

**OO**  
**Prison Rape Elimination Act (PREA) Audit Report**  
**Juvenile Facilities**

Interim       Final

Date of Report    12/03/2018

**Auditor Information**

Name: Robert Manville	Email: Robertmanville9@gmail.com
Company Name: TrueCore Behavioral Solutions	
Mailing Address: Dogwood Drive	City, State, Zip: Milledgeville, Ga. 31061
Telephone: 912-486-0004	Date of Facility Visit: October 25, 2018

**Agency Information**

Name of Agency North Carolina Department of Public Safety	Governing Authority or Parent Agency (If Applicable) <a href="#">Click or tap here to enter text.</a>
Physical Address: 512 N. Salisbury Street,	City, State, Zip: Raleigh, North Carolina 27604
Mailing Address: Same as above	City, State, Zip: <a href="#">Click or tap here to enter text.</a>
Telephone: (919) 733-2126	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The Agency Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal <input type="checkbox"/> County	<input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
Agency mission: The mission of the North Carolina Department of Public Safety (NCDPS) is to safeguard and preserve the lives and property of the people of North Carolina through prevention, protection and preparation with integrity and honor.	
Agency Website with PREA Information: <a href="https://www.ncdps.gov">https://www.ncdps.gov</a>	

**Agency Chief Executive Officer**

Name: Erik A. Hooks	Title: NCDPS Secretary
Email: erik.hooks@ncdps.gov	Telephone: (919) 733-2126

**Agency-Wide PREA Coordinator**

<b>Name:</b> Charlotte Jordan-Williams	<b>Title:</b> PREA Director
<b>Email:</b> charlotte.williams@ncdps.gov	<b>Telephone:</b> (919)825-2754
<b>PREA Coordinator Reports to:</b> Pamela Cashwell, Chief Deputy Secretary, NCDPS	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 140

### Facility Information

<b>Name of Facility:</b>	Alexander Juvenile Detention Center		
<b>Physical Address:</b>	928 NC Hwy 16 South Taylorsville, NC 28681		
<b>Mailing Address (if different than above):</b>	Click or tap here to enter text.		
<b>Telephone Number:</b>	828-632-1141		
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other
<b>Facility Mission:</b> Alexander Juvenile Detention Center's mission is committed to the reduction and prevention of juvenile delinquency by effectively intervening, educating and treating youth in order to strengthen families and increase public safety. Their goal to provide education and treatment services to prepare committed youth to successfully transition to a community setting.			
<b>Facility Website with PREA Information:</b>	<a href="https://www.ncdps.gov">https://www.ncdps.gov</a>		
<b>Is this facility accredited by any other organization?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

### Facility Administrator/Superintendent

<b>Name:</b> Kimberly Cowart	<b>Title:</b> Director
<b>Email:</b> kimberly.cowart@ncdps.gov	<b>Telephone:</b> 828-632-1141

### Facility PREA Compliance Manager

<b>Name:</b> Karen Millsaps	<b>Title:</b> Supervisor
<b>Email:</b> karen.millsaps@ncdps.gov	<b>Telephone:</b> 828-632-1141

### Facility Health Service Administrator

<b>Name:</b> Jeff Paysour		<b>Title:</b> RN	
<b>Email:</b> Jeff.paysour@ncdps.gov		<b>Telephone:</b> 828-632-1141	
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity:</b> 24		<b>Current Population of Facility:</b> 18	
<b>Number of residents admitted to facility during the past 12 months:</b>			362 with 310 unduplicated juveniles
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>			177
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			288
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>			0
<b>Age Range of Population:</b>	8-17		
<b>Average length of stay or time under supervision:</b>			17.48 days
<b>Facility Security Level:</b>			N/A
<b>Resident Custody Levels:</b>			N/A
<b>Number of staff currently employed by the facility who may have contact with residents:</b>			27
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>			5
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>			4
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 1		<b>Number of Single Cell Housing Units:</b> 24	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		0	
<b>Number of Open Bay/Dorm Housing Units:</b>		0	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		4	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed where the control room is, retention of video, etc.):</b>			
The center utilizes a camera monitoring system to ensure that the residents and staff are observed 24/7 to alleviate potential PREA incidents from occurring. The center is equipped with seventy two (72) cameras located throughout the center to enforce a safe and secure environment. The areas consist of: main entrance, staff entrance, administration hallway, kitchen, visitation area, recreation area, housing units, intake area, classrooms, courtyard, and multi-purpose room. There is a control room that monitors cameras. Cameras can also be monitored by the center director's office.			
<b>Medical</b>			
The medical staff consists of a contracted licensed registered nurse providing nursing services on-site		The medical area consists of office with an exam table, bathroom, and closet.	

three (3) days a week, available 24/7, and an on-call physician	
Forensic sexual assault medical exams are conducted at: Wake Forest Baptist Hospital	Wake Forest Baptist Hospital
<b>Other</b>	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	32 volunteers and 5 contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	3

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and 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.*

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Alexander Juvenile Detention Center (Alexander JDC) North Carolina Department of Public Safety was conducted on October 25, 2018 by Robert Manville a Certified DOJ PREA auditor on behalf of TrueCore Behavioral Solutions, of Tampa, Florida. Prior to the on-site visit, the center's PREA Compliance Manager forwarded to the auditor all policy and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, policies, brochures, staff rosters, PREA audit notices, staffing plans, training information, and other reference materials for examination prior to the on-site visit. Clarification was requested in some areas and responses were returned within an appropriate timeline.

File sampling was conducted in the human resources, training, classification, and investigative sections. Documents related to background investigations for new staff as well as staff considered for promotions were reviewed. PREA training documentation for staff, volunteers, and contractors were reviewed. Resident files including documentation of initial PREA orientation and PREA training. Classification documents were reviewed to assess propensity for sexual victimization or abusiveness. Files related to referrals for mental health follow-up were reviewed. The auditor spent one days on-site. The last PREA audit of Alexander JDC occurred in 2016.

The following staff and residents were interviewed during the onsite review: PREA Compliance Manager, AJDC Director, two (2) Investigators, Human Service Coordinator, two (2) staff assigned as PREA Support Persons, Nurse, volunteer coordinator, Officers in Charge (OIC) for first and second shift, and Human Resource supervisor, eleven (11) Youth Counselor Technician from first and second shift and seven teen (17) residents. Sixteen (16) male and one (1) female residents were interviewed. (All residents assigned to the center except one in time out were interviewed during the review.)

The following agency policies serve as primary directives to guide operational and performance compliance for the PREA:

North Carolina Department of Public Safety (NCDPS) Department of Adult Corrections and Juvenile Justice (DACJJ) policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P)

NC General Statute 14-27.7 (Intercourse and sexual offenses with certain victims; consent no defense) GS 143B-709 (Security Staffing)

NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R & P) Section 1.8 (Searches)

NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 2.7 (YDC Admission Procedures)

NCDPS DJJ and Delinquency Prevention Policy dated 5/19/04 – Section YD/YC 3.2 (Searches, Population Count and Juvenile Supervision)

NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R&P) Section 3.3 (Admissions)

NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 2 (R&P/YC 2: YDC Admissions and Assessments)

NCDPS DJJ and Delinquency Prevention Policy Section PS/YC 3.0 (Behavior Expectations)

NCDPS DJJ and Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) Section 1.7 (Availability for Reporting Mechanisms in a Facility)

NCDPS DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 1.8 (Victim Support)

NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R&P) Section 2.7 (Telephone and Mail)

NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 4.4 (Visitation)

NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 6 (R&P/YD 6: Non-Disciplinary, Internal Grievance Process)

NCDPS Division of Juvenile Justice (DJJ) Detention Policy and Requirements and Procedures (R&P) Section 2.3 (Rules and Discipline)

NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R & P) Section 2 (R&P/YC 2: YDC Admission and Assessments)

NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 1.4 (Mental Health Services)

NCDPS Clinical Practice Guidelines CP – 18

The Office of PREA Administration provides updates received through the National PREA resource center and the United States Department of Justice PREA management office.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee 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.*

Alexander Juvenile Detention Center (Alexander JDC) officially opened in 2003 and is situated in the western area of North Carolina. AJDC was designed and has the capacity for twenty-four (24) male and female residents. There are two (2) separate living quarters referred to as A-Wing and B-Wing. Each wing has ten (10) single bedrooms. Each resident's bedroom has an individual sink and toilet and a privacy flap for their window that allows for privacy. Each wing has two (2) individual closed showers with enough room to allow changing clothing without being viewed by any staff. There were grievance and sick call boxes. Pamphlets on PREA reporting and grievance systems (English & Spanish) located in each wing. There are four (4) holding cells with individual sinks and toilets and one of the holding cells has a shower. These cells are utilized for holding residents during the intake process. There are two multipurpose rooms located between each wing. These multipurpose rooms are utilized for education, group meeting, dining, visitation, and indoor recreation.

The intake area includes a holding cell, a shower/bathroom area and storage area. This area is isolated for initial holding residents away from other residents until intake process is completed. Located next to intake is the medical area which consists of an open bay medical office with an exam table, bathroom and storage area. The kitchen area is considered as a restricted area for residents. The outdoor area has a secured porch and recreation area for the residents. The entrance to the center is secure and enters into a lobby and administrative area with multiple offices and a staff workroom. There are a number of offices throughout the center for shift supervisors, education and other administrative staff.

There are seventy-two (72) cameras strategically placed throughout the center excluding the bedrooms and shower/bathroom areas. These cameras are monitored by staff assigned to the control room and can be accessed by the AJDC director.

Notification of the PREA audit was posted in all locations throughout the center as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 7  
115.311, 115.313, 115.321, 115.331,  
115.333 115.352, 115.365

**Number of Standards Met:** 38

115.12, 115.14, 115.15, 115.16, 115.17, 115.18, 115.22, 115.32, 115.34, 115.35, 115.41,  
115.42, 115.43, 115.51, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.66, 115.67,  
115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86,  
115.87, 115.88, 115.89, 115.401, 115.403 115.12, 115.13, 115.14, 115.15, 115.16, 115.17,  
115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43,  
115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.65, 115.66, 115.67, 115.68,  
115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87,  
115.88, 115.89, 115.401, 115.403

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any)**

There were no corrective actions required.

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No



- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- 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  No

### 115.311 (c)

- 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  No  NA
- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) and NC General Statute 14-27.7 (Intercourse and sexual offenses with certain victims; consent no defense) outlines how each facility/center implements its approach to preventing, detecting and responding to all approaches of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. The agency employs a full time PREA Director that reports to the Chief Deputy Secretary for North Carolina Department of Public Safety. There are 140 PREA Compliance Managers assigned to NCDPS. This information was verified through organizational charts provided by the agency and through documented interviews with the PREA Director, facility director, facility PREA Compliance Manager and PREA Assistant Compliance Manager at Alexander JDC.

The PREA Director indicated in the interview she had sufficient time, resources and management support to manage PREA mandates at AJDC. This was also verified through interviews with the center Director, and the PREA compliance manager who indicated the willingness and support they received from the agency- wide PREA Director.

Alexander JDC has a PREA Compliance Manager, Assistant Compliance Manager and three staff that have been assigned duties as PREA Support Persons. The center provided a memo establishing authority for staff to serve as the PREA Compliance Managers and Assistant PREA Compliance Manager. Interviews with the PREA Compliance Manager and her team verifies she had the time, management support and staff resources required to coordinate the facilities efforts to comply with PREA Standards. All staff interviewed provided their roles in implementing PREA. This included service as support staff, conducting intake screening, training residents on all areas of PREA.

## Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.312 (a)

- 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.)  Yes  No  NA

### 115.312 (b)

- OR the response to 115.312 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 (a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The documentation reviewed indicated that the North Carolina Department of Public Safety (NCDPS) does not contract for the confinement of residents with private entities or other entities, including other government agencies, therefore this standard is not applicable to this center. However, the agency meets the mandates of this standard with contractual agreements that incorporate the language requiring contractors to adopt and comply with PREA standards. The auditor reviewed the agencies standard contract for confinement of residents, which mandates that the Vendor comply with the Prison Rape Elimination Act of 2003 and the National Standards to prevent, detect and respond to prison rape as contained in 28 CFR, Part 115. NCDPS website also contains the requirements.

## Standard 115.313: Supervision and monitoring

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.313 (a)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

### 115.313 (c)

- 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    No    NA
- 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    No    NA
- 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    No    NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes    No    NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes    No

#### 115.313 (d)

- 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    No
- 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    No
- 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    No
- 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    No

#### 115.313 (e)

- 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    No    NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes    No    NA

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency ensures each facility/center's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring. North Carolina Department of Public Safety DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 1.12 (Staffing) and GS 143B-709 (Security Staffing) mandates that all facilities have developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. AJDC has implemented the above polices as evidenced in staffing plan and video monitoring. The center's staffing plan takes into consideration the generally accepted correctional practices in calculating adequate staffing levels and determining the need for video monitoring.

The center's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring and Policy requires that the center's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring. The center's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring, and that the center's staffing plan takes into consideration all components of the center's physical plant (including "blind-spots" or areas where staff or residents may be isolated) in calculating adequate staffing levels and determining the need for video monitoring. The Policy provides that the center's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring.

The center's staffing plan takes into consideration the programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring and the following:

any applicable State or local laws, regulations, or standards in calculating adequate staffing levels; prevalence of substantiated and unsubstantiated incidents of sexual abuse; staffing levels and, any other relevant factors in calculating adequate staffing levels. AJDC provided a staffing analysis for 2018 which included all areas of the aforementioned Policy requirements. Minimum staff ratios (1:8 awake & 1:16 asleep) are always maintained. The center has a mechanism in place for call outs and staff volunteer to stay over if needed. There have been no findings of inadequacy relevant to this standard during the past 12 months. Also, the center staff-to-resident ratios varied due to the resident population during the awake and sleep hours in the living quarters. In the past year, the staff-to-resident population varied and the practice in some instances exceeded the requirements of the standard.

The review of the center's PREA rounds logs confirmed intermediate-level or higher-level supervisors, including shift supervisors, (and department heads at a minimum) conduct and document such visits throughout the center also at night and on the weekends. When programs are offered, staffing is increased to provide additional supervision. Alexander JDC has had no incidents during the last 12 months.

North Carolina Department of Public Safety DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 1.12 (Staffing) and GS 143B-709 (Security Staffing) requires that center heads and center assistants conduct unannounced rounds on each shift. It also prohibits staff from alerting other staff members that these rounds are occurring unless such announcement is related to the legitimate operational function of the center. A review of the log books, interviews with staff and supervisor provided documentation that the shift supervisor, make unannounced rounds in the living units on a routine basis including nights and weekends. Alexander JDC provided a daily log which includes PREA daily unannounced rounds of all living units. A review of the staffing rosters for last quarter provided documentation that the center had direct staff available that exceeded the required staff to resident ratio during wake and sleeping hours. A review of the staff daily activity log documented supervisory staff conducted visits to all living units several times during each 24 hour period including documented visits to all living units each weekend.

## **Standard 115.315: Limits to cross-gender viewing and searches**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.315 (a)**

- 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  No

#### **115.315 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches?  Yes  No

### 115.315 (d)

- 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  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- 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)  Yes  No  NA

### 115.315 (e)

- 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  No
- 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  No

### 115.315 (f)

- 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  No
- 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  No

### Auditor Overall Compliance Determination



- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

North Carolina Department of Public Safety DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures Section 1.13 (Searches), DAC(DJJ) Detention Policy and Requirements and Procedures (R & P) Section 1.8 (Searches) and Delinquency Prevention Policy Section YD/YC 3.2 (Searches, Population Count and Juvenile Supervision) Section YD/YC 3.2 (Searches, Population Count and Juvenile Supervision) policy requires all pat searches be conducted by staff of the same gender except in exigent circumstances and then with the approval of the senior person in charge. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. In addition, staff and resident interviews indicated that the opposite gender staff are prohibited from entering the bathroom/shower area while residents are showering.

There have been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months. Also, there have been no exigent circumstances of cross gender pat down, strip or visual body cavity searches conducted of residents in the past 12 months. Part of the Training for initial and then yearly training also confirmed that unit staff are trained on the mandate that all staff of the opposite gender must announce their presence when entering a housing unit Staff training records, and unit staff interviews verified that they had received training which includes who may be searched and the professional manner to complete searches.

Interviews with staff/residents, personal observations and an examination of Policy and supporting documentation confirm compliance with this standard. Staff also receive training and all staff interviewed were aware of Policy that staff do not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff training records, and staff interviews verified that they had received training which includes who may be searched and the professional manner to complete searches. Interviews with staff/residents, personal observations and an examination of Policy and supporting documentation confirm compliance with this standard. Each living unit and the intake holding room has showers that do not have any opening which assures resident can shower without being viewed by staff or other residents. Compliance was determined by review of the center's showers, review of policies, training and training roster and interviews with residents and staff.

## 115.316: Residents with disabilities and residents who are limited English proficient

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.316 (a)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- 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  No

- 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  No
- 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  No
- 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: Are blind or have low vision?  Yes  No

### 115.316 (b)

- 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  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.316 (c)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The initial review of the North Carolina Department of Public Safety DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) contained procedures to be taken to ensure residents with disabilities or who are limited English proficient have an equal opportunity and are provided meaningful access to all aspects of the center's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy indicates each center will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident's safety. NCDPS has established a contract with Telephonic Interpreting for statewide services to provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. All PREA information pamphlets, posters and handbooks are provided in both English and Spanish. Interviews with staff responsible for intake screening, resident PREA orientation and PREA educational training were aware of their responsibilities to provide all information to residents regardless of disabilities and limited English proficient residents. Staff training documentation including the Juvenile Educator Manual and NCDPS DJJ pamphlet contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth.

Staff and resident interviews confirmed the center does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months to report sexual abuse or sexual harassment. In addition, the AJDC Director created information for the parent/guardian in Spanish about the intake process at the center.

## Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.317 (a)

- 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  No
- 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  No
- 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 question immediately above?  Yes  No
- 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  No

- 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  No
- 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 question immediately above?  Yes  No

#### 115.317 (b)

- 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  No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- 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  No
- 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  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (e)

- 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  No

#### 115.317 (f)

- 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  No
- 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  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.317 (h)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency provided a number of documents that validate Policy for all areas of this standard. North Carolina Department of Public Safety DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) and the Administrative Memorandum & Addendum dated 10-2013 from the Office of PREA Administration contained all the elements required by this standard and all background checks are conducted initially on new employees, current and promotion decisions of employees and contractors. Each of these documents require Pre-employment background checks, a minimum of background checks within five (5) years of initial employment and background checks for all promotions prior to being offered a promotion. Juvenile facilities also mandates that centers conduct further children welfare investigations. These include NCDPS extensive initial background screening, pending criminal charges, access to local, state and federal criminal databases to conduct background checks, psychological, driving records check, child abuse registry checks, domestic violence check, Diana screening -sex offender registry checks, and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. Contractors and volunteers who have regular contact with residents also have criminal background checks completed prior to having contact with residents. Volunteer and contractor background checks are repeated yearly. A review of the volunteers and contractor's file provided update background checks. AJDC does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents who has engaged in any type of sexual abuse or sexual harassment (no exceptions).

Submission of false information by any applicant is grounds for not hiring the applicant. The AJDC Director was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The AJDC Director also confirmed the agency provides 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. Policy provides that AJDC notify appropriate licensing/certifying agencies when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment. A review of personnel and volunteer/contractor files and relevant supporting documentation, including interview with AJDC director, PREA compliance manager and volunteer/contractor coordinator confirm compliance with this standard.

## Standard 115.318: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.318 (a)

- 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.)  
 Yes  No  NA

#### 115.318 (b)

- 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.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Alexander JDC has not been newly designed or had a substantial expansion or modification since August 20, 2012.

## RESPONSIVE PLANNING



## Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.321 (a)

- 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  No  NA

### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- 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  No  NA

### 115.321 (c)

- 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 evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- 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  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- 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  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

- 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  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

North Carolina Department of Public Safety DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 2.1 (Reporting, Sexual Abuse and Harassment) and NC General Statute Chapter 15B (Victims Compensation Article 1 Crime Victim's Compensation Act) were reviewed and found to comply with this Standard. The Policy mandates that persons responsible for investigating allegations of sexual abuse follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.

Investigators are trained and follow appropriate curriculum for a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. North Carolina Public Safety Health Services Policy and Procedure Manual Policy CP 18 References that this Policy and procedure is based on Department of Justice "National Protocol for Sexual Assault Medical Forensic Examination, Adults / Adolescents.

AJDC has developed and trained staff on a Coordinated Response Plan. AJDC also has trained all PREA Support Person roles and responsibilities to assist in coordinated responses of sexual abuse. PREA Support Person (PSP) serve as an advocate to link services (community based advocates or mental health professionals) and support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. The AJDC Director has designated eight (8) staff for this role and completed the required form (OPA-A18). These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training. Staff interviews and training documentation confirmed the role of the PSP individuals in the juvenile Center. The facility uses the services at Wake Forest Baptist Medical Center that maintains a Sexual Assault Nurse Examiner at all times. Wake Forest Baptist Medical center also provides specialized SANE with training for forensic examination of juveniles. The center also has a Memorandum of Understanding with Shelter Homes of Catawba County, Inc. to provide confidential emotional support to residents who are victims of sexual abuse at the center. Based on the MOU and interview with the shelter homes staff, the advocacy group provides a person to accompany the victim during the forensic examination.

The shelter homes of Catawba County, Inc. also provides emotional support, crisis intervention, information, and referrals. Based on interviews with staff from service provider, all staff members providing services for the juvenile population have educational and training qualification in order to provide the services as indicated in the MOU which mandates that the home provide a certified rape crisis advocate to provide services as part of the response to a sexual abuse victim. The staff from shelter interviewed indicated they had not received any correspondence from the resident population.

North Carolina Department of Public Safety DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 2.1 (Reporting, Sexual Abuse and Harassment) NC General Statute Chapter 15B (Victims Compensation Article 1 Crime Victim's Compensation Act) contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, policy requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and staff interviews confirmed Alexander County Sheriff's office conducts all criminal investigations. The Department of Social Services (DSS) and the Office of Special Investigations (OSI) conducts administrative investigations of allegations of sexual abuse and sexual harassment for residents under the age of 18. Residents 18 years of age and older are referred to OSI to conduct administrative investigations of allegation of sexual abuse or sexual harassment. Documentation and staff interviews confirmed Alexander County Sheriff's Department (ACSD) conducts all criminal investigations and DSS conducts administrative investigations of allegations of sexual abuse and sexual harassment for residents under the age of 18 and OSI conducts administrative investigations for resident over the age of 18. Compliance was also confirmed through review of MOU with Shelter Home, interviews with pediatric SANE nurse at Wake Forest Baptist Medical Center, and interviews with Alexander JDC center Director, PREA Compliance Manager and PREA Support Persons.

## **Standard 115.322: Policies to ensure referrals of allegations for investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.322 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### **115.322 (b)**

- Does the agency have a policy and practice 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  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.322 (c)

- 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  No  
 NA

### 115.322 (d)

- Auditor is not required to audit this provision.

### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

North Carolina Department of Public Safety DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 2.1 Reporting Sexual Abuse and Sexual Harassment requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. Policy also requires that sexual abuse or sexual harassment must be reported to the Department of Public Safety (DPS) PREA office and to the Department of Social Services. All staff are required to refer all alleged incidents of sexual abuse, harassment or misconduct to Department of Social Services (DSS) for investigation and determination of child abuse and Alexander County Sheriff's Department (ACSD) for the determination of criminal charges.

PREA information can be found on the agency's PREA pamphlet (Expect Respect: Your Safety in Juvenile Justice) that is available in English and Spanish. The parent/guardian is provided with an information packet identifying the zero tolerance to sexual abuse or sexual harassment and on how to report allegations of sexual abuse or sexual harassment. This information is also available in Spanish.

Alexander JDC had no allegations of sexual abuse and sexual harassment resulting in a criminal investigation and/or an administrative investigation. All staff interviews reflected and confirmed their knowledge on the reporting and referral process and policy's requirements of agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse or sexual harassment.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No

- 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  No
- 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  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- 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  No

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- 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  No
- 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  No

#### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

North Carolina Department of Public Safety DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 1.4 (Employee Training) requires an in depth PREA Training upon initially becoming an employee as well as refresher training annually. All the PREA training provided to employees statewide contains all eleven (11) topics consistent with this standard.

Employees have PREA information noted on posters available to them and located throughout the center. They are provided a PREA Brochure developed by the NCDPS PREA office and all carry a PREA reference card. Staff annual training files were reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated they received the required PREA training initially and annually. The PREA Compliance Manager conducts monthly PREA clarification training reminding staff and residents of various PREA issues.

The agency maintains a Learning Management System for employees and it maintains all staff records. In order to show completion of the training, staff must first receive the training and pass a test. Staff members are required to use their personnel information to enter the course and indicate they have received and meet the minimum test requirements. The extensive training provided and staff knowledge of PREA requirements confirmed that the center is compliant with this standard. All staff members interviewed indicate they were aware of all aspects of the training and each interviewed indicated they had received training in the previous year.

### **Standard 115.332: Volunteer and contractor training**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.332 (a)**

- 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  No

##### **115.332 (b)**



- 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  No

### 115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The center's director provides the management of volunteers and contractors. North Carolina Department of Public Safety DACJJ Policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document Section 1.5 (Training for Volunteers, Custodial Agents, Contractors, and Other Persons Providing Services to Residents) requires volunteers, interns and contractors receive PREA training, The center provides PREA training and a volunteer brochure to volunteers and contractors prior to having any contact with the juvenile residents. All volunteer and contractors sign the PREA Acknowledgement Form upon completion of the PREA training.

A review of the PREA training rosters signed by contract staff, and volunteers confirmed all information required to document training. All background checks are maintained in the administrative offices and were reviewed and found up to date. All volunteer or contract staff receive copies of a PREA updates. These updates were noted in the file and were verified through an interview with a volunteer. An interview with contract teacher also verified this information. The contracting teachers interviewed provided copy of an education curriculum that education and center staff utilize to provide refresher PREA education with juveniles assigned to the program.

### Standard 115.333: Resident education

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.333 (a)**

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

**115.333 (b)**

- 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  No
- 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  No
- 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  No

**115.333 (c)**

- Have all residents received such education?  Yes  No
- 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  No

**115.333 (d)**

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No

- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

### 115.333 (f)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

North Carolina Department of Public Safety DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document– Section 1.6 (Resident Education) requires during the admission process each juvenile shall receive a copy of the “Expect Respect” brochure and a staff member shall present the juvenile with a verbal introduction to the brochure content and provide the juvenile with an opportunity to ask questions. The material may be presented to the juvenile as an individual or in a small group. The brochure must be explained to the juvenile, it cannot be merely handed to the juvenile for them to read.

PREA standards require that all residents (juveniles) receive education on PREA. Upon admission a juvenile is to receive information on the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or harassment. Within 10 days of admission, the JDCs or YDCs shall provide education to residents regarding their rights to be

free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding division policies and procedures for responding to such incidents. In the event that a juvenile is transferred to a different center, the juvenile shall also receive information as to the extent that policies and procedures of the juvenile's new center.

This facilitator's guide provides presentation scripts, optional juvenile activities, and group question/discussion guides for use by staff members who are providing PREA information and education to juveniles in JDCs or YDCs. All admission PREA orientation is documented in residential files. All Youth Counselor Technician received training on the "Expect Respect" training program. The Human Service Coordinator interviewed, and also confirmed by interview with Residents indicated she conduct PREA information training with residents approximately once a week. This training was documented in staff computerized training files. Staff presents PREA information in a manner that is accessible to all residents and provides education on an ongoing basis.

The center has a contract with Linquistica International Language services to provide translation services for any resident. The AJDC director interviewed and advised that there are additional services through the Department of Social Services to provide additional services to any child with special needs in order to provide educational on PREA.

Juvenile interviews confirmed that they received PREA information and they were aware of numerous reporting methods to include anonymous and third-party reporting, the zero tolerance Policy and their right to be free from retaliation. The tour of the Facility confirmed that several PREA education posters were prominently displayed in all housing units, the visiting rooms and common/program areas. Interviews with staff and juveniles; visual observations of posters/notices; examination of Policy and other documentation; review of resident's files; and observation of intake procedures confirmed the center is in compliance with this standard.

## **Standard 115.334: Specialized training: Investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.334 (a)**

- 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  No  NA

#### **115.334 (b)**

- 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  No  NA

- 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  No  NA
- 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  No  NA
- 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  No  NA

#### 115.334 (c)

- 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  No  NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

North Carolina Department of Public Safety (NCDPS) Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 2.3 (Investigations) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to appropriate law enforcement (Alexander

County Sheriff's Department) for criminal investigations and NCDPS Office of Special Investigations and Department of Social Services (DSS) for administrative investigations. Alexander JDC has three (3) investigators that have received training relevant to PREA. Two investigators were interviewed and they were able to explain in detail the process and procedures required during a PREA-related investigation.

The auditor reviewed the training curriculum including techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In addition, the facility investigators meet with each other and discuss investigations and serve as a resource to ensure all investigations are complete. A review of the training records confirmed completion of required specialized training in conducting sexual abuse investigations in confinement settings.

## **Standard 115.335: Specialized training: Medical and mental health care**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.335 (a)**

- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

### **115.335 (b)**

- 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.)  Yes  No  NA

### **115.335 (c)**

- 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?  
 Yes  No

### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- 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?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

North Carolina Department of Public Safety DACJJ Policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) – Section 1.7 (Specialized Medical/Mental Health Provider Training) requires PREA training and specialized training for medical and mental health staff. AJDC contracts with a part time nurse that is at the center minimum of three days a week and provides services during all intakes. Mental Health services are provided by contract qualified mental health professional (QMHP) that provides services for the juvenile center. There is a medical physician on call at all times. The nurse and mental health provider attends PREA in-service training yearly. The nurse and mental health staff also attended specialized training offered by North Carolina Department of Public Safety. Recent training included Preventing, Detecting, and Responding to Sexual Abuse of Youth in Confinement: The Role of the Mental Health Clinician. All medical and mental health staff sign the “Medical & Mental Health Care PREA Training Acknowledgement” form to acknowledge they received the training and understand their responsibilities in the event of an incident. The medical staff do not conduct forensic examinations. Compliance was determined through interviews with a medical and a mental health staff who confirmed their understanding of the requirement to complete specialized training and also through verified completing specialized course and participating in the annual basic PREA training.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.341 (a)

- 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  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

### 115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- 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  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No



- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- 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  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

#### 115.341 (e)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

North Carolina Department of Public Safety DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) – Section 1.10 (General Provisions) requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness within 72 hours. All residents are screened within twenty-four hours upon arrival at Alexander JDC to determine placement and their special needs. North Carolina Department of Public Safety has developed and implemented several Admission and Placement Screening instruments for Juvenile Detention Centers that address all requirements of the PREA standard on Screening for risk of victimization and abusiveness. The nurse responds to the center and conducts a medical screening within 4 hours of the resident arrival to the center. The center conducts Maysi- 2 screening during the initial admission screening. All of this information is provide to the mental health and medical staff and additional screening is conducted mental health professional based on medical screening, Maysi-2 scoring or based on review of the intake screening instrument developed and implement by the agency. The contracted mental health professional is available to interview residents within 24 hours of arriving at the center. The detention center's policies limits staff access to this information on a "need to know basis". Staff interviews and the documentation review confirmed a screening is completed on each resident upon admission to the detention center. Most residents confirmed they had been asked about history of sexual abuse or had they been accused of sexual abusive behavior. They also confirmed they had been asked if they had any disabilities and/or whether they think they might be in danger of sexual abuse at the detention center. Compliance was also determined by reviewing resident's files including screening instruments.

### **Standard 115.342: Use of screening information**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.342 (a)**

- 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  No
- 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  No

- 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  No
- 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  No
- 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  No

#### 115.342 (b)

- 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  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.342 (d)

- 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  No
- 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  No

#### 115.342 (e)

- 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  No

#### 115.342 (f)

- 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  No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.342 (h)

- 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  No  NA
- 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  No  NA

#### 115.342 (i)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

North Carolina Department of Public Safety DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 1.10 (General Provisions); NCDPS DJJ Detention Policy and Requirements and Procedures (R&P) Section 3.3 (Admissions) and NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&P) – Section 2 (R&P/YC 2: YDC Admissions and Assessments) and NCDPS DJJ and Delinquency Prevention Policy PS/YC 3.0 (Behavior Expectations) prohibits gay, bi-sexual, transgender and intersex residents being placed in a dorm area, bed or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

The agency has no dedicated center for transgender or intersex residents. The facility/center determines other housing and programming assignments for transgender or intersex resident on a case-by-case basis, to include whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex resident are reassessed at least once every six months. Policy states that a transgender or intersex resident's own views, with respect to their own safety, are given serious consideration when making these assignments. Policy also mandates that transgender and intersex residents are given the opportunity to shower, dress and use toilet facilities separately from other residents.

Compliance of the standard was verified through review of policies, interviews with PREA Compliance Manager, Operations Managers, AJDC director, medical staff, other youth counselor technician staff, residents and tour of AJDC.

# REPORTING

## Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- 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  No

### 115.351 (b)

- 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  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- 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?  Yes  No

### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  
 Yes    No
  
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes    No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
  
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
  
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 2.1 (Reporting Sexual Abuse and Sexual Harassment) and Section 1.7 (Availability for Reporting Mechanisms in a Facility) provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. Resident interviews indicated several ways to report sexual abuse and sexual harassment by sending correspondence to the AJDC Director, Director of Facility Operations and DSS (third party), telephoning the DSS, speak with a staff they trust, and court counselor. Additionally, residents are provided a “Student PREA & Grievance Tool Kit” and pamphlet that contains grievance forms, notebook paper, envelopes addressed to (DSS, PREA office, AJDC Director & Director of Facility Operations), blank envelopes, pencil and a list of addresses for reporting. Residents receive a PREA pamphlet and staff are required to review the PREA pamphlet with all residents during initial orientation. Additionally posting advising residents of multiple ways of reporting allegations of sexual abuse or sexual harassment or retaliation for reporting abuse. The postings were observed in the secure lobby and administrative area, intake area, dining/classroom area, visitation/classroom area and living areas of the detention center. Reporting procedures are provided to residents through the “Student PREA & Grievance Tool Kit” and pamphlet. Resident and staff interviews along with the resident’s pamphlet, supporting documentation, review of the posting found throughout the center verified compliance with this standard.

### Standard 115.352: Exhaustion of administrative remedies

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.352 (a)

- 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  No  NA

### 115.352 (b)

- 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  No  NA
- Does the agency always refrain from requiring a 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  No  NA

### 115.352 (c)

- 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  No  NA
- 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  No  NA

### 115.352 (d)

- 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  No  NA
- 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  No  NA
- 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  No  NA

#### 115.352 (e)

- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA

#### 115.352 (f)

- 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  No  NA
- 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  No  NA
- 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  No  NA

- 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    No    NA
- 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    No    NA
- 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    No    NA
- 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    No    NA

### 115.352 (g)

- 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    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

(NCDPS) DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document Sexual Abuse and Harassment Policy and Requirements and Procedures – Section 1.16 (Grievance Process) and NCDPS DACJJ Youth Development Center Policy and Requirements and Procedures (R&P)- Section 6 (R&P/YD 6: Non-Disciplinary, Internal Grievance Process) describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances

regarding sexual abuse or harassment. AJDC has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation.

Residents are provided a "Student PREA & Grievance Tool Kit" that contains grievance forms, notebook paper, envelopes addressed to (DSS, PREA office, Center Director & Director of Facility Operations), blank envelopes, pencil and a list of addresses for reporting. Residents may place a written grievance or complaint in the locked grievance boxes located in the living quarters of the center. All resident interviewed were aware of the agency grievance process. Documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the grievance box. There have been no grievances relating to sexual abuse or sexual harassment received in the past 12 months at the center. Compliance was determined through review of the agency policy, review of center's grievance log, interview with Grievance officer, interview with 17 residents assigned to the center on date of review and observation of "Student PREA and Grievance Tool Kit" and grievance boxes in each living unit.

## **Standard 115.353: Resident access to outside confidential support services and legal representation**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.353 (a)**

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- 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  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### **115.353 (b)**

- 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  No

### **115.353 (c)**

- 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  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

North Carolina Department of Public Safety DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 1.8 (Victim Support); DACJJ Detention Policy and Requirements and Procedures (R&P)– Section 2.7 (Telephone and Mail) and Section 2.8 (Visitation) and DJJ Youth Development Center Policy and Requirements and Procedures (R&P) – Section 4.4 (Visitation) and Section 4 (R&P/YD 4: Legal Representation) ensures that residents are provided access to outside confidential support services, legal counsel and parent/guardian. Alexander JDC maintains a Memorandum of Understanding from Shelter Home of Catawba County, Inc. to provide confidential emotional support to residents who are victims of sexual abuse at AJDC. Compliance was determined through telephone interview with staff from Shelter Home of Catawba County, Inc. The Shelter Home staff indicated they provide advocacy person trained on sexual abuse support services for juveniles. AJDC has the telephone and mailing address for the shelter home and the AJDC provides information

on these services to the residents during their intake and through posters located through the center. Resident interviews revealed knowledge of how to access outside services and most had knowledge of what kind of services are provided by the shelter.

Wake Forest Baptist Hospital provides emergency and forensic medical examinations at no financial cost to the victim. SANE staff from Wake Forest Baptist Hospital were interviewed following the onsite audit. The Sane staff at Wake Forest Baptist Hospital confirmed the hospital maintains SANE staff to provide adolescent and children forensic services for sexual abuse. AJDC provides weekly calls to parents/legal guardians, permits parental/legal guardians visitation, and letter writing to parents/legal guardians.

Compliance of this standard was determined by review of MOA with outside support services staff, review of agency policies, telephone interviews with Shelter Home of Catawba County and SANE staff at Wake Forest Baptist Hospital. Further compliance was determined through observation of Poster located throughout the center and interview with residents and nurse. There have been no contact to the shelter by residents during the preceding twelve months (12).

## Standard 115.354: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

North Carolina Department of Public Safety DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Document Section 2.1 (Reporting Sexual Abuse and Sexual Harassment) identifies the Department's third party reporting process and instruct staff to accept third party reports. NCDPS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. In addition, the Department has established a confidential webpage for employees to anonymously report allegations of fraud, waste, and abuse in the department. The staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information. Resident interviews were aware of ways to report sexual abuse and sexual harassment including persons outside of the center including their parent(s)/legal guardian(s) and attorney. Compliance was determined by review NCDPS Agency and North Carolina Department of Social Service's Web sites, interviews with residents, staff and JDC director.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

#### 115.361 (c)

- 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  No

#### 115.361 (d)

- 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  No
- 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  No

#### 115.361 (e)

- 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  No
- 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  No
- 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  No  NA
- 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  No

#### 115.361 (f)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 2.1 (Reporting Sexual Abuse and Sexual Harassment) and NCDPS DJJ Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) – Section 1.7 (Availability for Reporting Mechanisms in a Facility) mandates that all staff, contractors, and volunteers are required to immediately report any information regarding sexual abuse or sexual harassment or any staff neglect, action or violation that may have contributed to an incident or an act of retaliation. Policy section 2.1 Reporting Abuse and/or Neglect Requirements and Procedures Policy also requires the information concerning the identity of the alleged resident victim and the specific facts of the case to be shared with staff who need-to-know because of their involvement with the victim's welfare and/or the investigation of the incident. The AJDC director is mandated to notify the juvenile's parent/legal guardian by telephone or in-person of the report unless the juvenile's parent/legal guardian is the person alleged to have abused and/or neglected the juvenile (this notification must be recorded on the Incident Report). Ensure or make notification to law enforcement. Notify by telephone the juvenile's court counselor and send a letter to DSS by the next business day that contains all information that may be helpful to DSS in their investigation, including a copy of the Incident Report. Medical and Mental Health staff were aware of their responsibilities including their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

There have been no allegation of sexual abuse or sexual harassment during the last twelve (12) months. Compliance was confirmed by review of the policies, interview with AJDC director, PREA Compliance manager, medical and mental health staff and center youth counselor technician staff.

### Standard 115.362: Agency protection duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.362 (a)

- 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  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)



**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism) and NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&P) Section 6 (Non-Disciplinary, Internal Grievance Process) requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. Staff interviewed stated their duties and responsibilities if they were aware of a resident being subject to substantial risk. Staff stated they would act immediately to protect the resident, including separating the resident and alerting other staff of the situation. Additionally, staff provided steps they would take if they thought a resident had been sexually abused such as separate residents, secure the scene, protect possible evidence, not allow resident to destroy possible evidence and contact their supervisor and medical staff.

In the previous 12 months there were no reported incidents of a resident being subject to substantial risk of imminent sexual abuse. Many of the staff carry a small card with directions of managing resident regarding sexual abuse. Compliance with this standard was verified through review of Policy, and interview with staff and PREA Compliance Manager.

## Standard 115.363: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.363 (a)

- 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  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

#### 115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

### 115.363 (c)

- Does the agency document that it has provided such notification?  Yes  No

### 115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 1.11 (Allegation of Juvenile Sexual Abuse or Sexual harassment at Former Center) requires the Facility/Center Director, upon receiving an allegation that a resident was sexually abused while confined at another facility/center, to notify the head of the other facility where the alleged abuse occurred and to report it in accordance with NCDPS policies and procedures. The AJDC Director has received no allegations that a resident was abused while confined at another facility/center nor were there any allegations received from another facility/center during the past 12 months. Staff interviewed were aware of their responsibility to ask resident during intake and to notify the AJDC director or PREA compliance manager if any resident notifies them of past history of sexual abuse or sexual harassment at any other facility/center or prior to arriving at AJDC. Compliance was determined through interviews with staff, the PREA compliance manger, the AJDC director and review of the agency policy.

### Standard 115.364: Staff first responder duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.364 (a)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.364 (b)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism);

mandates action to be taken by first responders of a sexual assault. Upon learning of an allegation that an resident was sexually abused, the first responder is directed to: 1) separate alleged victims and alleged abuser; 2) preserve and protect the crime scene; 3) if the time allows for the collection of physical evidence, make appropriate request for it; 4) if the abuse occurred within a time period that allows for physical evidence, ensure the alleged abuser does not destroy evidence. DAC juvenile justice has developed a Sexual Abuse Incident Response Checklist for First Responder. First responders interviewed were knowledgeable about their duties and responsibilities. Several staff were carrying an embossed card as reference to direct them as to their responsibilities as a first responder to an allegation of a PREA incident.

During the last 12 months there have been no allegations of sexual abuse reported to custody youth counselor technician staff. Compliance was verified through review of Policy, training plan, interviews with staff (including first responder) and support staff including contractor and treatment staff.

## Standard 115.365: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.365 (a)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

North Carolina Department of Public Safety implemented a mandate that all facilities or centers shall develop and implemented a Coordinated Response Plan and will review and update the plan as required but at least annually. Alexander Juvenile Detention Center implemented the Coordinated Response Plan in 2015 and published the latest update on September, 2018. All staff interviewed were

aware of their disciplines role and responsibilities in cases of sexual abuse allegations. The following staff were interviewed of their specific role in the coordinated response plan and all were able to articulate their responsibilities.

- AJDC Director
- Shift Supervisor
- Youth Counselor Technician
- First Responders
- Nurse
- Psychologist
- PREA Compliance Manager
- PREA Support Person
- Sexual Abuse Response Team
- Shelter Home of Catawba County staff
- SANE staff at Wake Forest Baptist Hospital

Compliance was determined by review of the Alexander JDC Coordinated Response Plan dated September 2018 and interviews with the above staff.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.366 (a)**

- 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?  Yes  No

#### **115.366 (b)**

- Auditor is not required to audit this provision.

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

...

North Carolina Department of Public Safety (NCDPS) nor does Alexander JDC engage in collective bargaining process regarding any violation of departmental policy regarding PREA.

## Standard 115.367: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.367 (a)

- 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  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.367 (b)

- 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  No

#### 115.367 (c)

- 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  No
- 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  No

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.367 (e)

- 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  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ policy Sexual Abuse and Sexual Harassment Policy and Requirements and Procedures (R&P) Section 1.8 (Victim Support) and Section 1.15 (Retaliation) requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. The AJDC Director is responsible with overseeing the monitoring of the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. At the time an allegation or report of allegation of sexual abuse or sexual harassment is reported, the AJDC Director assigns a PREA Support Person (PSP) that will serve as an advocate to link services (community based advocates or mental health professionals) and support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. NCDPS PREA Director’s office has developed and initiated specific reporting forms “PREA Sexual Abuse and Harassment Retaliation Report” [Staff (OPA-I22) or Resident (OPA-I24)]. There were no incidents of retaliation in the past 12 months at AJDC. Compliance was determined through review of policies, appropriate reporting forms, training records for PSP staff, interviews with PSP staff, the PREA Compliance Manager, the AJDC director and youth counselor technician staff.

**Standard 115.368: Post-allegation protective custody**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.368 (a)**

- 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  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

North Carolina Department of Public Safety DACJJ Sexual Abuse and Sexual Harassment Policy requirements and Procedures (R&P) Section 2.2 (Response) & Section PS/YC 3.0 (Behavior Expectations) and NCDPS Division of Juvenile Justice Detention Policy and Requirements and Procedures (R&P) Document – Section 2.3.13 (Temporary Confinement) that the use of protective custody only if no other alternative means of protection is available. When there are no other means for protecting residents the agency has implemented guidelines for moving a resident to another facility/center as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. The center has two wings of single rooms that could be utilized and additionally four cells that are utilized to segregate residents. There were no instances where protective custody or restrictive housing were used at this center for any PREA violations. Compliance was determined by review of policies, interviews with AJDC director and PREA compliance manager and with residents assigned to the AJDC.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.371 (b)

- 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  No

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

- 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  No

#### 115.371 (f)

- 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  No
- 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  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- 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  No

#### 115.371 (h)

- 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  No

#### 115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.371 (j)

- 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  No

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ Policy Sexual Abuse and Sexual Harassment Policy and Requirements and Procedures (R&P) Section 2.3 (Investigations) require staff to refer all alleged incidents of sexual abuse or sexual harassment to the Department of Social Services (DSS) for investigation and determination of child abuse and Alexander County Sheriff's Department (ACSD) for the determination of criminal charges. Staff refer all allegations of sexual abuse and sexual harassment to the Central Office and the Office of Special Investigations for completion of an administrative investigation. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators interview alleged victims, suspected perpetrators, and any other possible witnesses. Investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator. The agency only conducts compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The Center has three (3) Sexual Abuse or Sexual Harassment Investigators assigned at the center. All administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations are 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. Criminal investigations are documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The agency does ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation. When an outside entity investigates sexual abuse, AJDC cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. Compliance with this standard was determined by a review of Policy /documentation, investigations and interviews with two (2) investigators, AJDC director and telephone interview with DSS staff member.

## **Standard 115.372: Evidentiary standard for administrative investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.372 (a)**

- 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  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 2.3 (Investigations) contains all the elements of the standard. Policy mandates that the standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. Alexander JDC investigators conduct fact finding investigations. Administrative investigation are conducted by Department of Social Services (DSS) and Office of Special Investigations. AJDC Director and policy confirmed that office of NCDPS Office of Special Investigations and Compliance indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. Compliance was determined through interview with AJDC Director, two (2) investigators, youth counselor technician staff and DSS staff.

### Standard 115.373: Reporting to residents

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.373 (b)

- 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  No  NA

#### 115.373 (c)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.373 (d)

- 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  No
- 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  No

#### 115.373 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 2.3 (Investigations) and Section 1.8 (Victim Support) requires that any resident who makes an allegation that he suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. PREA Support Person is responsible for the implementation of this Policy. NCDPS developed Form for providing information to resident during and at the conclusion of investigations for sexual abuse or sexual harassment. Following an investigation into a resident's allegation of sexual abuse in an agency facility/center the agency informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the agency did not conduct the investigation into a resident's allegation of sexual abuse the agency or facility/center will request the relevant information from the investigative agency in order to inform the resident.

When Alexander County Sheriff's Department (ACSD) learns that a staff member has been indicted or convicted on a charge related to sexual abuse within AJDC, or with regard to investigations involving resident-on-resident allegations of sexual abuse, Alexander County Sheriff's Department (ACSD) notifies the AJDC Director who will inform the resident that the alleged abuser has been indicted or convicted on a charge related to sexual abuse.

Following a resident's allegation that a staff member has committed sexual abuse against him, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, the agency subsequently informs the resident whenever the staff member is no longer posted within the resident's unit or the agency learns that the staff member has been indicted on a charge related to sexual abuse in the center. Following a resident's allegation that a staff member has committed sexual abuse, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, the agency subsequently informs the resident whenever the agency learns that the staff member has been convicted on a charge related to sexual abuse within the center.

Following a resident's allegation of sexual abuse by another resident, the agency will 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 center The agency documents all such notifications or attempted notifications through the use of NCDPS forms. Compliance with this standard was verified

through the review of Policies, forms and interviews with PREA Support Staff and PREA compliance manager.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.376 (c)

- 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  No

#### 115.376 (d)

- 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  No
- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 1.14 (Discipline) disciplinary sanctions up to and including termination for violating the facility/center's sexual abuse or harassment policies. The policy also mandates that the violation be reported to the Office of PREA Administration and law enforcement. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) is 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. 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, will be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Compliance with the Standard was verified by review of appropriate policies, interviews with PREA Compliance Manager and AJDC Director, and review of the Department's website that includes related PREA information. There have been no allegation of sexual abuse and sexual harassment during the last 12 months.

### **Standard 115.377: Corrective action for contractors and volunteers**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.377 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### **115.377 (b)**

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 1.14 (Discipline) requires that volunteers and contractors in violation of the facility/center's policies and procedures regarding sexual abuse and sexual harassment of residents will be reported to DSS, Office of PREA Administration, and local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. In the case of any other violation of agency sexual abuse and sexual harassment policies by a contractor or volunteer, the center will take appropriate remedial measures, and consider whether to prohibit further contact with residents. Further, this information is provided to volunteers and contractors through the Volunteer and Contractor Training modules.

Contractors and volunteers sign a NCDPS directive entitled Prison Rape Elimination Act of 2003 Acknowledgement Form. Compliance of this standard was confirmed through review of the Policy, training records of volunteers and contractors, review of volunteer files containing acknowledgement statements, and interviews with volunteer. Compliance with the Standard was verified by review of appropriate policies, interviews with PREA Compliance Manager and AJDC Director, and review of the Department's website that includes related PREA information.

## Standard 115.378: Interventions and disciplinary sanctions for residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.378 (a)

- 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  No

#### 115.378 (b)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

#### 115.378 (c)

- 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  No

#### 115.378 (d)

- 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  No
- 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  No

#### 115.378 (e)

- 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  No

#### 115.378 (f)

- 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  No

### 115.378 (g)

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 1.14 and Section 2.3 (Rules and Discipline); DJJ Youth Development Center Policy and Requirements and Procedures (R & P) Document – Section 2 (R&P/YC 2: YDC Admission and Assessments) and DACJJ and Delinquency Prevention Abuse and Neglect Policy and Requirements and Procedures (R&P) Section PS/YC 3.0 (Behavior Expectations) mandate any resident found to have violated any of the agency’s sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. Policy mandates all areas of the Resident Disciplinary Standard.

During the initial intake into the center and during the center’s PREA education program, resident are provided with information that includes their rights and responsibilities, a disciplinary list of violation.

Juvenile Services policy requires residents will be offered therapy, counseling or other interventions designed to address and correct the underlining reasons for their conduct. Local Psychologist interviewed indicated that residents would be offered therapy and mental health would be advised on any PREA violations and would provide mental assessment of resident prior to any behavior

management or disciplinary action. There has been no administrative or criminal findings of guilt for resident-on-resident sexual abuse that have occurred AJDC in the past 12 months. The AJDC Director indicated that residents may also be referred for prosecution if the allegations were criminal. Compliance of this standard was determined by review of policies, intake brochure, and interview with residents, human service coordinator, mental health professional, and AJDC director.

## MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.381 (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, 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  No

#### 115.381 (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, 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  No

#### 115.381 (c)

- 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  No

#### 115.381 (d)

- 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  No

#### Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 1.10 (General Provisions) and NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&P) – Section 1.4 (Mental Health Services) require medical and mental health evaluations and as appropriate, treatment is offered to all residents victimized by sexual abuse and ensure confidentiality of information. Residents who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/ screening. Medical and mental health staff complete various admission screening forms (i.e. Admission and Placement Screening; MAYSI 2; Admission History and Physical Examination, Medical Screening, Suicide Risk Screening, and Mental Health Tracking form) during the initial intake process including informed consent disclosures. There were no residents who disclosed prior victimization during their initial screening process. Medical and mental health staff interviews confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers. Medical staff provided copies of forms that are completed within 4 hours of arrival at the center. Qualified Mental Health staff indicated he reviews all MAYSI 2 scores and all intake documents for any intake screening documents. The psychologist and nurse indicated that all resident are provided with their requirements for notification of any child abuse. The Qualified Mental Health Professional interviews all residents who remain at the center more than seventy two (72) hours. Compliance was determined by review of policy, clinical mental health guidelines, intake screening instrument, MSYSI 2 screening scoring, and interviews with medical, mental health and human services coordinator.

### **Standard 115.382: Access to emergency medical and mental health services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.382 (a)**

- 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  No

#### 115.382 (b)

- 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  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.382 (c)

- 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  No

#### 115.382 (d)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ+ policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 3.1 (First Response to Concerns of Sexual Abuse, Sexual Harassment and Voyeurism); NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&P) Document – Section 1.4 (Mental Health Services) and Alexander JDC first responder plan

requires resident victims of sexual abuse are offered immediate unimpeded medical care at no cost to the victim. Policy also mandates that residents be provided information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The center's first responder plan provide mental health staff to provide treatment services to every victim without financial cost. The Shelter Homes Center of Catawba County, Inc. is the program identified to provide the victim advocacy services for the residents at AJDC. Wake Forest Baptist Hospital provides the emergency and forensic medical examinations.

Compliance was determined by review of policies, MOA with shelter center and interviews with director, first responders, and staff from the victim advocacy staff, SANE staff at Wake Forrest Baptist Hospital, staff nurse, shelter home center director and PREA compliance manager.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.383 (a)**

- 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  No

### **115.383 (b)**

- 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  No

### **115.383 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### **115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### **115.383 (e)**

- 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  No  NA



### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.383 (g)

- 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  No

### 115.383 (h)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 3.2 (Medical Evaluation and Forensic Mental Health Evaluation Following Allegations of Sexual Abuse, Sexual Harassment and/or Voyeurism) and Section 3.3 (Support of the Resident Post- Evaluation for Sexual Abuse, Sexual Harassment and/or Voyeurism) requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the center to offer medical and mental health evaluations and appropriate follow-up treatment. NCDPS Clinical Practice Guidelines Policy also establishes the protocols for mental health aftercare planning for resident's mental health no later than 30 days prior to the anticipated date of release for residents subjected to Sexual abuse. The medical and mental health staff have a protocol in place to assist residents and their families upon discharge from the center to continue services if needed. There has

been no investigation of alleged resident's inappropriate sexual behavior that occurred in this center in the past 12 months. Compliance was determined by review of policies, clinical practice guideline, mental health protocol and interviews with mental and medical health staff and AJDC director.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.386 (a)

- 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  No

#### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.386 (d)

- 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  No
- 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  No
- 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  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No

- 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    No

### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes    No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P) Section 2.3 (Investigations) and NCDPS Sexual Abuse & Harassment Coordinated Response Overview establishes mandate that all centers develop a sexual abuse or sexual harassment coordinated response plan and the center review and update as needed or at least once per year. Alexander JDC updated their coordinated response plan in September 2018. The coordinated plan includes that center will conduct an incident review by an incident review team. Alexander JDC’s Sexual Abuse Response Team consists of the AJDC Director, Shift Supervisors, and medical and mental health representatives. There have been no alleged staff or resident’s inappropriate sexual behavior that occurred in this center in the past 12 months. Staff interviews confirmed they would document their review on the PREA Post Incident Review form that captures all aspects of an incident. Compliance was determined by review of policy, center’s coordinated response plan, review of incident review team form developed by PREA Director’s staff and interviews with clinical director, PREA compliance manager, Sexual Abuse Response Team and youth counselor technician staff.

### Standard 115.387: Data collection

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.387 (a)**

- 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  No

**115.387 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

**115.387 (c)**

- 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  No

**115.387 (d)**

- 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  No

**115.387 (e)**

- 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.)  Yes  No  NA

**115.387 (f)**

- 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  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P Section 1.10 (General Provisions) requires the collection of accurate, uniform data for every allegation of sexual assault. The AJDC Director Inputs information to NCDPS PREA data base after the completion of any PREA incident investigation.

The PREA Office maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Office aggregated data from all facilities/centers under agency's operational control for the confinement of residents. Upon request, the agency provides all such data from the previous calendar year to the Department of Justice no later than June 30. AJDC PREA Compliance Manager provided copy of Annual PREA Report and information regarding the incident reporting computerized system. Compliance with this standard was also determined by a review of Policy, documentation, Website and staff interviews.

## **Standard 115.388: Data review for corrective action**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.388 (a)**

- 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  No
- 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  No
- 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  No

#### **115.388 (b)**

- 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  No

### 115.388 (c)

- 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  No

### 115.388 (d)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ policy Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P Section 1.10 (General Provisions) Section 1.10 (General Provisions) requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. The review of data encompasses identifying problem areas and taking corrective action on an ongoing basis. The agency has an annual report, including corrective actions for the facilities.

The agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The agency's annual report is approved by the agency head and made readily available to the public through the agency's website. The agency identifies 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/center. Alexander JDC provided a copy of the PREA Audit Report for 2016. Compliance with this standard was also determined by a review of Policy/documentation NCDPS Website and staff interviews.

## Standard 115.389: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

#### 115.389 (b)

- 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  No

#### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.389 (d)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

NCDPS DACJJ Sexual Abuse and Harassment Policy and Requirements and Procedures (R&P Section 1.10 (General Provisions) requires that data is collected and securely retained for 10 years. The agency's PREA Office, is responsible for collecting and maintaining this data. The agency makes 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. The agency removes all personal identifiers before making aggregated sexual abuse data publicly available. The agency maintains sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise. The aggregated sexual abuse data was reviewed and all personal identifiers are removed. Compliance was determined by review of policy and annual reports.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- 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  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  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.)  Yes  No  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  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No



### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

All North Carolina Juvenile facilities have received at least one PREA audit since August 20, 2012. At least one-third of all North Carolina Juvenile facilities were audited during the one year period after August 20, 2012. During the course of the center's audit, the Auditor toured the entire center was allowed to interview residents and staff privately and was provided supporting documentation before and during the audit. Notifications of the audit were posted throughout the center permitting residents to send confidential letters to the Auditor prior to the audit.

The center provided a memo dated September 9, 2018.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

All PREA Audit Reports are maintained on the Agency's website. This was verified through reviewing the website. The website can be reviewed through <http://www.ncdps.gov>.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### **Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Manville

December 2, 2018

**Auditor Signature**

**Date**

---

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.