occurred at the facility. In the past 12 months there have no criminal findings of guilt for resident-on-resident sexual abuse, occurring at the facility.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 12-13, section 1.14 C. 1-2, state, "Appropriate remedial measures shall be considered whether to prohibit further contact with residents in the case of any other violation of juvenile sexual abuse or sexual harassment policies. Are subject to consequences for sexual misconduct/offense pursuant to the Behavior Expectations policy following the established due process."

(b) The Cabarrus Regional Juvenile Detention Center PAQ states in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. In the past 12 months, zero residents were placed in isolation as a disciplinary sanction for resident on resident sexual abuse.

NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, "Consequences will be commensurate with the nature and circumstances of the sexual abuse or harassment committed, the resident's disciplinary history, and consequences imposed for comparable offenses committed by other residents with similar histories. It will be taken into consideration whether a resident's mental disabilities or mental illness contributed to the behavior when determining what disciplinary sanctions, if any, will be imposed.

NCDPS Juvenile Justice Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 10, section 1.10 B., states, "Any housing concerns noted by staff regarding a resident's history of sexual abuse-victimization or sexually predatory behavior shall be communicated to the resident's center management. Center management shall use information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Residents may be isolated from others only as a last

resort when less restrictive measures are inadequate to keep them and other residents safe, and then only when alternative means of keeping residents safe cannot be arranged. Any resident isolated for the purpose of sexual abuse prevention will receive daily visits from medical or mental health staff, have access to required educational programming, and have access to other programs to the extent possible.”

(c) Compliance substantiated in provision (a) of this standard.

(d) The Cabarrus Regional Juvenile Detention Center PAQ states the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Although the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility does not mandate whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

(e) The Cabarrus Regional Juvenile Detention Center PAQ states the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. NCDPS Juvenile Justice Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 12-13, section 1.14 C 1-3, states,

1. Appropriate remedial measures shall be considered whether to prohibit further contact with residents in the case of any other violation of juvenile sexual abuse or sexual harassment policies.

2. Are subject to consequences for sexual misconduct/offense pursuant to the Behavior Expectations policy following the established due process.

3. Consequences will be commensurate with the nature

and circumstances of the sexual abuse or harassment committed, the resident's disciplinary history, and consequences imposed for comparable offenses committed by other residents with similar histories. It will be taken into consideration whether a resident's mental disabilities or mental illness contributed to the behavior when determining what disciplinary sanctions, if any, will be imposed.

(f) The Cabarrus Regional Juvenile Detention Center PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

(g) The Cabarrus Regional Juvenile Detention Center PAQ states the agency prohibits all sexual activity between residents.

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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cabarrus Regional Juvenile Detention Center PAQ 2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013 4. 2021 Cabarrus Medical and Health Screenings, not dated 5. No consent needed statement from PREA Compliance Manager, not dated 6. NCDPS Memorandum, RE: 115.331 Medical and Mental Health Screening, dated 10.22.2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Manager 2. Mental Health 3. Nurse 4. Targeted residents <p>Interviews with the PREA Manager, mental health, nurse and targeted resident demonstrated disclosure reports are reported to the mental health staff and follow up medical and or mental health appointments had taken place; however, documentation had not been a current practice. Mental Health was able to articulate the advocacy center was contacted for all mental health disclosures and provided follow up services for mental health. Disclosures for medical were followed up by the facility nurse. On 10.22.2021 the facility began using a 14-day mental health tracking spreadsheet to ensure follow up appointments with medical and mental health staff are documented.</p> <p>On 10.27.2021, the facility provided a NCDPS Memorandum addressed to the PREA Auditor, RE: PREA Standard 115.381 Medical and Mental Health Screening, stating disclosures from victims and perpetrators accepting follow up mental health providers would be documented.</p> <p>(a) The Cabarrus Regional Juvenile Detention Center PAQ states all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. Follow up meetings are offered within 14 days of the intake screening. In the past 12 months there has been zero residents who disclosed prior victimization during the intake screening. Medical and mental health staff maintain secondary materials, documenting compliance with the above required services. (During the pre-audit phase this Auditor spoke with the PREA Manager to clarify the total number should be zero as the PAQ was blank.)</p> <p>The facility provided a 2021 Cabarrus Medical and Health Screening for demonstrating documentation of medical and or mental health referrals are documented.</p> <p>(b) The Cabarrus Regional Juvenile Detention Center PAQ states all residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. All residents are allowed a follow-up meeting offered within 14 days of the intake screening. In the past 12 months there have been zero residents who disclosed previously perpetrated sexual abuse, as indicated during the screening process. (During the pre-audit phase this Auditor spoke with the PREA Manager to clarify the total number should be zero as the PAQ was blank.) NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements</p> |

and Procedures (R&P) Document, page 9-10, section B., states, "Any housing concerns noted by staff regarding a resident's history of sexual abuse-victimization or sexually predatory behavior shall be communicated to the resident's center management. Center management shall use information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only when alternative means of keeping residents safe cannot be arranged. Any resident isolated for the purpose of sexual abuse prevention will receive daily visits from medical or mental health staff, have access to required educational programming, and have access to other programs to the extent possible."

(c) The Cabarrus Regional Juvenile Detention Center PAQ states the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

(d) The Cabarrus Regional Juvenile Detention Center PAQ states, medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

The facility does not have a practice in place to obtain reporting consent from youth 18 or older. The facility PREA Compliance Manager provided a comment stating, "No consent needed, most of the population is under eighteen (18) years of age and no consent needed." Upon further discussion between the Auditor and the Cabarrus Facility Team, the team has accepted and will implement a consent from provided by the Auditor.

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| 115.382 | Access to emergency medical and mental health services |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 432 300">Document Review:</p> <ol data-bbox="240 331 1469 564" style="list-style-type: none"> <li data-bbox="240 331 802 358">1. Cabarrus Regional Juvenile Detention Center PAQ <li data-bbox="240 389 1469 416">2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 <li data-bbox="240 448 1437 506">3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013 <li data-bbox="240 537 1086 564">4. NCDPS Healthcare Services Medical Progress Note Form, dated January 2012 <p data-bbox="240 654 352 680">Interviews:</p> <ol data-bbox="240 712 480 967" style="list-style-type: none"> <li data-bbox="240 712 477 739">1. Random residents <li data-bbox="240 770 480 797">2. Targeted residents <li data-bbox="240 828 432 855">3. Random staff <li data-bbox="240 887 352 913">4. Nurse <li data-bbox="240 945 432 972">5. Mental Health <p data-bbox="240 999 1485 1057">Interviews with the Nurse, mental health staff, random staff and residents demonstrated that residents are aware of access to emergency medical and mental health services.</p> <p data-bbox="240 1146 1469 1272">(a) The Cabarrus Regional Juvenile Detention Center PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials used in such occurrences.</p> <p data-bbox="240 1361 1469 1420">The facility provided a NCDPS Healthcare Services Medical Progress note demonstrating that follow up medical and or mental health care sessions would be documented on said form.</p> <p data-bbox="240 1509 895 1536">(b) The Cabarrus Regional Juvenile Detention Center PAQ states</p> <p data-bbox="240 1626 1453 1720">(c) The Cabarrus Regional Juvenile Detention Center PAQ states resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p data-bbox="240 1809 1469 1899">(d) The Cabarrus Regional Juvenile Detention Center PAQ states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> |

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Nurse
5. Mental Health

Interviews with medical and mental health staff, random staff and residents demonstrated that residents are aware of access to emergency medical and mental health services. In the past of 12 months' residents have not reported sexual abuse.

(a) The Cabarrus Regional Juvenile Detention Center PAQ states the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 24, section 3.2.1. C., states, "The acute medical evaluations shall be in full compliance with standards established through the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." [U.S. Department of Justice; Office on Violence Against Women (September 2004)]. Per this standard, the alleged sexual abuse victim(s) shall be granted access to a Sexual Assault Nurse Examiner (SANE) at the designated acute medical evaluation center;"

(b) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 27-27, section 3.3.1 states, "Following evaluation for sexual abuse, sexual harassment, and/or voyeurism within a center, alleged victim(s) shall be granted access to post-incident medical services through the center health services clinic which may include the following components:"

A. The alleged victim shall be informed of the scope and limits of confidentiality, with particular regard to information obtained during the post- incident medical care process;

B. The post-incident evaluation shall be in full compliance with professionally- accepted standards of care, and shall minimally include the following components:

1. Follow-up evaluation of all injuries sustained during alleged sexual abuse, sexual harassment and/or voyeurism incidents,
2. Testing for sexually-transmitted per published Centers for Disease Control and Prevention (CDC) guidelines, as clinically-indicated,
3. Treatment for all sexually-transmitted infections identified, as clinically- indicated, and
4. Written documentation of: assessment; key findings, intervention; recommendations; and/or referrals.

(c) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 25-26, section 3.2.1. H., states, "The acute medical evaluators shall provide clearly written discharge instructions summarizing: key findings, interventions, recommendations, and/or referrals, minimally including follow-up evaluation, as indicated (resolution of injuries; testing for sexually-transmitted infections; and/or pregnancy testing)."

(d) The Cabarrus Regional Juvenile Detention Center PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests is applicable.

(e) The Cabarrus Regional Juvenile Detention Center PAQ states if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services is applicable. Compliance is substantiated in provision (c) of this standard.

(f) They Cabarrus Regional Juvenile Detention Center PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Compliance is substantiated in provision (b) of this standard.

(g) NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 9, section 1.9 C 1-6., states, "The PCM will conduct a Post Incident Review (PIR) after every sexual abuse investigation unless "unfounded". The PIR (OPA-110) will occur within 30 days of the conclusion of the investigation and a copy of the final PIR will be submitted to the PREA Office within 30 days of completion. The PCM will include a review team of: management, supervisors, investigators, and medical/mental health providers to conduct the PIR. The review team will:

1. Consider if there is a need to change policy or practice;
2. Consider if the incident was motivated by race, ethnicity, gender identity, LGBTI identification, status, gang affiliation, or was motivated by group dynamics at the center;
3. Assess if physical barriers enabled abuse;
4. Assess adequacy of staffing levels;
5. Assess if monitoring technology should be deployed or supplemented; and
6. Prepare a report of findings, determinations, and improvement recommendations. If the center does not implement recommendations, reasons must be documented."

(h) The Cabarrus Regional Juvenile Detention Center PAQ states the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cabarrus Regional Juvenile Detention Center PAQ
2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013
3. NCDPS Juvenile Justice Facilities Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated September 2013

Interviews:

1. Program Director/Incident Review Team Member

An interview with the Program Director demonstrated sexual abuse incident reviews take place after each Administrative Investigation.

(a) The Cabarrus Regional Juvenile Detention Center PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there has been zero criminal and zero administrative investigation of alleged sexual abuse completed at the facility. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 17, section 2.3 H., states, "The PREA Compliance Manager, with input from the Sexual Abuse Review Team, shall complete a post incident review within 30 days of the conclusion for all substantiated and unsubstantiated resident sexual abuse investigations."

(b) The Cabarrus Regional Juvenile Detention Center PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, there were zero criminal and one administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days.

(c) The Cabarrus Regional Juvenile Detention Center PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 17, section 2.3 I., states, "The internal PREA investigation shall be completed and reviewed by Central Office in TROI within 30 days of the initial PREA report. An extension of an additional 30 days' maximum may be given by the Deputy Director for Center Operations in instances where the investigation requires additional time for the collection of evidence or determination of validity."

(d) The Cabarrus Regional Juvenile Detention Center PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager. All investigations are documented in the state TROI (Tracking and Reporting of Incidents) database. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 8, section 1.9.C., states, "The PCM will conduct a Post Incident Review (PIR) after every sexual abuse investigation unless "unfounded". The PIR (OPA-I10) will occur within 30 days of the conclusion of the investigation and a copy of the final PIR will be submitted to the PREA Office within 30 days of completion. The PCM will include a review team of: management, supervisors, investigators, and medical/mental health providers to conduct the PIR. The review team will:

1. Consider if there is a need to change policy or practice;
2. Consider if the incident was motivated by race, ethnicity, gender identity, LGBTI identification, status, gang affiliation, or was motivated by group dynamics at the center;

3. Assess if physical barriers enabled abuse;
4. Assess adequacy of staffing levels;
5. Assess if monitoring technology should be deployed or supplemented; and
6. Prepare a report of findings, determinations, and improvement recommendations. If the center does not implement recommendations, reasons must be documented."

(e) The Cabarrus Regional Juvenile Detention Center PAQ states the facility implements the recommendations for improvement or documents its reasons for not doing so. Compliance is substantiated in provision (d) of this standard.

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| 115.387 | Data collection |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 435 300">Document Review:</p> <ol data-bbox="240 331 1469 564" style="list-style-type: none"> <li data-bbox="240 331 802 358">1. Cabarrus Regional Juvenile Detention Center PAQ <li data-bbox="240 389 1469 416">2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 <li data-bbox="240 448 1453 506">3. Agency website for Sexual Abuse Annual Report: https://www.ncdps.gov/Adult-Corrections/Prison-Rape-Elimination-Act <li data-bbox="240 537 1010 564">4. NCDPS Prison Rape Elimination Act Sexual Abuse Annual Report 2020 <p data-bbox="240 649 347 676">(a)/(c)-1,2</p> <p data-bbox="240 707 1477 837">The Cabarrus Regional Juvenile Detention Center PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p data-bbox="240 922 1469 1187">NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 10, section 1.10 D., states, "The PREA investigator shall report the allegations of resident sexual abuse, along with the dispositions of the resulting investigations, to center management and the PREA Office, and enter appropriate information into TROI. All case records associated with allegations of resident sexual abuse and harassment, including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained as long as the alleged abuser is in secure custody, incarcerated or employed by the Department of Public Safety plus five (5) years. Data submitted for the Survey of Sexual Violence will be maintained for at least 10 years after the initial collection."</p> <p data-bbox="240 1272 1469 1402">The facility provided a memo to the Auditor with the agency web address: https://www.ncdps.gov/Adult-Corrections/Prison-Rape-Elimination-Act. The website demonstrates that the annual reports for the North Carolina Department of Public Safety has documentation of the necessary data to answer questions from the most recent version of the Survey of Sexual Violence *SSV) for years 2015 through 2020 for each of their adult and juvenile facilities.</p> <p data-bbox="240 1487 1489 1545">(b) The Cabarrus Regional Juvenile Detention Center PAQ states the agency aggregates incident-based sexual abuse data at least annually.</p> <p data-bbox="292 1630 1147 1657">The facility provided aggregate data for years 2015 through 2020 in the annual report.</p> <p data-bbox="240 1751 1489 1845">(d) The Cabarrus Regional Juvenile Detention Center PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Compliance is substantiated in provision (a) of this standard.</p> <p data-bbox="240 1930 1430 1989">(e) The Cabarrus Regional Juvenile Detention Center PAQ states the agency does not contract for the confinement of residents.</p> <p data-bbox="240 2074 1485 2132">(f) The Cabarrus Regional Juvenile Detention Center PAQ states the Department of Justice has requested agency data for the year 2019.</p> |

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| 115.388 | Data review for corrective action |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 432 300">Document Review:</p> <ol data-bbox="240 331 1469 676" style="list-style-type: none"> <li data-bbox="240 331 802 358">1. Cabarrus Regional Juvenile Detention Center PAQ <li data-bbox="240 389 1469 416">2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 <li data-bbox="240 448 1453 506">3. Agency website for Sexual Abuse Annual Report: https://www.ncdps.gov/Adult-Corrections/Prison-Rape-Elimination-Act <li data-bbox="240 537 1010 564">4. NCDPS Prison Rape Elimination Act Sexual Abuse Annual Report 2020 <li data-bbox="240 595 986 622">5. Corrective Action Memo, subject: Standard 115.317, dated 9.10.2021 <li data-bbox="240 654 916 680">6. Staff Notification of Background Check spreadsheet, not dated <p data-bbox="240 766 512 792">Interview/Site Observation:</p> <ol data-bbox="240 824 480 851" style="list-style-type: none"> <li data-bbox="240 824 480 851">1. PREA Coordinator <p data-bbox="240 882 1485 940">An interview conducted with the PREA Coordinator and review of the 2020 Agency Annual Report demonstrated the report is developed annually with a comparison of annual numbers from previous years.</p> <p data-bbox="240 1025 1417 1124">(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <ul data-bbox="240 1155 1485 1330" style="list-style-type: none"> <li data-bbox="240 1155 560 1182">· Identifying problem areas; <li data-bbox="240 1214 799 1240">· Taking corrective action on an ongoing basis; and <li data-bbox="240 1272 1485 1330">· Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. <p data-bbox="240 1415 1485 1644">NCDPS are currently responding to corrective action via standard 115.317. A corrective action was formed on September 10, 2021 with identified key management and staff from the DPS Policy, Legal, Human Resources, Juvenile Justice Central and PREA offices. The Corrective Action Committee was tasked with PREA Prevention Policy Development, Staff Notification of Background Checks, Development of Process to Request Background Checks, Audit Correction Findings of the NC Child Maltreatment Registry and Full Implementation/Agency next steps. The NCDPS PREA Analyst provided a complete listing of Cabarrus Juvenile Detention Center Employee Child Maltreatment Registry names in the supplemental files.</p> <p data-bbox="240 1729 1453 1827">(b) The Cabarrus Regional Juvenile Detention Center PAQ states the annual report includes a comparison of the current year's data and corrective actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="240 1912 1453 1971">(c) The Cabarrus Regional Juvenile Detention Center PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head.</p> <p data-bbox="240 2056 1469 2154">(d) The Cabarrus Regional Juvenile Detention Center PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> |



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| 115.389 | Data storage, publication, and destruction |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 435 300">Document Review:</p> <ol data-bbox="242 329 1469 562" style="list-style-type: none"> <li data-bbox="242 329 802 358">1. Cabarrus Regional Juvenile Detention Center PAQ <li data-bbox="242 387 1469 416">2. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, dated June 2013 <li data-bbox="242 445 1453 506">3. Agency website for Sexual Abuse Annual Report: https://www.ncdps.gov/Adult-Corrections/Prison-Rape-Elimination-Act <li data-bbox="242 535 1010 564">4. NCDPS Prison Rape Elimination Act Sexual Abuse Annual Report 2020 <p data-bbox="242 651 352 680">Interviews:</p> <ol data-bbox="242 710 480 739" style="list-style-type: none"> <li data-bbox="242 710 480 739">1. PREA Coordinator <p data-bbox="242 768 1453 828">Through interviews with the PREA Coordinator he demonstrated the data is secured on the Agency's secure intranet with limited access to Department Supervisory staff. Aggregate, redacted data, is available on the agency website.</p> <p data-bbox="242 913 1485 1207">(a) The Cabarrus Regional Juvenile Detention Center PAQ states the agency ensures that incident-based and aggregate data are securely retained. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 10, section 1.10 D., states, "The PREA investigator shall report the allegations of resident sexual abuse, along with the dispositions of the resulting investigations, to center management and the PREA Office, and enter appropriate information into TROI. All case records associated with allegations of resident sexual abuse and harassment, including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained as long as the alleged abuser is in secure custody, incarcerated or employed by the Department of Public Safety plus five (5) years. Data submitted for the Survey of Sexual Violence will be maintained for at least 10 years after the initial collection."</p> <p data-bbox="242 1294 1493 1626">(b) The Cabarrus Regional Juvenile Detention Center PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. NCDPS Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document, page 10, section D. states, "The PREA investigator shall report the allegations of resident sexual abuse, along with the dispositions of the resulting investigations, to center management and the PREA Office, and enter appropriate information into TROI. All case records associated with allegations of resident sexual abuse and harassment, including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained as long as the alleged abuser is in secure custody, incarcerated or employed by the Department of Public Safety plus five (5) years. Data submitted for the Survey of Sexual Violence will be maintained for at least 10 years after the initial collection."</p> <p data-bbox="242 1713 1449 1805">(c) The Cabarrus Regional Juvenile Detention Center PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise.</p> |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 324">(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once.</p> <p data-bbox="231 324 1508 392">(b) This is the third audit cycle for Cabarrus Regional Juvenile Detention Center and the first year of the third audit cycle.</p> <p data-bbox="231 392 1508 459">(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p data-bbox="231 459 1508 526">(i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p data-bbox="231 526 1508 593">(m) The Auditor was permitted to conduct private interviews with residents.</p> <p data-bbox="231 593 1508 660">(n) Residents permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | (b) The agency has posted the current 2017 PREA audit report, on their website. |

| Appendix: Provision Findings | | |
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| 115.311 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.311 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.311 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| 115.312 (a) | Contracting with other entities for the confinement of residents | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| 115.312 (b) | Contracting with other entities for the confinement of residents | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) | na |

| 115.313 (a) | Supervision and monitoring | |
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| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? | yes |

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| 115.313 (b) | Supervision and monitoring | |
| | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? | yes |
| | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.313 (c) | Supervision and monitoring | |
| | Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) | yes |
| | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) | yes |
| | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? | yes |
| 115.313 (d) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.313 (e) | Supervision and monitoring | |
| | Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) | yes |
| | Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) | yes |
| 115.315 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.315 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? | yes |

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| 115.315 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches? | yes |
| 115.315 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? | yes |
| | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | na |
| 115.315 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.315 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.316 (a) | Residents with disabilities and residents who are limited English proficient | |
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| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| 115.316 (b) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

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| 115.316 (c) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | yes |
| 115.317 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.317 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? | yes |
| 115.317 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.317 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? | yes |

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| 115.317 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.317 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.317 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.317 (h) | Hiring and promotion decisions | |
| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.318 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.318 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.321 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

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| 115.321 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.321 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.321 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.321 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.321 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.) | yes |
| 115.321 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) | yes |

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| 115.322 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.322 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.322 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a)) | yes |
| 115.331 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? | yes |

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| 115.331 (b) | Employee training | |
| | Is such training tailored to the unique needs and attributes of residents of juvenile facilities? | yes |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |
| 115.331 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.331 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.332 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.332 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| 115.332 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.333 (a) | Resident education | |
| | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | Is this information presented in an age-appropriate fashion? | yes |

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| 115.333 (b) | Resident education | |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.333 (c) | Resident education | |
| | Have all residents received such education? | yes |
| | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? | yes |
| 115.333 (d) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? | yes |
| 115.333 (e) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.333 (f) | Resident education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| 115.334 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

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| 115.334 (b) | Specialized training: Investigations | |
| | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.334 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.335 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.335 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.335 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |

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| 115.335 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.341 (a) | Obtaining information from residents | |
| | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? | yes |
| | Does the agency also obtain this information periodically throughout a resident's confinement? | yes |
| 115.341 (b) | Obtaining information from residents | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| 115.341 (c) | Obtaining information from residents | |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? | yes |

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| 115.341 (d) | Obtaining information from residents | |
| | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? | yes |
| | Is this information ascertained: During classification assessments? | yes |
| | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? | yes |
| 115.341 (e) | Obtaining information from residents | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| 115.342 (a) | Placement of residents | |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? | yes |
| 115.342 (b) | Placement of residents | |
| | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
| | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? | yes |
| | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? | yes |
| | Do residents in isolation receive daily visits from a medical or mental health care clinician? | yes |
| | Do residents also have access to other programs and work opportunities to the extent possible? | yes |

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| 115.342 (c) | Placement of residents | |
| | Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? | yes |
| 115.342 (d) | Placement of residents | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.342 (e) | Placement of residents | |
| | Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? | yes |
| 115.342 (f) | Placement of residents | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.342 (g) | Placement of residents | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |
| 115.342 (h) | Placement of residents | |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) | yes |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) | yes |
| 115.342 (i) | Placement of residents | |
| | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |

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| 115.351 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.351 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | no |
| 115.351 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.351 (d) | Resident reporting | |
| | Does the facility provide residents with access to tools necessary to make a written report? | yes |
| 115.351 (e) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| 115.352 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| 115.352 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |

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| 115.352 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |
| | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) | yes |
| | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) | yes |

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| 115.352 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |
| 115.353 (a) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? | yes |
| | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.353 (b) | Resident access to outside confidential support services and legal representation | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.353 (c) | Resident access to outside confidential support services and legal representation | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |

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| 115.353 (d) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? | yes |
| | Does the facility provide residents with reasonable access to parents or legal guardians? | yes |
| 115.354 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| 115.361 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.361 (b) | Staff and agency reporting duties | |
| | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? | yes |
| 115.361 (c) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.361 (d) | Staff and agency reporting duties | |
| | Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? | yes |
| | Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? | yes |

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| 115.361 (e) | Staff and agency reporting duties | |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? | yes |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? | yes |
| | If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) | yes |
| | If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? | yes |
| 115.361 (f) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.362 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| 115.363 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| | Does the head of the facility that received the allegation also notify the appropriate investigative agency? | yes |
| 115.363 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.363 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.363 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

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| 115.364 (a) | Staff first responder duties | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.364 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.365 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.366 (a) | Preservation of ability to protect residents from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | no |
| 115.367 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.367 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |

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| 115.367 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.367 (d) | Agency protection against retaliation | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| 115.367 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.368 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? | yes |
| 115.371 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |

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| 115.371 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |
| 115.371 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.371 (d) | Criminal and administrative agency investigations | |
| | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |
| 115.371 (e) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.371 (f) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.371 (g) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.371 (h) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.371 (i) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.371 (j) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |
| 115.371 (k) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |

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| 115.371 (m) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.372 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.373 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.373 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.373 (c) | Reporting to residents | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.373 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.373 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |

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| 115.376 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.376 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.376 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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? | yes |
| 115.376 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.377 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.377 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |
| 115.378 (a) | Interventions and disciplinary sanctions for residents | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? | yes |

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| 115.378 (b) | Interventions and disciplinary sanctions for residents | |
| | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? | yes |
| 115.378 (c) | Interventions and disciplinary sanctions for residents | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.378 (d) | Interventions and disciplinary sanctions for residents | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? | yes |
| | If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? | yes |
| 115.378 (e) | Interventions and disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.378 (f) | Interventions and disciplinary sanctions for residents | |
| | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.378 (g) | Interventions and disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| 115.381 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |
| 115.381 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? | yes |

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| 115.381 (c) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.381 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? | yes |
| 115.382 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.382 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? | yes |
| | Do staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.382 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.382 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.383 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.383 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.383 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.383 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) | yes |
| 115.383 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) | yes |

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| 115.383 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.383 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.383 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.386 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.386 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.386 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.386 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.386 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.387 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.387 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |

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| 115.387 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.387 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.387 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | na |
| 115.387 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |
| 115.388 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.388 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.388 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.388 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.389 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.387 are securely retained? | yes |
| 115.389 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |

| | | |
|--------------------|---|-----|
| 115.389 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.389 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |