

PREA Facility Audit Report: Final

Name of Facility: Sanford Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/24/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Jack Fitzgerald	Date of Signature: 03/24/2022

AUDITOR INFORMATION	
Auditor name:	Fitzgerald, Jack
Email:	jffitzgerald@snet.net
Start Date of On-Site Audit:	11/15/2021
End Date of On-Site Audit:	11/17/2021

FACILITY INFORMATION	
Facility name:	Sanford Correctional Center
Facility physical address:	417 Prison Camp Road, Sanford, North Carolina - 27330
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Melanie Shelton
Email Address:	melanie.shelton@ncdps.gov
Telephone Number:	919-895-7000

Warden/Jail Administrator/Sheriff/Director	
Name:	Melanie Shelton
Email Address:	melanie.shelton@ncdps.gov
Telephone Number:	919-895-7000

Facility PREA Compliance Manager	
Name:	Jennifer Jones
Email Address:	jennifer.a.jones@ncdps.gov
Telephone Number:	
Name:	Melanie Shelton
Email Address:	melanie.shelton@ncdps.gov
Telephone Number:	
Name:	Ramon Gutierrez
Email Address:	ramon.gutierrez@ncdps.gov
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	298
Current population of facility:	268
Average daily population for the past 12 months:	240
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-99
Facility security levels/inmate custody levels:	Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	58
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

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

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

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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-11-15
2. End date of the onsite portion of the audit:	2021-11-17

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor spoke with local rape crisis agency and the local hospital with sane services.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	298
15. Average daily population for the past 12 months:	240
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	241
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The Facility was not tracking information historically. The facility was provided a list of the different targeted populations in the facility the auditor would need to see when on site. After the tour we were able to identify a few more individuals for targeted interviews.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	61
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The Facility has gone through some changes in the past year while managing a population who is preparing to transition home during a pandemic. The Overall staffing compliment has been reduced slightly and one third of the staff have been employed less than one year. The Auditor visited all locations on the first day and went back to areas with the Operation Sergeant at other points during the site visit. These opportunities allow the Auditor to interact informally with staff in a variety of roles and see normal day to day interactions between offenders and staff.
INTERVIEWS	

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

18

54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- Age
- Race
- Ethnicity (e.g., Hispanic, Non-Hispanic)
- Length of time in the facility
- Housing assignment
- Gender
- Other
- None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

The Auditor took a random sampling out of each unit after first identifying target population and then counting to the same number in each unit. The Auditor also looked to speak with a diverse population based on housing information and protos. This allowed for the Auditor to look a individuals with different races and ethnicities. The Sanford Correctional Center is a all-male facility and as noted some individuals were working and not available for interviews so replacement individuals were picked from the same unit to ensure a geographically diverse population in the physical plant

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- Yes
- No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

Because there was a lack of identified target populations in the facility the Auditor wanted to take a larger sample than normal to see if there were individuals who should have been targeted but were not.

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:

8

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility is a work release environment, as such inmates with significant disabilities might not be referred to this environment</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility is a work release environment, as such inmates with significant disabilities might not be referred to this environment</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility is a work release environment, as such inmates with significant disabilities might not be referred to this environment</p>

63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor spoke with Hispanic and Asian offenders to see if they had any concerns related to access of documentation in a secondary language and the staff's ability to help.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility did not have any identified individuals in the population, The auditor also spoke with the staff to see there level of experience working with intersex or transgender individuals and how they would ensure these populations safety.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3

69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There is no isolation cells at Sanford correctional. The facility only has one secure dry holding cell to control an at risk individual until they can be transferred to a higher level facility.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The Facility had identified 6 individuals including duplicates names in multiple categories. The Auditor worked with the facility to identify 8 unique individuals to ask question related to target population consideration.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The Auditor spoke formally with 12 individuals from different positions in the facility and different shifts. In addition to the formal interview the auditor spent time on the tour asking work crew supervisors how they manage their work setting to ensure no sexual abuse or harassment. This also allows the auditor to confirm information from the staff training and understand the application of the use of the screening information.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	9
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The agency head and PREA Coordinator were previously interviewed for another audit. The facility does not have SANE services so the auditor spoke to the local hospital staff to gain an understanding of available resources. The Facility does not employ mental health services on site. Individuals needing routine emotional support or individuals on psychotropic medications I'm told would not be placed at SCC. The Facility has no contractors and they have halted volunteer programs for over a year due to the pandemic</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The Auditor visited all areas of the facility both inside and outside the secure perimeter. The Auditor was able to see if locations were locked and determine where there may be blind spots. The Auditor was able to interact with large portions of the population, explain what the audit was about and the types of questions I was asking if they were selected for a random interview. The Auditor was able to see supervisor logs and see cross gender announcements. The Auditor was able to test phone systems and confirm appropriate postings related to PREA. The Auditor was able to look at the physical plant structure as it relates to bathroom privacy.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The Auditor looked at client and staff files from a random sampling to ensure the required elements of 115.17, 115.31 115.33, 115.41 and 115.42 were all done in a consistent way as prescribed in the standards. When a issue was identified the facility, NCDPS PREA Office nd the Auditor worked collaboratively to find a solution the met the standard.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	3	0	3	0
Total	6	0	6	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	2	0
Staff-on-inmate sexual harassment	0	3	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no of sexual abuse that occurred in the prior 12 months. One case that was investigated
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	6

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The Auditor looked at all 6 investigations that were completed in the previous year to the site visit. The Staff allegations were all investigated and determined to be unfounded or not meet the definitions of Sexual Assault or Sexual Harassment. On the Inmate sexual harassment cases 2 were unsubstantiated and 1 was unfounded. The Auditor was able to review with the investigator the steps taken in the investigation, how she documented the stapes and the information used to come to a conclusion. Each report in a NCDPS facility is reviewed by the Warden and the Regional Director before it is approved.</p> <p>The Auditor was informed of two other allegations that have arose during the post Audit and corrective action periods one which has been forwarded for criminal investigation. The Auditor also spoke with the facility after receiving a notice about a grievance of an offender transferred to SCC after the Auditor's site visit. The PCM and the Auditor discussed the individuals concerns about his move after a potential PREA event at a previous facility. This information was also shared with the NCDPS PREA Office.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<p>Identify the name of the third-party auditing entity</p>	<p>DX Consulting LLC</p>
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Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed. Sanford Pre-Audit Questionnaire NCDPS F3400 Offender Sexual Abuse and Sexual Harassment Policy NCDPS A.0100 Organization of Prisons Document Appointing PREA Compliance Manager at Sanford CC Facility Organizational Chart</p> <p>Individuals interviewed/ observations. Interview with PREA Compliance Manager Interview with Warden Interview with Staff Interview with Offenders Tour Observations Zero Tolerance posters/ notifications</p> <p>Summary determination.</p> <p>Indicator (a). The North Carolina Department of Public Safety has developed an agency-wide Policy on efforts to ensure compliance with the Prison Rape Elimination Act. Policy F3400 Offender Sexual Abuse and Sexual Harassment Policy was written to address the various requirements of the standards. The 32-page policy sets forth a zero-tolerance expectation for any sexual activity. Page 5 of the policy states. "The North Carolina Department of Public Safety is committed to a standard of zero-tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers or by offenders. Therefore, it is the policy of Prisons to provide a safe, humane, and appropriately secure environment, free from the threat of sexual abuse and sexual harassment for all offenders, by maintaining a program of prevention, detection, response, investigation, prosecution, and tracking." The policy goes on (pages 2 to 4) to define prohibited behaviors consistent with the standards. The policy sets forth the requirements of agency administrators and facility administrators to ensure PREA compliance. The policy covers different aspects of the North Carolina DPS's prevention efforts on pages 5-10, including education of staff, offenders, contractors, and investigators. Policy F3400 Offender Sexual Abuse and Sexual Harassment Policy covers the detection and prevention efforts including:</p> <ul style="list-style-type: none"> • screening, and use • Mechanisms for reporting • Investigation • Medical and Mental Health Services • Post-incident review <p>The Facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Also, posters throughout the facility remind offenders and staff of the Zero Tolerance expectation. Random offenders reported an environment free from sexual misconduct.</p> <p>Indicator (b). The North Carolina Department of Public Safety policy (A.0100) Organization of Prisons sets forth the agency structure and the relationships between units and the Wardens of Institutions. The Agency Website has an organizational chart that supports the Agency has a PREA Coordinator Charlotte Williams. Director Williams works in the Professional Standards, Policy and Planning portion of NCDPS. The PREA Office is in a separate division from corrections. Director Williams has three staff who oversee PREA compliance issues across the NC adult and juvenile confinement facilities. In interviews with a representative for the agency head and the PREA Coordinator confirmed the PREA Office staff have sufficient authority and access to senior leadership to advocate for policy changes if needed. The PREA Office role is mentioned repeatedly in correctional policies and facility leadership is aware of the PREA Office. COVID-19 restrictions have hampered the PREA Office presence at the facilities but they have up with phone contact and video calls. The Auditor worked with the PREA Office to set up introductory video calls to the facility staff.</p> <p>Indicator (c) F3400 Offender Sexual Abuse and Sexual Harassment Policy defines the role of the PREA Compliance Manager (pages 3). "A designated employee, at each facility, with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards." The policy describes the responsibility of the PREA Compliance Manager throughout. The Warden assigns an individual to coordinate the facility's efforts to comply with PREA. Supporting documentation includes the PCM Designation form, which the Warden provides to the state's PREA Coordinator. The PREA Compliance Manager was in transition during the site visit as Associate Warden Ramon Gutierrez was starting the following week. He reports directly to the Warden. The Warden has also named a case manager Amanda Harlow as the secondary PREA Compliance Manager. Interviews with the PREA Compliance Manager and Warden confirm the PREA Compliance Manager has sufficient access to key correctional staff, including the Warden, to influence policy and resources to ensures</p>

PREA safe environment at Sanford Correctional Center. Offenders were all aware of the PREA Compliance Manager's role in an institution and able to identify how to access to them. The Auditor observed inmates interacting with both the Warden, Associate Wardens freely on the tour which further supports the offenders' access to administration.

Compliance Determination:

The North Carolina Department of Public Safety has policies that define the steps taken to prevent, detect, and respond to sexual abuse and sexual harassment incidents. The policy F3400 Offender Sexual Abuse and Sexual Harassment Policy defines the agency's zero-tolerance expectation toward Sexual abuse or harassment of offenders in the state's custody. The policy defines the roles of the state PREA Coordinator and the facility PREA Compliance Manager as well as prohibited behaviors for all staff, volunteers, contractors, and offenders. The interview with Sanford PREA Compliance Manager confirmed his role to ensure PREA compliance is maintained. He believes will have the capacity in his jobs to advocate for policy or procedural changes needed to support offender safety. This was confirmed with Warden Melanie Shelton, who describes her expectations for the role of the PREA Compliance Manager. The Warden expects that all complaints of sexual misconduct are to be thoroughly investigated. The facility works with the local Sanford Police Department if the allegation is criminal in nature.

Interview with the Warden supported compliance with all standard expectations. Policy reviewed by the Auditor in completing the Audit process not only described in depth the agency's expectation to protect, detect, and respond to sexual misconduct but clearly defines the roles of the state PREA Office and the facility's PREA Compliance Managers. The policy also addresses prohibited behaviors and sanctions for any forms of sexual misconduct. The Auditor's interactions with these individuals further support a statewide expectation of zero-tolerance toward sexual abuse and resource allocation when needed. Offenders, in random interviews and those spoken to during the tour, confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. The facility has been able to maintain a safe environment where offenders supported violent sexual assault is not a concern. Random staff interviews further support a zero-tolerance culture. Individual staff interviewed supported a well-trained compliment who is aware of their duties in promoting a sexually safe environment. The Auditor also took into consideration the responsiveness to concerns identified on the tour. Finally the Auditor considered the fact that the Warden has tasked PREA safety to be the responsibility of both his senior staff.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed. Sanford Pre-Audit Questionnaire NCDPS Website NCPDS MOA Center for Community Transition</p> <p>Individuals interviewed/ observations. Interview with PREA Coordinator (PC)</p> <p>Summary Determination Indicator a) The North Carolina Department of Public Safety has one contracted facility. The Auditor was provided documentation of the 30-bed contracted female facility in Charlotte North Carolina. Since the contract is for females it would be unlikely an Sanford Correctional Center offender would be transferred to the Center for Community Transition. The program according to it website is for DPS offender classified as minimum custody level 3. The Auditor had requested the agreement between the North Carolina Department of Public Safety (NCDPS) and the Center for Community Transitions (CFCT) to confirm the agreement has language requiring the facility to be compliant with DOJ PREA standards. The Agency PREA Coordinator provided documentation that confirmed that the facility is working off an existing contract presently. T It is understood that the existing contract which contain requirements for compliance with PREA will remain in force until a new contract can be issued with an approved state budget at which time the contract information will be forwarded to the Auditors records in the Online Audit System.</p> <p>Indicator b) In interviews with the NCDPS PREA office the Auditor was able to confirm the process by which the facility is monitored for compliance. The has a NCDPS representative in the facility regularly who can receive PREA Complaints from the residents. This individual a reportedly interacts with residents, staff and administration.</p> <p>Compliance Determination: Through the provided documentation, interviews with the staff of the PREA office and the information obtained from the internet, the Auditor believes the standard is compliant. The North Carolina Department of Public Safety is aware that all subcontracting of bed should include language requiring compliance with the Prison Rape Elimination Act. The agency has a system in place to ensure communication about PREA allegations are forwarded to the PREA office and a process for ongoing monitoring of the program. As noted in indicator (a) the existing contract remains in force with the continued provision of PREA compliance, documentation was provided from the NCDPS PREA Office to the Auditor supporting these facts.</p>

minimal staffing in the past year. The facility will offer overtime work from volunteer custody staff or mandated staff to reach institutional minimums. The Warden is alerted by email on all overtime or times shifts have to be filled. All callout or duty reassignments are documented in the facility log. The Warden would be notified of any emergency in the facility that would impact staffing. The Officer in Charge also confirmed there are pull post in the environment who can be called on to resolve staffing concerns. The Policy on Management of Security Post describes the process to be used to determine the number of post and if the post is considered a pull post and the order by which the staff should be reassigned to maintain security.

Indicator c). The 2021 annual review of the Sanford Correctional Center staffing plan was completed by North Carolina's Department of Public Safety's PREA Office, the PREA Compliance Manager, and the Warden. The report included information on staffing needs, current population make-up, the staffing makeup, and identified areas for considerations of monitoring technology to improve institutional safety. The Auditor confirmed with the Warden and the PREA Coordinator that concerns or requested resources would then be advocated through these individuals for any additional positions or the acquisition of monitoring technology. The Warden and the PREA Compliance Manager have been identifying additional video technology they may need to improve the overall safety and improving monitoring.

Indicator d). SCC post order for the Officer in Charge (OIC) requires Sergeants to complete daily unannounced rounds of the facility. The policy states, "Complete dorm inspections, security checks, upper and lower yard checks of the unit" it goes on to state "Periodically inspect dormitories, yard area and surrounding areas for damage and cleanliness, or other issues which may result in a threat to security. Record on the shift narrative. " The Auditor was provided copies of documentation of unannounced rounds from different dates in the institution including different housing units in the OAS. The Auditor interviewed housing officers, control officers, and supervisory staff to confirm that tours are unannounced, and it is prohibited to alert another post of the tours. The Agency policy also requires the facility administration to tour the facility weekly to make observation. "The Facility Head or designee, and designated department heads are to visit the institution's living and activity areas at least weekly to encourage informal contact with staff and offenders and to informally observe living and working conditions" Observation during the tour support these round occur regularly as offenders knew administrators by name.

Compliance Determination:

The Auditor determined the Sanford Correctional Center meets the requirements of this standard. Initially the Auditor did not have a narrative document in the file that described what was needed to come into compliance with the standard. The Auditor reviewed the elements with the Warden and the PCM and confirmed with the PREA Office that the document did exist. Discussions with the Warden confirmed her review process after any critical event no just PREA events. As an example, she shared that additional monitoring technology has been added to cut down on contraband being tossed into the facility. NCDPS policy F .1600 Management of Security Post (page 2) outlines the agency's expectation for staffing plans in language consistent with the standard. The Auditor concluded the facility has an adequate staffing plan to protect offenders from sexual abuse. The Auditor reviewed NCDPS policies, post orders, the facility Staffing Plan, Supervisory Rounds, Duty Rosters, annual staffing plan review. The Auditor confirmed compliance through observations on tour, and interviews conducted with staff and offenders, and the Auditor sampling of additional log entries on supervisory rounds. The facility has been able to hire to fill vacant positions and has maintained its minimums reportedly despite the COVID -19 pandemic. The Auditor's interviews with the Warden, PREA Compliance Manager, and PREA Coordinator confirmed a process is in place to communicate when an identified need is recognized.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed. Sanford Pre-Audit Questionnaire F3400 Offender Sexual Abuse and Sexual Harassment Policy Facility Population report</p> <p>Individuals interviewed/ observations. Interview with PREA Compliance Manger Interview with Random staff Observation of Population on tour</p> <p>Summary Determination Indicator a) There are no Youthful Offenders housed at Sanford Correctional Center (SCC). There have been no youthful offenders in the past three years. Indicator b) There are no Youthful Offenders housed at Sanford Correctional Center. Indicator c) There are no Youthful Offenders housed at Sanford Correctional Center.</p> <p>Compliance Determination: The North Carolina Department of Public Safety has a policy F3400 Offender Sexual Abuse and Sexual Harassment Policy that addresses this standard's requirements. Though Youthful Offenders are not housed at Sanford Correctional Center, the agency has policy language defining sight and sound separation requirements in the housing of Youthful Offenders from adult prisoners, if this was ever to change. The Policy states, "A youthful offender shall not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, the facility shall either maintain sight and sound separation between youthful offenders and adult offenders or provide direct staff supervision when youthful offenders and adult offenders have sight, sound, or physical contact. The agency shall make the best efforts to avoid placing youthful offenders in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful offenders daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful offenders shall also have access to other programs and work opportunities to the extent possible" Absent a Youthful Offender the Auditor could only rely on policy language in determining compliance. The Auditor reviewed the population report and observed it on tour to ensure no youthful offenders were in the current population. The Auditor confirmed with custody staff and healthcare staff that there are no youthful offenders held at SCC.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed. Sanford Pre-Audit Questionnaire NCDPS Policy F.0100 Searches NCDPS Policy F.1600 Management of Security Post NCDPS Policy F.4300 Evaluation and Management of Transgender Offenders NCDPS Policy AD II-8 Forensic Exam (body cavity searches) Post Orders Safe search training materials Cross gender Announcement and Acknowledgment form NCDPS Memo on Cross gender Searches NCDPS PREA Coordinator memo on Campaign of Awareness</p> <p>Individuals interviewed/ observations. Interview with Warden Interview with Random Staff Interview with Random Offenders</p> <p>Summary Determination Indicator a). Sanford Correctional Center is an all-male facility. As such there is gender specific post to search all inmates returning to the facility from work assignments. in the community. The North Carolina PREA Office began early on in PREA, a campaign of Awareness on Searches. The agency has staff sign an acknowledgment on prohibitions of cross genders searches, sets forth the requirements to limit cross gender viewing and searches. A memo was produced by the PREA Office called 'Cross Gender Announcement' but addressed several indicators in this standard. The agency training materials on searches also show staff are trained consistently with the standard expectations. The Agency and Facility has a policy in place directing staff on expectations consistent with the standard. Agency search policy F.0100 Operational Searches states, "Offenders housed at male facilities will be strip searched by a male Correctional Officer, except in exigent circumstances as determined by the shift supervisor. In such cases, the staff conducting the search will thereafter submit a statement by witness form, explaining the exigent circumstances that justified the search exception. A supervisor will be responsible for completing an Incident Report."</p> <p>There have been not reported incidents of cross gender strip or body cavity searches at SCC in the past 12 months. Female staff interviewed deny ever completing a strip search. Page 4 of Policy .0404 Operational Searches affirms that body cavity searches may only be performed by medical staff with the Warden's approval. NCDPS policy AD II-8 addresses for medical staff when a body cavity search can occur in "life threatening situations." Random staff confirms that no cross-gender strip or body cavity searches have occurred, and they were aware that they could only happen in emergency circumstances with supervisory approval. Random offenders also confirmed they are not required to be naked in front of the female staff for strip searches.</p> <p>Indicator b). The Sanford Correctional Center does not house female offenders as such, the elements considered in this indicator are not applicable. The Auditor did review NCDPS policy which has language in place to meet the indicator if the facility ever became a co-correctional setting.</p> <p>Indicator c). As noted in indicator (a), a policy in place requires documentation of the exigent circumstance that would require a cross gender strip or body cavity search. Supporting this indicator is the fact that random staff interviewed knew of the prohibition and the requirement to document the reason for the policy deviation. There are no female offenders at SCC so the second factor in this indicator does not apply. Medical staff confirm they do not perform a body cavity search except in exigent circumstances. There was no exigent circumstance in the past 12 month requiring medical staff to perform a body cavity search onsite at SCC or at a local hospital.</p> <p>Indicator d). The Auditor confirmed, through the random interviews with staff and offenders, the practices of cross gender announcements. Offenders say they may not always hear the notice because of the volume at times in the unit. The Sanford Correctional Center is comprised of dormitories with rows of bunk beds, Inmates only are allowed to change in the bathroom area. During the tour, the Auditor saw a staff announcement made by the officer in the unit. The offenders raised questions on the bathroom situation conditions, including showering and toileting. The Offenders confirmed the female staff do not enter the bathroom area when completing tours while residents are toileting or showering. A review of the investigation files show that allegation of staff observing the resident during bathroom use. Though the cameras reviews did not support the validity of the claims the bathrooms in all units are old and small. The facility needed to come up with a solution for the A/B unit where one toilet allowed for direct observation from the doorway. The bathrooms are spaces where offenders try to congregate for negative activities as it is the least visible space in the unit. Consistent with 115.42 (f) transgender or intersex offenders at Sanford CC would be allowed to shower at a separate time from the rest of the population.</p>

Indicator e) Page 2 of Policy .0405 Searches addresses the requirements of this indicator. The policy requires that Transgender individuals will not be strip-searched to determine one's genital status. The policy requires that if unknown, the determination is made through interviews with the offender or as part of a physical exam conducted by a medical practitioner. The Sanford Correctional Center would reportedly become aware of an inmate genital through information from the NCDPS intake facility. Sanford does not take direct admissions. There were no transgender offenders to interview to see if they perceived strip search had been done to determine genital status. There also have been no transgender individuals in the past three years at Sanford Correctional Center. Random staff interviews confirm the training on searches included the use of the back or edge of the hand when completing a cross gender pat search. They were able to describe the search process including respectful communication and awareness of potential trauma histories. The Auditor spoke with the Sergeant who was overseeing the admission process of new offenders. He reports if he had any knowledge or suspicion an individual may be transgender or intersex they would ensure the individual is processed separate from other admissions

Compliance Determination:

The Auditor confirmed through the interview process that staff had been appropriately trained to conduct cross gender searches, respectful searches of transgender individuals, and make opposite gender announcements when entering offender living units. Offender interviews confirmed the ability to shower, change clothing, and use the restroom without a nonmedical staff of the opposite gender seeing them do so. Offenders confirmed that female officers announce their presence. The Auditor reviewed the agency's policies and procedures, training documents, made observations during the tour, and interviewed staff and offenders in determining compliance with this standard. Absent a current transgender individual, the Auditor could not ask anyone about searches or accommodations being provided and had to base consideration on policy and staff understanding how they would plan to protect individuals' privacy. The Auditor was also provided photo evidence to support that a solution was provided to improve offender privacy in the A/B bathroom. The PREA Coordinator confirmed that staff have been directed to announce themselves before opening the curtain to complete their required rounds.

115.16 Inmates with disabilities and inmates who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Sanford Pre-Audit Questionnaire

PREA Brochure in English and Spanish

Policy F .3400 Offender Sexual Abuse and Sexual Harassment Policy

Sanford SOP Policy B.4600 Offender Sexual Abuse and Sexual Harassment Policy

Policy E.2600 Reasonable Accommodations for individuals with Disabilities

HS Policy TX VII -1 Care and Treatment of Patients with Disabilities (developmental)

HS Policy TX VII-2 Care and Treatment of Patients with Disabilities (Physical mental or cognitive)

Policy AD IV-6 Access to Foreign Language Translation

Policy P.0400 Non-English-Speaking Offender Program

Offender Intake and PREA education acknowledgment (English and Spanish)

Contract with Language Resource Center

Website of Language Resource Center

Individuals interviewed/ observations made.

Interviews with Staff

Interviews with Offenders

Observations of PREA Information posted in multiple languages

Summary Determination

Indicator (a). Sanford Correctional Center has services in place to ensure disabled and Limited English Proficient Offenders have the appropriate understanding and access to services described in this standard. Policy F. 3400 requires in education of offenders that, "Appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels." The policy ensures equal access to the facility's efforts to protect, detect, and respond to incidents of sexual abuse and sexual harassment. The NCDPS has additional policies in place to acknowledge the protections afforded under the Americans with Disabilities Act. Policy E .2600 supports the federal law on offender rights under the Americans with Disabilities Act. As a work camp individuals individual with serious impairments might not be appropriate for a SCC placement. As a result, the facility had limited individuals with disabilities. The intake and case management staff interviewed were able to discuss how they would work with offenders on an individual basis to ensure a full understanding of how to protect themselves at SCC and how to report any concerns. NCDPS have ADA Coordinators at each facility, these individuals receive specific training on working with disabled individuals.

Indicator b). Policy P. 0400 Non-English-Speaking Offender Program states, "It is the policy of Prisons that non-English speaking offenders receive the same primary services provided all other offenders confined within Prisons, and that each non-English speaking offender be given similar opportunities in assignments, promotional opportunities, case management/correctional counseling, and other services, whenever possible." The policy goes on to state, "Prisons recognize the special needs that all non-English speaking offenders encounter during their period of confinement. It is the purpose of this policy that each offender is given the opportunity to receive services based on these needs and to help offenders understand requirements and expectations while they are in prison." The Sanford Correctional Center provided information on a North Carolina interpretive service, Language Resource Center. A review of Language Resource Centers website show that they can provide interpretive services in over two hundred languages/dialects and the service is available

24 hours per day, every day of the year. The Auditor did not need the use of the service to complete interviews as there were no language barriers in the current population. The Auditor confirmed documentation on PREA was available in Spanish the second most used language in the facility. The Auditor was also provided copies of the offender orientation acknowledgment form and the PREA brochure in Spanish. The Auditor also observed PREA information in Spanish posted in each housing unit. The Auditor asked that the information on outside reporting be also translated into Spanish which was provided during the post audit period. Intake, medical, and mental health staff were aware of the access to interpretive services. Random Correctional Officers reported they could access the service through a supervisor if needed. The issue is covered in Health Service Policy AD IV-6 Access to Translation services which also states, "Foreign language interpreters will be available 24 hours a day, 7 days a week." The NCDPS also has policies on equitable access for other disabled individuals, cognitive disabilities as well as Physical disabilities. These policies require specialized case management plans to aid in the offenders understanding of rules and rights including PREA. The Auditor recommended some additional Spanish signs be added in units where they were missing, though as a whole most units had the information in both languages.

Indicator c). Random staff interviewed knew it was inappropriate to use one offender to interpret for another. Staff knew it could only be done in the most extreme situations where failing to act may jeopardize safety or health of an offender. The agency policy E .1800 describes the NCDPS has units for non-English speaking offenders within its system and will provide specialized case managers in situations where offenders are ESL. This would mean that after an offender completes their initial assessment at a NCDPS intake facility then they would be transferred to a facility identified to work with offenders with language barriers. Sanford Correctional Center is not an identified ESL facility. Policy states "The Director of Prisons will designate certain facilities to be housing locations for those offenders unable to speak or understand English. All non-English speaking offenders are assigned to these facilities unless the designated facilities cannot satisfy the security, treatment or other needs of the non-English speaking offender. Classification action will document the reasons for the assignment to an alternate facility if the non-English speaking offender is transferred from the designated facility." Sanford had no individuals who could not speak English. The Auditor did not need the aid of interpretive services to interview offenders.

Compliance Determination:

The State PREA Coordinator oversees all documents provided to offenders in NCDPS correctional facilities regarding PREA. The Auditor was able to see the documentation in English and Spanish the two most common languages in the North Carolina DPS population. The Auditor was also able to confirm steps to be taken by intake staff to ensure comprehension of the offender's rights regarding PREA and how to report a concern. This included steps to individually work with offenders with disabilities that might impair understanding or those who would need the aid of translation services. The Auditor also confirmed with individuals, with a variety of disabilities, on their ability to receive support if they did not understand PREA or the agency's efforts. None of these individuals were blind or deaf, some had hearing loss and health disabilities. The Auditor also tried to identify Hispanic and Asian individuals for interviews to ensure there were no LEP inmates. Offender's support there is staff available to assist individuals who have comprehension issues. Given the policy provided, the contracts in place, the staff and offender knowledge of accessing services, and the statewide support, the Auditor finds the standard expectations are being met. The Facility is hoping to implement tablets for offender into the facility which will provide additional levels of increased access to those with disabilities and those with language barriers.

115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed. Sanford Pre-Audit Questionnaire</p> <p>Form F-5A Application for certification NCDPS applications forms/screens from DPS website NCDPS Policy F. 0604 Community Volunteers Program HR 004 Criminal History/Background checks HR 013 DPS Employment Statements HR 005 Application Verification HR 015 Prior Service 11 files of current staff, 0 contractors and 0 volunteers NCDPS New Employee Manual NCDPS NCDPS Website PowerPoint</p> <p>HiringProcessSlidesFeb27.ppt (live.com)</p> <p>Individuals interviewed/ observations made. Interview with Human Resource Staff Interview with Agency PREA Coordinator Interview with Warden Review of files with HR staff</p> <p>Summary Determination Indicator (a). NCDPS strictly prohibits employment or contracting the services of individuals who have engaged in or have been convicted of engaging in or attempting to engage in or administratively be adjudicated for sexual assault. The agency utilizes the same language requirements for contracted employees though SCC does not have contracted employees. Interviews with Human Resources staff representative support the process of screening all applicants for employment or contracted and volunteer services at the Sanford Correctional Center. Any approved volunteer undergoes the same screening process and the same acknowledgment form. The HR person described a multi-level process of screening between the facility and the NCDPS regional office before an applicant can be offered a position. The Auditor reviewed the online employment application process which requires potential candidates to confirm that they have not engaged in any form of the sexual misconduct described in indicator (a). The application includes inquiries into prior sexual assault in a prison or jail, any attempt to engage in sexual activity by force in the community or through coercion or engagement with an individual who could not consent. The Auditor confirmed the questions are asked at the time of hire and promotional periods. In determining compliance, the Auditor reviewed 11 files, including 3 hired in the last year out of the staff compliment of 58. The NCDPS has had the PREA questions as part of the employment applications since 2013. The Auditor was able to see in the HR files reviewed where the questions were asked of employees at hire and promotion. Employees who were hired prior to PREA have all signed employment statements which confirm they have not engaged in the activities described in indicator (a). Discussions with facility and agency leadership confirms individuals with prior histories described in this indicator would be prohibited from employment or contact with the offender population at a NCDPS facility. NCDPS has a list of prohibited offences for hiring. The Auditor also found the PREA language in the New Employee handbook which states, "NCDPS is prohibited from hiring and promoting persons who may have contact with offenders or juveniles under its supervision. If you have ever engaged in:</p> <ol style="list-style-type: none"> Sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse, or Administratively adjudicated to have engaged in the activities described, you MUST report this to your supervisor immediately. <p>Failure to report may result in disciplinary action up to and including dismissal and may result in criminal charges against the employee"</p> <p>Indicator (b). The Sanford Correctional Center prohibits the employment or contracting of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff person that the NCDPS does perform the criminal background checks and prior employment checks on all staff, contractors, and volunteers. The HR staff person confirmed that there are measures in place to review current employee's prior disciplinary history before promotional opportunities would be offered. The Auditor reviewed the online application process. NCDPS Community Volunteer Program</p>

policy (E.3400) states, 'A criminal background investigation shall be conducted on all volunteers providing services on a regular basis and a DCI check may be requested on any one-time volunteer at the discretion of the Facility Head. Volunteer applications shall include a DCI Record Request Verification form signed by the applicant and the Community Volunteer Coordinator. The criminal background investigation shall be completed before an identification card is issued. Investigation results shall be destroyed after review and acceptance. the requirement of criminal background checks and clarifies that individuals with sex offence histories are prohibited.' The Auditor also was unable to meet with any volunteers as the COVID Pandemic has limited access to many outside groups. Blue cards (Volunteer IDs) are renewed annually to aid staff in what approved volunteers are permitted to have access. The Human Resource staff confirmed that all individuals who are recommended for hire or promotion who have potential concerning issues in their work or personal history would be brought to the Warden's attention before any offer of a position in the institution. Because potential promotional appointments may come from other NCDPS facilities, this process would include reviews at both the agency and facility level. The NCDPS prescreening process for its employees and contractors seeks to find information on criminal offenses. The agency reaches out to former employers to review if to determine if they disciplined or investigated for sexual misconduct. Employees spoken with both support they are subjected to both criminal and prior employment inquiries.

Indicator (c). The North Carolina Department of Public Safety completes criminal background checks on all employees. Pre-Employment background investigations are required by North Carolina law prior to hiring. This includes the following: employment history checks, criminal history checks, driver's license and the National Sex Offender Registry screenings. These checks are completed prior to hiring new employees who may have contact with Offenders. In discussions with the Human Resources representative, these are consistently done during pre-employment and at the required 5-year intervals in indicator (e). The check includes a criminal background check and prior institutional checks. The Human Resources staff confirmed the background checks are initially completed before an application is forwarded for consideration, at which time the background check is again completed. NCDPS agency procedures that all employees undergo a criminal background check. the process for hiring all individuals in covered in a PowerPoint (HiringProcessSlidesFeb27.ppt (live.com)).The Human Resources staff confirmed the process and was able to show the Auditor examples of criminal background documents. The Auditor randomly selected 11 files of the current and existing employees to confirm that background information had been obtained.

Indicator (d). NCDPS as stated in Indicator (a) completes criminal background checks on all contracted employees and any approved volunteers. Due in part to the COVID-19 pandemic Sanford Correctional Center currently does not have any volunteers allowed on site in the past year. Sanford Correctional Center does not have any contracted staff.

Indicator (e). Discussions with the Human resources staff support that staff have criminal background checks at the time of hire and at least every 5 years thereafter. The Auditor received verification on the sample checks consistent that at least one check had occurred in the last 5 years on all sampled employees employed more than 5 years. The Human Resources staff confirmed the process is done and how if new charges were found, the steps taken to notify the Warden. The Auditor also found on the NCDPS Employee Statement form that all employees are notified at the time of hire that the "Department has the right to conduct random criminal background checks to ensure compliance with these federal standards."

Indicator (f). As noted in Indicator (a), all SCC employees are asked to complete the Employee Application, including questions required in indicator a). The employees, after hire, also complete a series of forms, including a DPS Employment Verification and a DPS Employment Statement. In both documents the NCDPS has required the individual to confirm they have not engaged in any of the described activities listed in indicator (a). Staff is asked the aforementioned questions as well as create a continuing responsibility to disclose such misconduct. The form sets forth a continuing affirmative duty to disclose any such misconduct. All employees confirm by signature the requirement to report any violation of the prohibited acts described in indicator (a) within 24 hours of occurrence. The Auditor was also provided with a policy document that cover disqualifying charges that would prevent employment.

Indicator (g). All Sanford Correctional Center employees must disclose all misconduct allegations, and any material omission or false information regarding misconduct will be grounds for termination. The agency Employee Applicant form explains the failure to report criminal charges and convictions may be subject to termination. The Auditor reviewed information from background checks and confirmed that no individuals had been disciplined or terminated in the past year for falsification of information related to past sexual misconduct or criminal behaviors. Form F-5A Application for Certification has the employee sign the following statement at the time of hire, the statement tells the employee that the condition exists throughout their employment with NCDPS. "I acknowledge that any omission, falsification, or misrepresentation of information or procedures, by either the candidate or this Agency, throughout the employment and/or certification process may result in certification being denied, suspended or revoked by the Commission at any time, now or later, and may result in sanctions against this Agency.

Indicator (h). The NCDPS allows for the agency, with proper releases of information, to disclose to other institutions any PREA related concerns. Interviews with Human Resources representative confirmed they make requests of both internal and

outside employers when hiring, The Auditor was provided with recent examples of the request made or received and the facility's response. There were no instances where the facility received a request for information on a prior SCC employee in the past year.

Compliance Determination:

The North Carolina Department of Public Safety has a policy in place to address the requirements of the standard, including the completion of background checks and pre-employment screening that supports the agency's efforts to screen out predatory candidates from employment. The Auditor interviewed the Human Resources staff and reviewed staff records. The agency has all staff and volunteers undergo criminal background checks. The Human Resource staff reports she works closely with facility leadership to ensure the line of communication is maintained. The NCDPS has implemented forms in place to document staff understand the requirements related to the various indicators in this standard. The Auditor was able to go online to see the employment application process, a PowerPoint on hiring in NCDPS and the employee handbook. The Auditor was also able to review information from a total of 11 files of current staff and contractors. Interviews with the Human Resource staff and PREA Coordinator further confirmed the process in place to ensure individuals who have engaged in sexual misconduct are not employed at Sanford Correctional Center. They will share information on sexual misconduct by a former employee to prevent their ability to get a job at another correctional institution if that facility requests information. As outlined above, there were several factors used by the Auditor in determining compliance.

115.18	Upgrades to facilities and technologies
	<p data-bbox="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 304 571 331">Sanford Pre-Audit Questionnaire</p> <p data-bbox="493 336 873 362">Policy A.0100 Organization of Prisons</p> <p data-bbox="778 367 1220 394">Policy F.1600 Management of Security Post</p> <p data-bbox="242 430 679 456">Individuals interviewed/ observations made.</p> <p data-bbox="242 461 467 488">Interview with Warden</p> <p data-bbox="242 555 488 582">Summary Determination</p> <p data-bbox="242 586 1465 913">Indicator a). There has been no construction or modifications to the Sanford Correctional Center areas in the past three years. Two divisional policies (A.0100 Organizations of Prisons, Policy F.1600 Management of Security Post) commits the agency to ensure the safety and humane environment for staff and offenders. The Auditor was able to discuss with the Warden and The PREA Compliance Manager how PREA safety concerns are addressed. The Warden described how if safety issues arise, those issues are tackled and the communication between the facility level and the North Carolina DPS regional and central offices will occur as needs. All PREA incidents reviews are sent to the Regional Director of DPS so if physical plant issues are identified they can be addressed. The open floor plan of the SCC results inmates using the bathroom areas as a way to gather outside of staff direct visual supervision. The four of the six allegations related to PREA reviewed by the auditor occurred in the bathroom. The facility also investigates contraband use (smoking) in these same areas.</p> <p data-bbox="242 945 1481 1070">Indicator b). The SCC has added video monitoring technology since the last PREA Audit. The facility currently has added 64 video surveillance cameras and DVR in the past year. In addition to camera inside the perimeter the facility has exterior cameras to capture any attempts of others to throw contraband into the complex. The Warden pointed out on the tour where she has added cameras and other point where she might consider additions.</p> <p data-bbox="242 1137 515 1164">Compliance Determination:</p> <p data-bbox="242 1169 1493 1532">Agency policy and interviews support the North Carolina Department of Public Safety in placing a system to consider offender sexual safety in designing new spaces, modifying existing spaces, or adding monitoring technology. Agency policy A .0100 Organization of Prisons states in the section on new construction that, "The size of management units within facilities are based on the security classification of the offenders assigned and the ability of staff to complete regular security checks, maintain visual and auditory contact, maintain personal contact and interaction with offenders, and remain aware of unit conditions." Interviews with a representative for the Agency Head were completed as part of the agency Audit. The interview further supports the agency considers how physical plant modifications and the addition of monitoring technology can improve safety in North Carolina DPS facilities. The Auditor considered the policies, interviews with the Warden, PREA Coordinator, and PREA Compliance Manager in determining compliance. The interviews supported that there are avenues of communication between facility and agency administration to ensure appropriate resources can be applied to resolve identified concerns.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed. Sanford Pre-Audit Questionnaire NCDPS Policy F .3400, Offender Sexual Abuse and Sexual Harassment NCDPS Health Services Policy CP-18 Clinical Practice NCDPS Memorandum to Local Law Enforcement Agencies and Sheriff's, PREA Investigations and Compliance, Haven of Lee County Website Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols NC General Statutes 114-12 State Bureau of Investigations Powers and Duties Memo on efforts to build relationship with Haven Policy OPA-I21, PREA Evidence Chain of Custody form NCDPS, PREA Support Person Role and Responsibilities Document NCDPS, Form OPA-A18, Designation of PREA Support Person Memo</p> <p>Individuals interviewed/ observations made. Interview with PREA Compliance Manger Interview with Random staff Interview with SANE/SAFE Interviews with Medical and Mental Health staff Interview with Rape Crisis agency staff Interview with trained investigator</p> <p>Summary Determination Indicator a). NCDPS and Policy F .3400, Offender Sexual Abuse and Sexual Harassment set forth the requirement that all allegations of sexual abuse be investigated, and that the investigation will be completed using a uniform practice. The Sanford Correctional Center does not complete criminal investigations at SCC but has a relationship with the Sanford Police Department with whom they would coordinate of investigations. Administrative investigations at Sanford Correctional Center will utilize trained staff (a trained Sergeant). The PREA Compliance Manager (Associate Warden) who is also a trained PREA Investigator, confirms the training provided to all DPS investigators ensure a consistent approach to ensure the likelihood of obtaining physical evidence. Random staff were able to describe in a first responder situation the steps to protect evidence until it can be properly obtained by the investigator be it criminal or administrative. The Auditor reviewed the NC Department of Administration's Sexual Assault Program and other state website and spoke with Hospital staff. In addition, the police confirmed the efforts to ensure proper collection of evidence. Indicator b). SCC will only complete administrative investigations but has trained all staff in ways to preserve evidence until trained criminal investigators arrive. The Auditor confirmed with the Central Carolina Hospital representative on the protocol used for Sexual Assault Examinations. The Hospital staff confirm they use the protocols consistent with the National Protocol for Medical Forensic Exams. The Auditor also spoke with a representative of the state's Board of Nursing who oversees the certification of SANE nurses. The representative confirmed the availability of SANE Nurses at Central Carolina Hospital. There are no youthful adults held at SCC. The NCDPS has a juvenile facility in the area responsible for holding this population. The Auditor also reviewed Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols and a well as reports from the state crime lab of evidence kit collection. The Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols was developed with funding from US DOJ Violence Against Women Act. The undated protocol the Auditor reviewed references the 2013 A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents: 2nd edition. A review of the document show support for a victim-based approach. The document provides guidance on communication with victims, evidence for law enforcement to consider at the crime scene, and it provides direction to medical staff on considerations and promotes the use of forensically trained nurses. The state's coalition against sexual violence (NCCASA) was active in the production of the protocol. NCCASA also has a series of training video of victims' advocates on PREA including ones developed in conjunction with Just Detention International. Indicator c). All victims of sexual abuse at Sanford Correctional Center would be taken to Central Carolina Hospital in Sanford. approximately 3 miles away. Interview with hospital staff confirmed the staff includes trained nurses in completing forensic examinations of sexual abuse victims. The Auditor confirmed that there is no cost for sexual assault exams. State statutes show the state's obligation to paid for examinations since 2009. Funds are provided through the North Carolina Crime Victims Compensation Fund. As noted in indicator b) the state's Nursing Board confirmed the availability of Sexual Assault Nurse Examiners. NCDPS Health Services policy CP-18 (page 4) also states there is no cost for any treatment of sexual abuse cases.</p>

Indicator d) The Auditor was able to confirm that Haven of Lee County, the local rape crisis agency would be able to provide services to victims of sexual abuse at Sanford Correctional Center and at the Central Carolina Hospital. Haven's representative and a review of the agency website confirms that it is Lee County's primary source of support for victims of sexual and domestic abuse. The Auditor confirms that advocates are trained in supporting individuals through forensic exams and investigatory interviews. The Auditor realized during the post audit period there was no current signed Memorandum of Understanding with Haven and required the parties to provide documentation of the status of the relationship. Visitation by outside organizations has been limited due to the COVID-19 crisis but it has been confirmed that Haven staff would be considered professional visiting status and provided a level of privacy when meeting with a client. The NC DPS trains volunteer staff members to act as PREA Support Persons (PSP) though not trained in accompaniment for forensic exam they become a "go to" person in the staff who could help facilitate services with Haven. The Haven representative confirmed that victim offenders would be offered referrals if they are transitioning home to a area outside of Haven's catchment area.

Indicator e). NC DPS policy F .3400 addresses the requirements of this indicator. Interview with SANE nurses at CCH, the representative of Haven and the facility PREA Compliance Manager confirms the ability to support the offender during an exam, a criminal investigation interview, or to provide ongoing support to victims. Interview with the Investigator confirms that a rape crisis support advocate is routinely offered to victims. NCDPS has also created a position called a PREA Support Person (PSP). The PSP is a voluntary position that staff, with an interest working with victims, can provide various levels of support to victim. The PSP will monitor offenders from retaliation and as one of their duties is to encourage the client to become involved with the local rape crisis agency. PSP get additional training on working with victims The Auditor confirmed the ability of Haven staff supporting victims at forensic exams or investigative interviews. The representative of Haven confirmed that services would include a referral if the victim was leaving SCC to another part of the state.

Indicator f). Sanford Correctional Center has a working relationship with the Sanford Police Department. Both agencies have trained individuals who would be responsible for completing criminal investigations at SCC. Discussions with a representative of the Sanford Police Department confirms their ability to complete criminal investigations at SCC. The police are required to process the scene and collect evidence consistent with the state's Crime Victims rights Act. (15A-830.5) The Auditor confirmed with the facility investigator how lines of communication with the local PD would be maintained through an investigative process. The investigations of sexual harassment did not rise to criminal acts so there were no files to review. SCC would make sure the victim is brought to a hospital with SAFE/SANE services in an active case while the police would be provided full access to the institution and its resources to collect evidence.

Indicator g). The Auditor is not required to audit this provision.

Indicator h). The indicator is NA. The Sanford Correctional Center is in the process of entering into a MOU with Haven of Lee County to provide support to victims of sexual misconduct at SCC.

Compliance Determination:

The Auditor finds that the standard is compliant. The facility has been working to resolve the MOU and build a relationship with the local rape crisis agency Haven of Lee County during the corrective action period. The facility provides offender victims access to Sexual Assault Nurse Examiner at no cost at the Sanford Correctional Center. The Auditor reviewed the agency's policies and procedures, discussed effort to obtain a Memorandum of Understanding with the local RCC, investigative reports, Hospital staff's confirmation of SANE services. The Auditor interviewed the SCC Investigator, the local hospital staff, state agency representatives and Haven staff, to determine if the facility meets the requirements of this standard. The Auditor also considered the NCDPS memo to sheriffs and police departments that provided guidance on investigation requirements to include those 'promulgated by the US DOJ in the PREA Final Rule Document'.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.
Sanford Pre-Audit Questionnaire
Policy F .3400 Offender Sexual Abuse and Sexual Harassment Policy
NCDPS Agency Website
Investigative Reports of Sexual Abuse and Sexual Harassment Allegations
Website Information about Central Carolina Hospital.

Individuals interviewed/ observations.

Interview with Warden
Interview with Investigators
Interview with Hospital staff

Summary determination.

Indicator a). The Auditor was provided with information on all sexual assault and sexual harassment claims made in the past year. Policy F .3400 Offender Sexual Abuse and Sexual Harassment Policy (page 25) requires "Investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." The Sanford Correctional Center has investigated 6 allegations in the past year but none of them were criminal. The investigations reviewed by the Auditor all were initiated reports by offenders to staff, most were verbal statements to staff and one was a written complaint. Interviews with the PREA Compliance Manager and the Warden confirmed the expectation that all allegations be thoroughly investigated. The Warden discussed how she expects her staff to support the criminal investigation by the local authorities. There were no cases in the past year which the allegation resulted in a criminal case of sexual abuse. The Auditor Also spoke with the facility Investigator on her past experience working with the Sanford Police on other non PREA investigations.

Indicator b). NCDPS has in place policy language that describes the process to ensure individuals with legal authority investigate criminal acts at Sanford CC. Page 18 of Policy F.3400 set forth the requirement of notifications to the facility investigator who in turn is responsible for notifying local law enforcement agencies if there is a criminal act. Page 25-26 of Policy F .3400 Offender Sexual Abuse and Sexual Harassment Policy sets forth the obligation that all cases of sexual assault and sexual harassment be investigated and outlines procedures to be followed. The Sanford Police Department shall be responsible for criminal investigations in matters relating to sexual abuse. The Sanford Police Department has the powers of arrest and authority to investigate crime in the facility including the ability to continue the investigation even if the alleged perpetrator or victim has left employment or custody of the institution. The Auditor also reviewed a memo from the NCDPS to local law enforcement agencies about PREA and investigating crimes in the state's institutions.

Indicator c). The Sanford Correctional Center would only be responsible for administrative investigations. Policy F.3400 outlines the expectation of correctional staff to protect evidence and states "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." The policy goes on to state the need to collaborate to ensure administrative investigations do not hinder the criminal case. The Sanford NC Police Department would be responsible for Criminal Investigations at SCC. As noted in standard 115.21 the NCDPS commissioner provided guidance in 2016 on the expectation of criminal investigators at any adult or juvenile facility under their control. All DPS policies for adult corrections are readily available online.

Indicator d). N/A - The Auditor is not required to review this provision.

Indicator e). N/A - The Auditor is not required to review this provision.

Compliance Determination: The documents reviewed by the Auditor confirm the relationship with local law enforcement authorities to investigate sexual abuse and criminal sexual harassment allegations. The Commissioner of DPS has provided guidance that investigations at NCDPS Adult and Juvenile facilities should be done consistent with the federal guidelines for the Prison Rape Elimination Act. There were no current residents at the facility who were the victims of a previous sexual assault case. The facility provided prior case reports for the Auditor to review including sexual harassment. The results of 6 sexual harassment allegations included unsubstantiated, unfounded cases and cases that were determined after initial inquiry to not be PREA complaints. The Auditor also took into consideration interviews with the investigator and the Warden to confirm all allegations of sexual assault and sexual harassment are investigated.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Sanford Pre-Audit Report</p> <p>NCDPS Policy F. 3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>NCDPS Policy A .0900 Employee Training</p> <p>PREA Sexual Abuse / Harassment 101 training materials</p> <p>SCC Staff training records</p> <p>NCDPS PREA Office website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Compliance Manager</p> <p>Random Staff</p> <p>Informal interaction with staff on tour</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina Department of Public Safety PREA policy F.3400 includes the zero tolerance toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill their responsibilities for prevention, detection, reporting, and response. This policy states the required content consistent with the indicator. "Sexual Abuse and Harassment 101 training that addresses the following:</p> <p>(A) The agencies standard of zero-tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders.</p> <p>(B) Employees' responsibilities when responding to sexual abuse and harassment;</p> <p>(C) Offenders' right to be free from sexual abuse and sexual harassment;</p> <p>(D) Offenders' and employees' right to be free from retaliation for reporting sexual abuse and harassment;</p> <p>(E) The dynamics of sexual abuse and sexual harassment in confinement;</p> <p>(F) Common reactions of sexual abuse and sexual harassment victims;</p> <p>(G) Detect and respond to signs of threatened and actual sexual abuse;</p> <p>(H) How to avoid inappropriate relationships with offenders;</p> <p>(I) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders;</p> <p>(J) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;</p> <p>(K) Relevant laws regarding age of consent;</p> <p>(L) Unique attributes of working with males and/or females in confinement/supervision"</p> <p>The Auditor conducted random staff interviews during which the staff described the training elements and items they learned. All staff were able to describe some aspects of how they promote a zero-tolerance and PREA safe environment. Staff described in their day-to-day job how they prevent, detect, and are prepared to respond to incidents of sexual misconduct.</p> <p>The Auditor reviewed the PREA Lesson Plan provided by the PREA Compliance Manager and the materials indicate the</p>

discussion regarding the zero-tolerance standard. The Agency wide policy A .0900 Employee Training, also sets forth the requirement of training on the Prison Rape Elimination Act. The PREA Compliance Manager supplied training rosters to the Auditor as evidence all staff have been trained. The Auditor confirmed these through a review of individual file documentations. Staff interviews both formal and informal confirmed that PREA training occurs as well as the staff's ability to retain the information.

Indicator (b) The training materials are developed for statewide use, as such its curriculum addresses working with male and female victims of abuse. Sanford Correctional Center which is an all-male environment has not had a transfer of any employee who had worked in a female-only environment in this audit cycle. Policy F.3400 (page 6) language reinforces the DPS's expectation of gender-specific training when it requires "Unique attributes of working with males and/or females in confinement/supervision."

Indicator c). The NCDPS trains individuals on an annual basis in PREA. Training records confirm information received through random staff interviews and informal questions the Auditor asked of staff during the tour. As noted, COVID-19 has resulted in more online education, but staff report they receive additional materials in staff meeting and roll calls. The NCDPS PREA Office has produced different handouts that are meant to keep staff focused on key aspects of PREA and protect against undo familiarity. Documents like the Daily Dozen, Red Flags, PREA Bulletin Board, Watch your Step, and the PREA Awareness brochure provide supplemental materials for SCC staff to review between formal training periods. New employees still receive classroom training at the academy. A review of staff records support additional training is provided on working with the LGBTI offenders and a training on staff boundaries.

Indicator d). The training records reviewed by the Auditor confirmed that staff signs an acknowledgment form that they understand the content of the training. The Auditor also was provided with each employee's test. The PREA Compliance Manager reports that all employees must receive a 100% score or must retake the questions the employee got wrong. This is done to ensure a full understanding of the staff expectations in promoting a zero-tolerance culture and knowing how to prevent, detect, and respond to sexual harassment and sexual abuse claims. The Facility reports 100 % of its 58 staff completed PREA refreshers in the last year including 17 new employees. Staff interviews and the review of HR records support the training occurred.

Compliance Determination:

The Auditor has determined the Sanford Correctional Center has appropriately trained its staff in the areas required in this standard. Facility staff were well educated in the training topics mandated in the standard by being able to give examples to the Auditor's questions related to the 10 required training elements. The Auditor reviewed facility policies and procedures, training curriculums, materials, training rosters, and staff record. The Auditor reviewed 11 current employee training records when onsite. The facility reinforces training more often than the requirements of this standard as it fully trains staff annually plus provided updates and reminders developed by the NCDPS PREA Office. The Auditor determined compliance based on SCC staff's ability to retain the knowledge received from training, training materials, and staff training records.

115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Sanford CC Pre-Audit Report</p> <p>Policy F. 3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>Policy E.3400 Community Volunteer and Community Leave</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with the Warden</p> <p>Summary Determination</p> <p>Indicator (a) Sanford Correctional Center has no Contracted employees and currently has not had volunteers in over a year due to the pandemic. The agency has in place policy language and the Superintendent confirms that her staff will train all volunteers once they are allowed back in the facility. NCDPS PREA policy 3400 explains the process for training volunteers. "Volunteers (with the exception of One-Time volunteers who have no direct contact with offenders), custodial agents, contractors and other persons providing services to offenders: (i) Shall receive the Sexual Abuse and Harassment 101 training as part of initial orientation which addresses: (I) The agencies standard of zero-tolerance of sexual abuse and sexual harassment toward offenders, either by staff, contractors, volunteers, or by offenders; and (II) Applicable methods to report incidents of sexual abuse and sexual harassment. (ii) The application process will not be complete until the volunteer verifies understanding of training by signing the PREA Acknowledgement Form and returning the form to the facility." All new contractors/ volunteers must complete the training to get their 'blue card' (an Identification card for those authorized to enter the facility.)</p> <p>The Auditor also reviewed the agency training program for volunteer which is covered in policy E.3400 which states, "(1) Volunteers will receive at least a 2-hour orientation and training including but not limited to: PREA; a review of relevant Prisons policies, procedures and guidelines; and best practices for volunteering with the inmate population, including "Undue Familiarity Guidelines." Volunteers will also receive the "Volunteers Make a Difference Handbook." Orientation and training for new volunteers will be offered quarterly at a minimum and additionally as necessary. All volunteers shall sign an "Acknowledgement of Volunteer Training and Orientation Form," a copy of which will be maintained by the Community Volunteer Coordinator in the volunteer's file. "</p> <p>Indicator (b) The past 12 months no contractor or volunteers have been approved to enter the Sanford Correctional Center. In a non-COVID 19 period educational opportunities would be available to offender at the facility from a local college as would Self Help groups such as AA and NA.</p> <p>Indicator (c) As noted in Indicator (a) the facility's Community Volunteer Coordinator is responsible to maintain the training records which is an acknowledgement form signed by volunteers after completing a background check and an orientation.</p> <p>Compliance Determination:</p> <p>The Auditor finds Sanford Correctional Center compliant with the standard's expectation. As noted SCC does not have contracted employees and currently does not have volunteers. The Agency has policies in place that direct staff on the required training of volunteers in the rights of Offenders in PREA. Compliance absent any current individuals was based on Policy and interviews with the Warden and the PREA Compliance Manager who were consistent with the policy on the expectation of training volunteers before allowing contact with inmates.</p>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Sanford Pre-Audit Report</p> <p>Policy F. 3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>Sexual Abuse Awareness for the Offender Intake Brochure</p> <p>Offender Orientation Booklet</p> <p>Zero Tolerance Postings</p> <p>Offender PREA Orientation acknowledgement form in two Languages</p> <p>PREA Coordinator Memo on education upon transfer.</p> <p>Ways to Report posters</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Intake Staff Persons</p> <p>Interview with case managers</p> <p>Interview with random Offenders</p> <p>Observation on tour of PREA Signage in two languages</p> <p>Summary Determination</p> <p>Indicator (a) All offenders are provided information about PREA upon admission to Sanford Correctional Center. The clients have often been exposed to PREA through the county jail system or other NCDPS facilities before their admission at SCC. At intake, offenders report being provided a description of PREA, and how to protect themselves, how to report a concern, and what services are available if someone has been a victim. The facility admitted 537 offenders in the last year of which 1005 reportedly received education within the first 30 days at SCC. The admission process was explained to the Auditor during the tour including the information the intake officer goes over routinely related to PREA., the information provided in documents, and the video. The Auditor was not able to observe an intake due to COVID-19 restrictions on admissions but was able to confirm with an offender's they were provided information about PREA. Since all admissions have had PREA orientation at prior NCDPS facilities they are provided a brochure on PREA to keep and have an orientation book that they review at intake and have continued access to in the dorms. The materials do include the facilities zero-tolerance stance toward sexual abuse or sexual harassment.</p> <p>Indicator (b) All offenders at SCC are provided with a review of the facility specific PREA information with their caseworker in the first 48 hours in the facility. This process can be done individually or in a group orientation based on the number of admissions in the week and the individual needs of the new offender. This is then reviewed with the caseworker in the days after the admission. The education includes the Sanford Correctional Center's zero-tolerance toward sexual abuse or sexual harassment. The training curriculum tells offenders how to protect themselves from sexual assault/sexual harassment, how to and why it's important to report a concern, the offenders' rights related to PREA, and their right to be free from retaliation if they make a report. They are given an understanding of steps the facility will take to investigate and support individuals if an incident occurs. Random offenders confirmed education into PREA. Offenders confirm verbally in the interviews they have received education about PREA and how to report a concern. As noted of the 537 admissions admitted the pre-audit tool reported a 100% compliance with the indicator. Random sampling of offender's files and interview with random offender's support compliance. A review of provided and spot-checked files, training documents, and offender interviews support compliance with the indicator.</p>

Indicator (c) All offenders at the SCC have received an education on PREA and how to report any concern. Offender education is documented in the agency's electronic case management system OPUS. All offenders confirmed that PREA was addressed immediately upon transfer from their prior prison. The offenders also confirmed they received PREA education at other NCDPS facilities including their assessment facilities where they also report seeing a PREA Video. There are no offenders who were in the Sanford Correctional Center before the PREA law implementation. Many random offenders reported familiarity of the signage in the units that educate offenders about PREA. Agency Policy F .3400 Transferred Offenders and Receiving Operations (page 4) requires "An offender received from another institution via transfer will be provided a copy of the appropriate Zero Tolerance for Sexual Abuse and Sexual Harassment brochure that includes the Sexual Assault Hotline number". The Intake Officer spoken with confirmed the process for educating all offenders upon transfer, the changes made during COVID-19, and that all residents sign they have been educated. The Auditor also confirmed the education on PREA with the offenders and reviewed the offender records. The Auditor suggested that PREA numbers be placed directly on or near the phones.

Indicator (d) Education materials are available in English and Spanish the most common languages spoken at SCC. As noted previously the nature of the program as a work release environment may impact individuals with language barriers or permanent disabilities being placed at SCC. The minimum-security facility has not experienced a Limited English Proficient offender who needed the use of bilingual educator or interpretive services in the past year. The Auditor identified bilingual offender and offenders with disabilities who supported there are they can go to staff if they need assistance in the comprehension of written or oral PREA education. The assistance is available to any individual who needs assistance including those with physical disabilities, cognitive limitations, or those who cannot read. Many offenders stated that PREA was not a concern, but they knew the information was available. They report they could obtain help from line officers, case managers, the PREA Compliance Manager, or dial one of several posted numbers. The Auditor saw PREA Information in two languages during the tour.

Indicator (e) As noted in indicator (b), The Auditor reviewed 10 files supporting compliance with the documentation of PREA education. Records were reviewed for a random sampling of offenders supporting they have received PREA education. The documentation is recorded in OPUS the NCDPS electronic case management system and in documents the agency has all clients sign at orientation.

Indicator (f) Agency Policy 201 Orientation Procedure and Policy F .3400 define the content area all offenders receive upon admission to a NCDPS facility including PREA. The PREA Office has clarified by memo the expectation of PREA Education upon transfer within NCDPS facilities. Observations throughout the tour support there are materials available to offenders continuously. The information viewed included handbooks, posters, and other signage about PREA or resources such as the local rape crisis agency. The Auditor suggested periodic video refreshers be made available to offenders given the long-term nature of the institution. The Auditor also mentioned the benefit of tablets for additional places information can be provided as well as a more confidential way of reporting if the system has phone and email capabilities.

Compliance Determination

PREA is a term the offenders are familiar with at SCC. The North Carolina Department of Public Safety policy F.3400 Offender Sexual Abuse and Sexual Harassment sets forth (on pages 9-10) the expectation of the timeliness of offender education, manners in which education is delivered, and the requirement for materials for LEP and disabled offender education. Offenders at SCC confirm they are educated on PREA and the zero-tolerance expectations as soon as they get to the facility. PREA information is reviewed with the offender by the Intake Officer, and they are provided a PREA brochure. The information reviewed is signed by the offender and placed in their case record. The facility has PREA educational materials available to offenders in the form of brochures and posters. On the tour, the Auditor saw posters informing offenders how to report PREA events or how to access advocate services. Offenders report they are given facility specific PREA information within one day of admission. Offenders sign at admission acknowledging their PREA education. Interviews with offenders confirm they know how to report incidents if they were to occur.

Offenders reported comfort using a hotline number, telling a staff, or filing a grievance if they were to experience or be witness to an incident of sexual abuse or harassment. During interviews with offenders, they expressed several ways to contact the administration or outside individuals if they did not have comfort in telling the line staff. Many of the offenders stated that PREA was not a concern at the SCC. They also reported they believed any complaint would be taken seriously and investigated. Offenders with disabilities confirm that if they had a need staff would assist in the understanding of materials.

Compliance determination considered the supporting educational documents, the offenders' answers about training, and their knowledge about facility specific steps for reporting a concern. Further supporting compliance is the Auditor's review of client records that showed their education, the offender education training materials, and the videos used to educate.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 327 798 353">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 383 499 409">Sanford Pre-Audit Report</p> <p data-bbox="240 439 782 465">Policy F .3400 Sexual Abuse and Sexual Harassment</p> <p data-bbox="240 495 767 521">Medical and Mental health specific training materials</p> <p data-bbox="240 551 534 577">Medical staff training records</p> <p data-bbox="240 669 679 696">Individuals interviewed/ observations made.</p> <p data-bbox="240 725 376 752">Medical Staff</p> <p data-bbox="240 844 488 871">Summary Determination</p> <p data-bbox="240 900 1481 1061">Indicator (a) The Sanford Correctional Institution employs only medical services. Crisis mental health services are supported by regional Mental Health Professionals. Inmates needing regular mental health supports would not be placed at SCC. The agency trains staff with a course entitled Sexual Abuse and Sexual Harassment Medical and Mental Health Response. The course covers PREA specific considerations from the medical and behavioral health staff perspective. To take this course the employee must have successfully completed the agency's basic PREA course (PREA Sexual Abuse/Harassment 101).</p> <p data-bbox="240 1090 1481 1319">The course, "Sexual Abuse and Sexual Harassment Medical and Mental Health Response" covers appropriate topics on working with victims of abuse across 100 slides. Included in the training materials for Medical and Mental Health staff was information addressing signs and symptoms of abuse, communication with a victim, how to report an allegation, and how to preserve evidence. Interviews with nursing staff support awareness that they should not clean any injuries and only treat critical health concerns before transport to the hospital for a rape kit. Both medical and mental health staff knew who to report PREA concerns to in the facility and within their supervision chain. Supporting documentation considered included the facility's PREA response plan.</p> <p data-bbox="240 1406 1422 1467">Indicator (b) The staff do not complete a forensic exam. Discussions with the Central Carolina Hospital in Sanford staff confirm they have trained nurses perform sexual assault exams.</p> <p data-bbox="240 1554 1458 1682">Indicator (c) Documentation was provided to the Auditor for the medical staff confirming the specialized training was completed. The Auditor reviewed the training materials and considered the staff's knowledge of the materials. The Auditor also confirmed the specialized training in formal and informal interactions with the staff who were able to give examples of the information provided to them in the specialized training.</p> <p data-bbox="240 1769 1485 1897">Indicator (d) A review of the training record and the interview with staff confirms that the medical staff received the same training as the DOC employees annually as well as the training described in 115.32. As noted in indicator (a) the completion of the Sexual Abuse and Harassment 101 is required before staff can take the specialized training. Policy F.3400 requires medical and mental health care practitioners to also receive the general PREA training mandated for employees.</p> <p data-bbox="240 1984 1490 2145">Conclusion: Medical and Mental Health Staff at SCC have taken the required specialized course and can attest to the information they learned. The Auditor reviewed the course content to ensure it covered the related topics for Medical and Mental health staff. The training materials and interviewed staff support they were trained in how to respond appropriately to sexual assault victims. The Auditor met formally with medical asked questions on the tour. Medical staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain the reporting would be up</p>

to their agency chain of command while also notifying the chain of command of the prison. Medical Staff knew to also report any concerns to the corrections investigators or the Warden. Medical staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer offenders to for an exam by a SAFE or SANE if needed. Policies reviewed by the Auditor to determine compliance along with interviews, a review of the training program for Medical and Mental Health Staff, and training records for the medical staff figured into the compliance determination. The Auditor also took into consideration the coordinated response plan and the availability of SAFE nurses in the local hospital.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Sanford Pre-Audit Report</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>NCDPS Screening questions (OPUS)</p> <p>PREA Office Training PowerPoint for screening staff</p> <p>Screening records supporting new procedures being implemented</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interviews with Medical staff.</p> <p>Interview with Intake and Screening staff</p> <p>Interview with Warden</p> <p>Interviews with Offenders</p> <p>Observations on tour</p> <p>Summary Determination</p> <p>Indicator (a) All offenders who are transferred to Sanford Correctional Center will be assessed with an objective screening. All offenders entering the NCDPS are placed at an assessment facility where they are screened for being a potential victim or perpetrator of sexual misconduct. This requirement is outlined in policy F .3400 (page 10); it states, "All offenders and safekeepers shall receive a mental health screening (MHSI), administered via the web-based OPUS intake system, within 72 hours after admission to Prisons. Diagnostic Services staff shall conduct the screening to determine an offender's risk of being sexually abused by other offenders or their risk of being sexually abusive towards other offenders. The screening shall use an objective screening instrument".</p> <p>The SCC facility will also assess offenders upon admission to the facility. A review of records supports that screenings are occurring upon admission to SCC and are being documented in OPUS (Offender Population Unified System) the NCDPS electronic case management system. SCC in a minimum-security facility and does not take offenders directly in from the court or county jail system. As such, when an offender is approved to move to Sanford, the staff has historical records to reference when completing a PREA assessment. OPUS was built to use information throughout the offender's stay. Offenders who are referred to Sanford Correctional Center can not have significant physical or mental health impairments as most offenders are transitioning to a work environment outside the institution. There are no mental health services on site. If an individual has a concern, a mental health staff member from a higher custody facility would be tasked to meet with the individual to assess stability for the placement at SCC.</p> <p>Indicator (b) The Policy stated in Indicator (a) sets forth an obligation to complete the screening consistent with the standard provisions. While onsite, the review of the screening reports supported the screening were occurring but not consistently within the 72 hours from admission. The Auditor requested that all classification staff receive training on this area. The facility provided proof in the OMS system of the screenings being completed during a corrective action period. Since the staff were immediately trained again on the expectation, three months of additional documentation were requested.</p> <p>Indicator (c) The tool developed for screening offenders for potential sexual violence or sexual victimization is an objective tool utilizing information from the offender's criminal records, information from other correctional settings, and the client's self-</p>

reported information. The Auditor was provided with the materials on how to administer and score the tool to ensure that the application is objective. The screening information has been put into OPUS an electronic case management system. The Auditor also asked the Intake officer to show the process by which the questions were asked at Sanford Correctional Center.

NCDPS procedures utilizes information throughout the offenders stay and applies the new information at intake with existing historical information. The Intake officer opinion is removed from the process as the tool is scored automatically by OPUS. The state PREA office provided the Auditor with information on the weighted values built in OPUS that would cause an individual to be scored at High Risk for Victimization (HRV) or High Risk for Aggression (HRA).

Indicator (d) NCDPS PREA Policy F.3400 covers the required elements in it policy narrative. It states, Screening for risk of victimization and abusiveness:

(A) All offenders and safekeepers shall receive a mental health screening (MHSI), administered via the web-based OPUS intake system, within 72 hours after admission to Prisons. Diagnostic Services staff shall conduct screening to determine an offender's risk of being sexually abused by other offenders or their risk of being sexually abusive towards other offenders. The screening shall use an objective screening instrument that obtains the following minimum biographical data about the offender:

- (i) Whether the offender has a mental, physical, or developmental disability;
- (ii) The age of the offender;
- (iii) The physical build of the offender;
- (iv) Whether the offender has previously been incarcerated;
- (v) Whether the offender's criminal history is exclusively nonviolent;
- (vi) Whether the offender has prior convictions for sex offenses against an adult or child;
- (vii) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (viii) Whether the offender has previously experienced sexual victimization;
- (ix) The offender's own perception of vulnerability;
- (x) Whether the offender is detained solely for civil immigration purposes; and
- (xi) The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Agency, in assessing offenders for risk of being sexually abusive."

A review of the objective tool used in North Carolina DPS facilities shows that it accounts for all 10 elements required in this Indicator. The Agency PREA Coordinator explained to the Auditor the process by which all elements are weighted for the scoring process as a High Risk for Victimization or a High-Risk Aggressor. Files were reviewed in advance of the audit and the Auditor requested a random sampling of files onsite. The OPUS screening has most items carried forward to step-down facilities such as Sanford. During the first half of 2021 the PREA Office of NCDPS addressed staff to ensure the offender perception of safety was being asked upon transfer. The Auditor was provided the documentation created by the PREA Office of NCDPS in 2021 to ensure facilities were in compliance. The Auditor confirmed they have been asked questions related to the required screenings between Sanford custody and Medical staff and information they may have previously provided to the NCDPS Department of Corrections.

Indicator (e) The tool does consider the offender's history of violence or sexual abusiveness in the community and prior institutional settings. The PREA Compliance Manager and the Correctional Case Manager report if the offender has an incident in the current institution, they would be reassessed which would change their scoring. The agency screening guidelines remind staff that Offenders can be both a high risk of being a victim of sexual abuse (HRV) and a high risk of being a sexual aggressor (HRA). The agency practice is to follow the guideline of HRA when the offender scores positive for both status measures.

Indicator (f) The NC DPS policy F.3400 requires assessment within 30 days of admission. The policy states "Within a set time period, not to exceed 30 days from the offender's arrival at the facility, the facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening". Another document requires reassessment every 6 months while in custody at a facility. The Auditor believes there was some confusion in the facility on the reassessment requirements for offenders once transferred in the system. This was evident in inconsistent documentation and in the offender interviews. The NC DPS made changes in the OPUS system earlier in 2021 to reflect the screening and reassessment requirements consistent with the standard. As noted, the NCDPS PREA Office had issued PowerPoint to

train individuals responsible for screening and reassessments. The Auditor did not find a consistent application of this requirement. SCC trained case management staff within days of the site visit with the help of the PREA Office. The facility agreed to provide examples of the screenings in a timely fashion consistent with the standard over an abbreviated corrective action period.

Indicator (g) The Auditor was able to ask Sanford staff in formal interviews and review of documentation to support PREA reassessments occurring for several reasons. The offender would be reassessed if they were either the victim or the perpetrator of sexual violence, if they engaged in consensual sex in violation of facility rules if additional information becomes known that would affect the scoring. As noted in Indicator (a) policy requires reassessment for various reasons, including new or additional information, change in status that would impact scoring, and in response to behavioral incident or PREA sexual misconduct incidents. Sanford did not have an incident requiring an additional reassessment of the individuals involved. Individuals who engage in sexual aggression would be removed to a higher-level facility. Both the PREA Compliance Manager and a Correctional Case Manager confirmed the situations in which a rescreening would occur.

Indicator (h) The Auditor confirmed with intake/case management staff that offenders are not disciplined for refusing to answer questions or not disclosing information as part of the screening process. The Auditor spoke with intake staff who complete the initial screening, case managers who complete the reassessment, and the random sampling of offenders who also confirmed you cannot get in trouble for not answering these questions. The PREA Compliance Manager also confirmed that a resident will not be disciplined for failing to answer screening questions.

Indicator (i) The North Carolina Department of Public Safety completes the screening information in its electronic case management system called OPUS. The system limits who may have access to the screening information, especially the client's more sensitive information. Disclosures made in the Medical record are completely siloed from the custody staff. Limited information is shared through the OPUS systems structure to ensure safety and prevent critical information that might be used to exploit an offender is kept to limited individuals. The Warden and PREA Compliance Manager can run a report in OPUS that provides a Dashboard listing of HRA and HRV clients.

Compliance Determination:

The North Carolina Department of Public Safety has a policy (F.3400) that addresses the requirements of this Indicator. The Agency has developed systems to assess and offenders' risk of sexual vulnerability or sexual violence. OPUS is the NCDPS electronic case file system that links their records as the offender moves between facilities. All offenders receive a complete screening upon admission to an NCDPS assessment facility. OPUS is designed so that not all questions are asked upon admission when an offender is moved from facility to facility. The NCDPS has provided information and training materials to facilities in the last year to come into compliance.

During the onsite visit, the Auditor had found that screening within 72-hours of admission was not happening consistently. The Auditor also found that the 30-day reassessment was not occurring in all cases. To rectify the situation the Warden had the staff retrained on the expectations and the Auditor requested sampling on intakes and reassessment over the next three months. The Auditor was provided 127 initial screening and reassessments over the corrective action period. All but 2 were completed in a timely manner or 99% compliance. The Auditor finds that the facility has provided sufficient evidence that they have implemented the necessary changes to be considered in compliance with this standard.

Compliance is based on policy, interviews with staff and offenders and the stated document and corrective measures enacted.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Sanford Pre-Audit Report</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>NCDPS Policy E .2700 Evaluation and Treatment of Transgender Offenders</p> <p>NCDPS Policy C .2800 Offender Assignment</p> <p>Client Classification Screenings</p> <p>NCDPS PREA Office Documentation of Screening process and use</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Warden</p> <p>Interview with PREA Compliance Manager</p> <p>Interview with PREA Coordinator</p> <p>Interview with Intake Officer</p> <p>Interviews with work crew Supervisors</p> <p>Interview with Random Staff</p> <p>Interview with Random Offenders</p> <p>Population report</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The DOC PREA policy F .3400 addresses prevention efforts and covers the 5 elements of this standard indicator (Pages 12-14). The PREA screen used at Sanford provides immediate assistance in determining the appropriate housing unit and bed placement for any new Offender. If an individual is a known perpetrator of sexual offenses, they would be prohibited from being placed in the same portion of the barracks as an individual with a known victim history. Individuals who would be likely victims in the institutions can be considered for being bunked in direct vision of the Housing officer's desk area. Facility management determines when an offender is ready to transition to either work or educational programming. During these meetings, the PCM or other individual with approved access review the OPUS PREA Dashboard screens for HRA and HRV. This allows for identifying potential conflicts between the known individuals on each side.</p> <p>Intake staff report they will notify medical staff about any individual who screens as HRA or HRV. Mental Health programming is not part of the Sanford Correctional Center. Individuals must meet classification criteria to be places at SCC which is considered a work camp. In non-pandemic periods the majority of the population would be going to work in the community. Those with offending histories may have already completed the NCDPS program for Offender with sexual violence charges before being places at SCC. Staff supervising on ground work location settings confirmed they are provided enough information to 'keep separate' offenders with victimizations histories and those potential perpetrators of sexual violence. The Education and other programming have been shut down during COVID-19 but the case management staff said the process is similar. All individuals seeking to be enrolled are reviewed for potential HRA/HRV conflicts. Policy C.2800 requires that work assignments "shall address the treatment and rehabilitative needs of the offenders while maintaining the safety and security of staff and the facility."</p> <p>Indicator (b) Safety of the offenders is considered throughout the offender's stay at Sanford Correctional Center. The SCC</p>

management provides for regular review of the population of the minimum-security environment. Because the variety of individuals in the environment and the ability of the offenders to work outside the facility in non-COVID-19 times the facility must individualize each decision. Since staff stay on post for periods of time they become familiar with the offenders. Random staff interviewed identified the importance of being able to identify when the behaviors change and knew the importance of identifying concerns. The random offenders report they could reach out to various Supervisor if they had any individual needs/concerns. Interviews with staff also confirm they would act if the offenders voiced concerns. Offenders also have an opportunity to discuss concerns with mental health and with case management staff. The majority of offenders report accessing mental health is not difficult. Transgender individuals are provided a multi-disciplinary TARC meeting (Transgender Accommodation Review Committee) twice a year to discuss accommodations for their progress and needs while at NHCC.

Indicator (c) Currently the Sanford Correctional Center has no transgender or intersex individuals. Sanford Correctional is a male correctional facility with dorm setting and no singular cells. As such I am told a transgender individual or Intersex person would be put in beds closer to the officers desk. Agency policy F .3400 states, " In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.." Transgender individuals who are already Identified in the NCDPS system are reviewed in a central office TARC meeting. The DPS Divisional TARC meeting to discuss each case in the system at least twice a year. According to policy E .2700 it is "A multidisciplinary committee that includes, at a minimum, the Health Services Medical Director, Chief of Psychiatry, Behavioral Health Director, Deputy Director of Auxiliary Services and the PREA Director." This group will determine requests around placement of offenders by their preferred gender and any request for gender-affirming surgery.

Indicator (d) As noted in indicator (c) the Sanford Correctional Center has not had a transgender admission in the current Audit Cycle. SCC would have a facility TARC meeting on all individuals who identify as Transgender or intersex either at SCC or a prior facility. Policy E .2700 requires that accommodations afforded in one facility be reviewed at the next facility. The Auditor confirmed with medical staff that if medication is approved at one facility it will follow that individual to the next facility. The Warden confirmed they would be able to meet the commissary items to support the individual.

Indicator (e) Since inmates are all housed in general housing there are limited options in the facility for housing and bed placement. As previously described the facility will put them in a bunk that is visible to the housing officer. Inmates are moved by state officials who may have an understanding of the physical plant challenges. Inmates who had previously been identified would be made aware of the housing set up at a camp like SCC before they are moved, allowing them an opportunity to voice any concerns. If the individual comes out while at SCC, the facility TARC meeting will occur to review any request for accommodations and determine the best steps to ensure the person's safety.

Indicator (f) NCDPS Policy F .3400 requires that transgender offenders can shower separate from other offenders. The Plan at SCC would be for the transgender offender showers while other offenders are asleep in the early morning or late evening. In the unit showers, privacy is maintained through shower curtains that allow only the feet and the tops of the offenders' head to be seen. Restroom time would have to be accommodated in the same manner.

Indicator (g) The North Carolina Department of Public Safety does not by policy, practice, or legal requirement house all LGBTI offenders in one housing unit. There is no legal judgment requiring such a condition to exist. The policy prohibits this action "The agency shall not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such

identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders." This was confirmed with interviews with the PREA Compliance Manager, random staff, and gay offenders. The Auditor reviewed the overall population of the facility to ensure the identified populations were disbursed throughout the facility.

Conclusion: NCDS Policy F .3400 Offender Sexual Abuse and Sexual Harassment describes the use of the PREA Screening

tool in Indicators (a) and (b). The remaining Indicators are covered in E .2700 Evaluation and Treatment of Transgender Offenders. The Auditor confirmed with the PREA Coordinator and the Warden multidisciplinary teams meet to discuss each transgender offender's needs and preferences. She also confirmed with the PCM that screening results are utilized to ensure potential HRA and HRVs are kept apart. During the tour supervisors confirmed they are provided enough information to ensure 'keep separate' offenders do not work in the same location at the same time. Documentation and interviews support that LGBTI offenders are not all housed together or denied programming or work. Absent a current transgender individual, the Auditor had to rely on policy and staff knowledge in determining compliance.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Sanford Pre-Audit Report

NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment

Individuals interviewed/ observations made.

Interview with Warden

Observation on tour

Summary Determination

Indicator (a) The Sanford Correctional Center refrains from placing offenders at high risk for sexual victimization in involuntary segregated housing. NCDPS Policy addresses the standard requirements in F.3400 states when it states, "Offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary segregated housing for less than 24 hours while completing the assessment." SCC Warden reports that there have been no cases of protective custody for individuals at risk of sexual abuse in the past three years. The facility also does not have a capacity to provide segregated housing. The Facility only has one temporary holding cell which can be used to hold an individual such as an aggressor in a sexual assault until transportation teams can move the individual to a higher security facility.

Indicator (b) Though Sanford Correctional Center Does not have segregation the agency policy covers the requirement of this indicator. The DPS policy states "Offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

- (i) The opportunities that have been limited;
- (ii) The duration of the limitation; and
- (iii) The reasons for such limitations."

As a minimum-security facility with open dormitory setting if for any reason the facility feels they cannot keep an offender safe for sexual violence the Warden may request a transfer to an equal classification facility. Sexual aggressors would likely be transferred to higher levels of custody.

Indicator (c) The policy F.3400 Offender Sexual Abuse and Sexual Harassment addresses the requirements of this standard in protecting offenders and staff who report PREA incidents from retaliation. SCC as noted does not house the victims or those at risk of sexual abuse in segregation as a manner of protection. The NCDPS policy states "The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days." As noted in Indicator (a) there were no cases requiring a victim of sexual aggression to be placed in segregated housing.

Indicator (d) As noted in previous indicator Sanford Correctional Center does not has segregation ability. NCDPS policy covers the indicator's concerns, "If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (i) The basis for the facility's concern for the offender's safety; and (ii) The reason why no alternative means of separation can be arranged."

Indicator (e) AS noted there is no segregation at Sanford Correctional Center, Individuals with Mental Health needs would be transferred to another facility.

Interviews with the Warden confirm that the facility has not had to use involuntary segregation even through transfer in the past year to ensure the safety of any victims of sexual assault. The Warden confirms that the aggressor would be the individual moved to segregation or a higher level of custody. Investigative reports and observations on the tour support there is no practice of segregation of victims and is consistent with the Warden's interview.

Compliance Determination

NCDPS has policy language in place to support the requirements of the various indicators in this standard. Sanford Correctional Center does not have a segregation unit to put people in. Offender safety is paramount in the Wardens interview. She reports is there in a concern the offender could be move to another facility.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Sanford Pre-Audit Questionnaire</p> <p>Policy F 3400 Offender Sexual Abuse and Sexual Harassment Policy</p> <p>Telephone Services</p> <p>PREA Brochure</p> <p>PREA Posters</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Random Staff</p> <p>Interview with Contracted staff</p> <p>Interview with Random Offenders</p> <p>Observation on tour of Reporting information</p> <p>Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety and the Sanford Correctional Center have multiple avenues staff and offender to report a concern. The policy directs staff and offenders on the ability to report sexual harassment, sexual abuse, or staff neglect that contributed to abuse. Policy F .3400 pages 16-18 provide direction on how offender, staff or third-party individuals can report a sexual misconduct concern. The policy states the following requirement, "Multiple internal ways shall be provided for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents." Staff interviewed knew they had to report all allegations of abuse or harassment and any coworker's action or inaction that led to sexual misconduct against an offender. Random offender interviews confirmed that the offenders know there are multiple ways to report a concern within the facility or to the Department of Corrections Central Office. Offenders knew of the postings and options to report a concern including directly to a staff they trust, to a case manager or medical staff, by writing the Warden or by calling the "PREA" number on the poster. Offenders spoken with were able to give examples of options on how to report a concern at SCC. Offenders confirmed they are originally educated about PREA when they enter the first NCDPS and are provided additional information at each subsequent facility they go to.</p> <p>Indicator (b) In addition to internal ways to report a PREA concern, the North Carolina Department of Public Safety has set up a way offenders can report a PREA concern to an outside agency. The phone numbers to access the Forgiven Ministries are on the facility's 'PREA Reporting Posters.' The PREA Poster encourages offenders if they do not feel comfortable reporting to DOC staff they can use other options including the outside agency reporting mechanism. Offenders were aware of these options and stated they could call attorneys or family members to report a concern. The offenders were also confident if a family member called to report a concern, the staff would take it seriously and it would be investigated. The Auditor confirmed with the local rape crisis agency that they can only disclose abuse with written consent. The Sanford Correctional Center does not house offenders solely for immigration violations. Most offender did not know specifics about who on the other end but of the various posted number but believe they are a viable option for them reporting a concern. Policy F.3400 states "At least one way shall be provided for offenders to report abuse or sexual harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request." In addition to the Forgiven Ministries number the facility has posted the rape crisis agency, the DPS PREA Office hotline and NCDPS "Fraud, Waste, Abuse, or Misconduct Hotline".</p>

Indicator (c) Interviews confirm consistent with agency policy (F.3400 Sexual Abuse and Sexual Harassment Policy page 17) that all staff take any report of a PREA related incident seriously and report the concern to a superior or the facility investigator. The Policy states "All staff are required to report immediately 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." Random staff interviewed knew that they had to report the claim no matter the source of information including anonymous notes. The staff reported that any claim, even if they thought it did not occur, needed to be reported and documented in writing. The staff also confirmed that after giving notice to a supervisor they were required to file a written report on the claim. Finally, the staff also confirmed they had to report on the actions or failure to act of a fellow employee that leads to a sexual assault

Indicator (d) The North Carolina Department of Correction provides several avenues for staff to report a concern of sexual assault or sexual harassment. Beyond reporting an incident to their immediate supervisor, if the staff had a concern about the supervisor or another staff being involved with a client they report to another supervisor or a higher-ranking individual, they can make a report using either the posted phone numbers, Human Resources, the Warden or the North Carolina DOC PREA Coordinator. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew they could report out of the chain of command without consequences. The agency's "PREA Reporting Posters" seen throughout the facility has information for staff on options for reporting.

Conclusion: Sanford Correctional Center has several options for staff and offenders to report concerns of sexual misconduct. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of sexual assault or sexual harassment whether it was done verbally, in writing, anonymously, or by a third party (indicator (c)). Offenders interviewed were aware of multiple ways in which they could report including telling staff, calling the hotline, mailing administration or calling the outside numbers, Posters seen on all the housing units during the tour direct offenders and staff on these options. Offenders spoken to formally and on tour reported comfort in speaking with staff if they had a concern. Custody staff reported knowing how to privately report PREA concerns to the administration and that there is no problem reporting out of the chain of command. The Auditor finds compliance with standard provisions, based on the policy, documentation provided and viewed on the tour, and the interview findings of random staff and offenders as well as the PREA Compliance Manager, and PREA Coordinator. The Auditor also took into consideration successful testing of third party and outside reporting mechanisms

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 691 356">Sanford Pre-Audit Questionnaire Responses</p> <p data-bbox="240 387 831 414">NCDPS Policy G .0300, Administrative Remedy Procedure</p> <p data-bbox="240 445 1031 472">NCDPS Policy F 3400, Offender Sexual Abuse and Sexual Harassment Policy,</p> <p data-bbox="240 504 596 530">Offender Grievance Forms DC-410</p> <p data-bbox="240 562 478 589">Intake PREA Pamphlet</p> <p data-bbox="240 732 663 759">Individual Interviewed/ observations made</p> <p data-bbox="240 790 528 817">PREA Compliance Manager</p> <p data-bbox="240 848 384 875">Random Staff</p> <p data-bbox="240 907 437 934">Random Offenders</p> <p data-bbox="240 965 633 992">Grievance Policy Posted in each dorm.</p> <p data-bbox="240 1023 517 1050">Grievance Tracking system</p> <p data-bbox="240 1081 488 1108">Summary Determination</p> <p data-bbox="240 1140 1468 1294">Indicator (a) The Sanford Correctional Center is not exempt from the standard; offenders can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which an offender can file a grievance. NCDPS policy G.0300 states "The Administrative Remedy Procedure shall afford a successful grievant a meaningful remedy to include but not be limited to, an order requiring that specific action be taken, modification of Prisons policy, restoration or restitution for personal property, and such other remedies that will meaningfully resolve the grievance presented.</p> <p data-bbox="240 1326 1485 1391">" The Policy goes on to clarify "No offender grievance alleging sexual abuse or harassment shall be rejected." There were no grievance forms filed for sexual assault allegations or sexual harassment complaints through the SCC grievance process.</p> <p data-bbox="240 1476 1493 1836">Indicator (b) Agency policy support the offender can file a grievance without a time limitation, to a person who is not the subject of the grievance, and there is not a requirement to resolve the situation through an informal process. Agency policy G .0300 Administrative Remedy Procedure sets forth language consistent with the standard. The policy denotes when there is a deviation from standard grievance to conditions that need to be met specifically in PREA related grievances. A review of the policy (page 4) shows there are no time restraints on the individual's right to file. "There has been a time lapse of more than ninety (90) days between the alleged event and submission of the grievance. Under Subsection .0306 herein above, this does NOT apply to a grievance alleging sexual abuse or harassment." The standard grievance at SCC are required to be filed within 90 days of the incident. Since the policy is posted and offenders referenced the posting as where they would go the understand the grievance policy the Auditor support compliance. Discussions with the administration confirmed that all PREA related grievances will be treated as emergency grievances. The Auditor was also provided a sample of the Grievance tracing system NCDPS uses for all formal grievance complaints.</p> <p data-bbox="240 1980 1493 2139">Indicator (c) The facility has mailboxes near the dining facility or the inmate can give the mail to staff on the units or the officer in the programs building. that offenders can submit confidential letters to the grievance officer, Warden or the State PREA Coordinator. Grievances can be filed in a sealed envelope. Offenders can direct the mail to the appropriate administrator who will forward it to investigators and the grievance officer. Offenders interviewed report inhouse mail or grievances would be options they could use to report a concern in addition to the PREA Hotline numbers or telling a staff directly. The PREA</p>

Compliance Manager confirmed there is no requirement for an informal resolution process or a problem for the grievance to be addressed to someone other than the grievance officer.

Indicator (d) Policy G .0300 Administrative Remedy Procedure sets forth the requirements for response and appeal consistent with the standard. The Grievance response times are spelled out in the policy. The SCC is able to track the complaints to ensure timeliness of responses. Sexual abuse grievances would be handled as emergency grievances and requires an initial response within 48 hours, and appeal response within 5 days. Copies of all grievances related to sexual abuse or harassment are immediately forwarded to the North Carolina DPS PREA Office. Since there were no grievances files at SCC, the Auditor could not review documents for timeliness of responses.

Indicator (e) The grievance policy states offenders may be assisted in filing the grievance by any staff person or by any other person with whom the prisoner is permitted to have contact. The policy states "Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates shall be permitted to assist offenders in submitting a grievance relating to allegations of sexual abuse and shall be permitted to submit such a grievance on behalf of an offender. If a third party submits a grievance on behalf of an offender, the facility may require, as a condition of processing the grievance, that the alleged victim agree to have the grievance submitted on his or her behalf and also may require the alleged victim personally to pursue any subsequent steps in the grievance process. If the offender declines to have the grievance processed on his or her behalf, the facility shall document the offender's decision. If the offender declines to have the grievance processed on his or her behalf, the facility shall document the offender's decision." Offenders spoken to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another offender. Staff were also aware they need to accept all complaints or grievances from third party individuals.

Indicator (f) Policy G.0300 describes the provisions for an emergency grievance. "If an emergency grievance alleges an offender is subject to a substantial risk for imminent sexual abuse, the facility shall:

- (1) immediately forward the grievance (or any portion thereof that alleges such substantial risk) to a level of review at which immediate corrective action can be taken,
- (2) provide an initial response with 48 hours, and
- (3) issue a final agency decision with 5 calendar days.

The initial response and final agency decision shall document the agency's determination that the offender is at substantial risk of imminent sexual abuse about and the action taken in response to the emergency grievance." There were no incidents in which an emergency grievance was filed in the last 12 months at Sanford Correctional Center.

Indicator (g) Offenders can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed even if they are not through the grievance process. An investigation by the Intelligence Unit would occur to determine the bad faith filing. Policy G .0300 states "False Reporting: Offenders will be held accountable for knowingly making false reports of unfounded incidents of sexual abuse against staff or another offender. If it is clearly established that a false accusation has been made, the offender may be subject to disciplinary action." The facility has not disciplined an individual in the past 12 months for filing a false PREA Complaint.

Compliance Determination

Sanford Correctional Center is not exempt from the exhaustion of administrative remedies. The NCDPS has a policy in place that covers the offenders' rights to seek administrative resolutions as well as a system to track each complaint. There were no instances in which any grievance form was filed related to sexual abuse or sexual harassment. Offenders interviewed knew they could file a PREA related concern through the grievance process but acknowledge it would not be as quick in resolving as telling a staff person directly or calling the PREA Hotline. This was supported through a review of investigation files where even in the allegation of staff sexual harassment the Offenders spoke with other staff instead of filing through the grievance process. Offenders report they can get assistance from other offenders in completing forms if needed. Offenders reported comfort in telling staff directly about concerns and if they felt it was not addressed, they would go send a request to the Warden or the facility Investigator to discuss concerns. Compliance determination relied on the policy, postings visible in the facility and interviews with the Warden, the PREA Compliance Manager, and random offenders who were aware the grievance process was a possible avenue to report a Sexual Misconduct concern.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Sanford Pre-Audit Questionnaire</p> <p>Policy F.3400 Sexual Abuse and Sexual Harassment</p> <p>MOU with Haven (local RCC)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Interview with Haven staff</p> <p>Interviews with Random Offenders</p> <p>Interviews with Random Staff</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) North Carolina Department of Corrections policy F.3400 Sexual Abuse and Sexual Harassment Policy requires, "Offender victim shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving the offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible." The Sanford Correctional Center provides access to the local rape crisis agency, but on-site access has been curtailed during the COVID-19 crisis. Facility administration support that inmates can have confidential appointments with professional visitors. Haven will provide phone support and will assign staff or work with other local providers if the offender requests face to face support. The Agency's employees are considered professional visitor status which allows for confidential communication. Offenders can communicate by phone to Haven 24-hour hotline or for ongoing support. The Auditor confirmed that the number to the rape crisis agency is recorded. SCC does not house offenders on immigration violations.</p> <p>Indicator (b) All offenders interviewed understood the limits of confidentiality when reporting concerns about sexual abuse. The rape crisis agency cannot disclose back to the facility without a written release. All SCC offenders spoken with confirmed they understood communication with medical would be confidential unless there was a danger to themselves or another person. There is no mental health services at SCC, classification and medical can refer offenders with past victimization histories to Haven. Offenders were aware the phone calls are recorded if they called the rape crisis agency. The Auditor confirmed with offenders and advocacy organizations that professional visit opportunities outside of the COVID restrictions would allow for a more open dialog.</p> <p>Indicator (c) The Sanford Correctional Center has a Memorandum of Understanding with the local rape crisis center, Haven of Lee County, which covers Sanford CC. The agreement is renewable. The Auditor confirmed the existence of the MOU with the representative of the Haven. The Document was just renewed and goes through Oct of 2022.</p> <p>Conclusion: Offender victims at NHCC can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Haven's Center to provide support to victims (Indicator (c). Haven is part of the North Carolina Coalition Against Sexual Assault (NCCASA). As part of the audit process, the Auditor spoke by phone to a Haven representative who confirms their ability to provide service at DOC facilities. COVID-19 has impacted any onsite visits</p>

at the DOC facilities or local hospitals. The representative was able to describe the process they have in place to provide virtual support. The Investigator knew about the importance of offering the support of a rape crisis agency and its affiliates during the investigation and after its conclusion. The PREA Brochure and signage at the facility had a toll-free number for offenders to access from the unit phone in the facility.

In determining compliance, the Auditor also considered interviews with the Rape Crisis agency and the Offenders accessing services. Offenders could identify how confidential the communication is within the facility including mail and telephone contacts. Offenders knew that outside counseling staff could normally be spoken to in a professional visitor setting. The Auditor could see on the tour posters for Action Alliance. The Auditor suggested that line staff be refreshed on the services of Haven so there is a more uniform understanding so they can advise offenders accordingly.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 571 356">Sanford Pre-Audit Questionnaire</p> <p data-bbox="242 387 782 414">Policy F .3400 Sexual Abuse and Sexual Harassment</p> <p data-bbox="242 445 491 472">NCDPS agency Website</p> <p data-bbox="242 504 563 530">PREA Posters on Housing units</p> <p data-bbox="242 616 679 642">Individuals interviewed/ observations made.</p> <p data-bbox="242 674 655 701">Interview with Agency PREA Coordinator</p> <p data-bbox="242 732 491 759">Random Staff Interviews</p> <p data-bbox="242 790 588 817">Calls to outside reporting services.</p> <p data-bbox="242 848 443 875">Observation on tour</p> <p data-bbox="242 960 488 987">Summary Determination</p> <p data-bbox="242 1019 1484 1211">Indicator (a) North Carolina Department of Public Safety has developed several mechanisms for individuals who want to report PREA concerns as a third party: be they fellow offenders, family, or friends. According to policy F.3400 (p17) information can be given in person, by phone, by e-mail, by US mail, or by contacting the agency PREA Coordinator through the agency website www.ncdps.gov/Adult-Corrections/Prison-Rape-Elimination-Act. There is information directing offenders in the PREA brochure, PREA poster, and on the website noted above. NCDPS also has a second complaint line for "fraud, waste and abuse hotline" Any PREA Compliant filed through this line would be forwarded to the PREA Coordinators office.</p> <p data-bbox="242 1220 1477 1346">Staff were aware that they must take all reported concerns about PREA potential violations including from third parties. The facility phones allow for offenders to dial out to the advocates free of charge. Offenders confirmed there are no prohibitions on aiding or reporting on behalf of another offender. Offenders report they are aware of the phone numbers posted in the facility if they had concerns in telling staff.</p> <p data-bbox="242 1435 515 1462">Compliance Determination:</p> <p data-bbox="242 1494 1493 1718">North Carolina Department of Public Safety has put in place multiple resources for offenders and families to report a PREA related concern. The PREA Coordinator office can field all calls and emails that come in including third-party sources. As part of the audit process, the PREA Auditor tested the unit phones to ensure the phone numbers on the poster could be accessed. Compliance was based on policy and the systems NCDPS has put in place to support the offenders and that offenders were aware they could make a complaint on behalf of another offender. Random staff interviews further supported compliance as they knew that they needed to report all third-party complaints no matter the source. Finally, the Auditor took into consideration the several options listed on the state's website for filing a PREA Complaint.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/ electronic documentation reviewed</p> <p>Sanford Pre-Audit Questionnaire</p> <p>Policy F .3400 Sexual Abuse and Sexual Harassment</p> <p>North Carolina Department of Public Safety Employee Manual</p> <p>Policy AD IV-3 Health Services – Confidentiality</p> <p>North Carolina Department of Health and Human Services Website</p> <p>NC Laws on vulnerable adults</p> <p>Investigation files</p> <p>Individuals interviewed/ observations.</p> <p>Random Offenders</p> <p>Random Staff</p> <p>Warden</p> <p>SCC Investigator</p> <p>Medical Staff</p> <p>Summary determination.</p> <p>Indicator a). The Sanford Correctional Center has trained its staff, contractors, and volunteers on the importance of reporting all allegations of sexual abuse, sexual harassment, and any forms of retaliation against individuals who reported or cooperated in an investigation of such misconduct. NCDPS PREA policy F .3400 (page 16-18) utilizes the language of the standard to set forth this expectation. It reads “All staff are required to report immediately to their supervisor or the officer in charge 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” It goes on to require “Any retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation”. Interviews with random staff supported an understanding of this expectation. They knew that they had to forward all allegations no matter the source or their personal beliefs as to the validity of the claim. The Auditor was provided with the NCDPS employee handbook which covers the requirements of this indicator including the immediate notification of all claims of sexual abuse, sexual harassment, or retaliation of those who cooperate in an investigation. The Auditor confirmed with random staff the responsibility to report on a coworker’s actions or inaction that may have contributed to a sexual misconduct incident.</p> <p>Indicator b). The NCDPS policy F .3400, page 17 indicates apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. The Auditor interviewed random staff who were able to voice the expectation of keeping the information confidential. They verbalized the need to involve only the key management and investigative staff necessary to obtain help and contain any evidence. They had an understanding that sharing of information outside those who need to know could negatively impact a criminal investigation.</p> <p>Indicator c). Medical services providers in NCDPS have a duty to report incidents of sexual abuse, sexual harassment, or information that would prevent such actions. Policy AD IV-3 speaks to the limitations of confidentiality. It states, “Confidential information shall be disclosed without the offender’s written authorization to the extent that the clinician reasonably</p>

determines that such disclosure is necessary to

protect against clear and substantial risk of imminent serious injury, disease, or death being inflicted by the offender on himself/herself, or others, or a threat to the security of the unit. Material contained in the offender files may be released to approve federal and state law enforcement agencies when their representatives present proper credentials. Such agencies must agree to maintain the confidential nature of the material or information. Materials will be provided to the courts upon request.” The Auditor confirmed with medical staff that offenders are made aware of the limits of confidentiality. Random offenders were also asked if they understood limits to confidentiality when speaking to medical staff. There are no mental health services provided at SCC. The offenders acknowledge they understood if the information was related to the potential risk to them or another individual the information would be disclosed to facility investigators.

Indicator d). The facility does not serve individuals under the age of 18. Agency and Facility management and investigators were aware that abuse of individuals who are considered vulnerable adults must be reported to the North Carolina Department of Health and Human Services Adult Protective Services. The Auditor confirmed with investigators that abuse toward these targeted populations would be reported to the appropriate state agency and that there are additional charges that may be applied in cases where the victim met the definition of a vulnerable adult. The Auditor reviewed various North Carolina state agency websites that define the expectation of reporting abuse and the legal ramifications for the perpetrators of such misconduct. The Warden confirmed that no case in the last 12 months had to be reported to such agencies.

Indicator e). The Warden, PREA Compliance Manager, and facility Investigator confirmed that all allegations of sexual misconduct are reported to the facility’s Sergeant who is a trained investigator to initiate an investigation of the claim. The Officer in Charge must, if information supports a criminal act has occurred, notify the Sanford Police Department who will perform a criminal investigation. PREA policy F .3400 supports that all allegations are referred for investigations. Notifications will also be made to the NCDPS Regional Director and the NCDPS PREA Office.

Compliance Determination:

The North Carolina Department of Public Safety has put into place policies that support the expectations of the standards. The language is reiterated in several policies that further support the commitment to investigate all claims of sexual abuse, sexual harassment, and/or retaliation. The staff and offenders of the Sanford Correctional Center have been educated on the expectations of reporting, that all claims no matter the source should be investigated. Offenders and staff interviewed supported an understanding of confidentiality, its importance in the investigative process, and the limitations of confidentiality in a medical clinic setting. The policy to the Auditor support that all claims including third party and anonymous claims are forwarded for investigations. The Auditor finds the facility to be compliant with all aspects of this standard. The Auditor’s interviews supported a staff that was well trained in the expectations of the standard. The interview answers coincided with the documents reviewed that all claims are forwarded to the investigative teams. A review of investigations provided support the SCC has investigated claims no matter the source. The Auditor also found they investigate all claims, including ones that may not meet the definitions found in the law. The Auditor also found the investigative staff and facility administration understood its obligation to inform other organizations responsible for the rights of vulnerable adults. Absent a criminal investigation compliance was based on policy, interviews and the investigations reviewed.

115.62	Agency protection duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 571 358">Sanford Pre-Audit Questionnaire</p> <p data-bbox="242 387 868 416">Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="242 445 745 474">Policy G.0300 Administrative Remedy Procedures</p> <p data-bbox="242 616 679 645">Individuals interviewed/ observations made.</p> <p data-bbox="242 674 325 703">Warden</p> <p data-bbox="242 732 384 761">Random Staff</p> <p data-bbox="242 846 489 875">Summary determination.</p> <p data-bbox="242 904 1485 1429">Indicator a). The North Carolina Department of Public Safety has at its resources several options to ensure the safety of an offender who is at imminent risk of sexual abuse. Policy F .3400, (page 18) explains that when Department staff learn that an Offender is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect the Offender. Alleged offender victims of sexual abuse shall 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, first responders shall take preliminary steps to protect the alleged victim consistent with set expectations. Interviews with random staff support a clear understanding of the steps to be taken to ensure the offender's immediate safety. There have been no reported incidents in the past 12 months where an individual was believed to be at imminent risk of abuse. The facility Warden indicated is not an option at SCC since there is no segregation unit in a dorm living environment. The Warden interview determined the agency takes all allegations serious and any offender subject to imminent sexual abuse will receive immediate action. The Warden would work with regional leadership to find the most appropriate environment to house the individual in including transfer to either a same level or higher level facility depending on the situation. The Auditor was informed, how in an open dormitory setting, bed placement is used to ensure increased observation of the most at risk persons in the population. As noted above, there were no instances in which protective custody procedures were used for an individual at imminent risk of abuse.</p> <p data-bbox="242 1520 517 1550">Compliance Determination:</p> <p data-bbox="242 1579 1481 1868">The North Carolina Department of Public Safety has in place both policy and appropriate resources to 'keep safe' individuals at imminent risk of sexual abuse. The Director and the Warden support the expectation that the response will be immediate upon learning of any offender at imminent risk. The Warden reports that given the size of the facility most situations of potential conflict can be resolved by moving one of the parties to another unit within the institution, but she confirmed they have moved potential aggressors out of the facility. The Warden also confirmed the ability to move either party to another institution if an intersystem move was determined to be in the offender's best interest. Though SCC has not had to use this process for imminent risk individuals the stressed they will act swiftly to protect offenders. The policies and interviews completed support the ability of SCC to respond to imminent risk claims of sexual abuse. The Auditor finds the standard has been met based on these factors.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Sanford Pre-Audit Questionnaire

Policy F.3400 Offender Sexual Abuse and Sexual Harassment

Sanford Policy B.4600 Offender Sexual Abuse and Sexual Harassment

Individuals interviewed/ observations.

Interview with PREA Compliance Manager

Interview with Warden

Summary determination.

Indicator a). The Warden of Sanford Correctional Center and the PREA Compliance Manager (associate Warden) are aware that offenders who report abuse at prior institutions will have the complaint forwarded by the Warden to the previous facility's head. NCDPS PREA Policy F .3400 (page 17) states the following: "Upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred." The Auditor confirmed through interviews with the above individuals that if current SCC offenders' claims abuse occurring in another facility (including ones outside the control of the NCDPS) the facility will be notified to allow an appropriate investigation to occur. The PREA Coordinator also confirmed the NCDPS PREA Office would also be notified. The Auditor was provided information that in the past 12 months there were no such cases.

Indicator b). The North Carolina Department of Public Safety Policy requires notification within 72 hours after the facility became aware of the alleged crime. Policy F.3400 (page 17) covers the required language when it states. "Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The Facility Head shall document such notification by completing a memorandum to file and uploading into the correspondence tracking system (CTS)." The Warden of SCC was aware of the timeframe and the expectation required of her to notify the leadership of the facility where the crime is alleged to have occurred.

Indicator c). As noted in indicator (b) the Warden is responsible for notification and documentation of her actions in the state's correspondence tracking system (CTS). Since there have been no reported allegations the Auditor could only assess the indication on the Warden's knowledge.

Indicator d). In policy F.3400 Offender Sexual Abuse and Sexual Harassment (page 9) the NCDPS sets forth the requirement of the initiation of an investigation if the Warden receives an allegation from another institution. "Upon receiving notification from another facility or agency that an allegation of sexual abuse or sexual harassment has been reported, the Facility Head shall ensure that the allegation is investigated in accordance with these standards. "The Warden of SCC is aware of this requirement and the facility has had no such notifications in the prior 12 months.

Compliance Determination:

The Auditor finds the facility is compliant with the standard's expectations. The Warden and the individual interviewed on behalf of Secretary of NCDPS were clear on their commitment to ensuring each offender victim are offered a thorough investigation. The Warden and PREA Compliance Manager were aware of the timeliness of notifications and the need to immediately referred for investigation. Absent an offender in the population who reported having told staff about abuse at another institution or an investigation of a claim reported to another facility the Auditor had to make his determination based on policy and Interviews.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Sanford Pre-Audit Questionnaire</p> <p>Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>PREA Training Materials</p> <p>Individuals interviewed/ observations.</p> <p>Random Staff</p> <p>Medical Staff</p> <p>Indicator a). The PREA policy of the North Carolina Department of Public Safety sets forth the expectations for staff who are first on the scene of a reported sexual assault. The policy F .3400 (page 18-19) states First Responder will,</p> <p>“(A) Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:</p> <p>(i) Take necessary steps to separate the alleged victim and abuser. If the Facility Head, in consultation with the PREA Support Person, determines that the safety of the offender victim requires placement in administrative segregation, then:</p> <p>(I) Such segregation shall be administered in accordance with the applicable policies and procedures for administrative segregation.</p> <p>(II) The Region Director and the NCDPS PREA Office shall be notified in writing of the use of segregation and the reasons therefore.</p> <p>(III) To the maximum extent possible, the offender victim while in administrative segregation shall have the same privileges of access to the canteen, telephone, visitation and property as they were afforded prior to reporting.</p> <p>(IV) Within three business days of the offender victim’s release from administrative segregation, the Facility Head or designee will return the offender victim to the gain time job assignment the offender victim had prior to period of administrative segregation, if available. If, for operational reasons, the offender victim’s prior job assignment is unavailable, the Facility Head or designee will place the offender victim in another gain time job assignment that is at least equal to the prior gain time job assignment.</p> <p>(V) The Facility Head or designee will notify the Region Director in writing, that the offender victim has either been returned to prior job assignment or placed in equivalent one.</p> <p>(VI) Within three business days of the receipt of the written notification from the Facility Head or designee, the Region Director, Female Command Manager or their designee will request in writing to the Assistant Chief of Program Services that the offender victim’s gain time be restored.</p> <p>(VII) When offender victim is released from segregation, whenever possible shall be allowed to return to previously assigned housing unit unless, in the discretion of the Facility Head, doing so exposes the offender to an increased risk to the offender victim’s safety and security or the orderly operation of the facility.</p> <p>(ii) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</p> <p>(iii) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and</p>

(iv) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence,

including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.”

In interviews with the Auditor random staff were able to describe the steps they would take as first responders consistent with their training and the agency policy. The SCC has had no incidents of sexual abuse that required custody staff to act in the role of first responder. Of the six allegations investigated in the past year, none were for sexual abuse. Medical staff confirmed that victims can quickly be sent out to the local hospital for a sexual assault exam if needed. The medical staff confirmed that the on-call provider would determine if there is a need to go out based on the inmate's report and the time elapsed from the abuse. The Medical staff confirmed medical autonomy in making such decisions.

Indicator b). Interviews with Dietary staff, medical, and classification staff confirm they were aware of how to protect evidence and act as a first responder. NCDPS trains all staff in the facility on the expectation of the first responder. Non-security staff are provided the same training that the custody staff go to annually. Training records and their ability to state the first responder duties support an understanding of how to protect the offender and the evidence. Medical staff are aware of the steps required to help an offender through the crisis of a sexual offense while protecting evidence including giving instructions to the individuals involved not to wash, eat, drink, or use the bathroom if it can be avoided.

Compliance Determination:

Sanford Correctional Center did not have any custody staff available who had acted as a first responder to an incident of a sexual abuse case in the past 12 months. The random staff interviewed support they have an understanding of the facility's efforts to protect offenders who allege sexual abuse, protect evidence, and provide quick access to medical and mental health care. The medical staff was aware of the protocol to protect evidence on offenders until they can be seen by a Sexual Assault Nurse Examiner. All Staff also knew the importance of thorough documentation of the incidents and the importance of maintaining confidentiality about the incident except to those staff needed to ensure care and support the investigative process. The Auditor based the determination of compliance on the policy in place, the documents supporting the process, and the interviews with staff.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 329 571 356">Sanford Pre-Audit Questionnaire</p> <p data-bbox="240 387 868 414">Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="240 445 550 472">Sanford PREA Response Plan</p> <p data-bbox="240 557 679 584">Individuals interviewed/ observations made.</p> <p data-bbox="240 616 323 642">Warden</p> <p data-bbox="240 674 430 701">PREA Coordinator</p> <p data-bbox="240 786 489 813">Summary determination.</p> <p data-bbox="240 844 1485 1072">Indicator a). The North Carolina Department of Public Safety has put language into both the agency's Emergency Plan policy and it's PREA policy. The Sanford Correctional Center has similarly developed an operational plan that defines the role of individuals in the institution in responding to a sexual assault incident. The Auditor reviewed the plan which discusses the roles of the first responder, the responding supervisor, the medical staff, the mental health staff, agency, and external investigators, and the PREA Compliance Manager. The document also addresses the notification and collaboration of facility administration and the DPS PREA Office. The step-by-step plan provides staff with direction during the crisis and when accompanied by the response checklist allows for a thorough and consistent response to a sexual assault incident.</p> <p data-bbox="240 1158 517 1184">Compliance Determination:</p> <p data-bbox="240 1216 1477 1512">The Auditor has reviewed the policies, and the SCC PREA Response Plan in determining compliance. The plan provides direction for a consistent multi-discipline response to the sexual assault which provides for the offender victim's medical and emotional health while ensuring the effort protects evidence that could lead to a criminal conviction. The NCDPS assigns victims a PREA Support Person to act as a direct support amongst staff to victims of sexual misconduct. These individuals can make connections to the local rape Crisis agency Haven or to mental health supports through the NCDPS Regional Correctional office. The plan is available to supervisory staff and interviews with the Warden and PREA Compliance Manager support swift communication occurs between all levels of the facility leadership and quick notification and support from the agency's PREA office. Interviews, observations, and the documents presented to support the facility is compliant with standard expectations.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Sanford Pre Audit Questionnaire</p> <p>NCDPS Employee Handbook</p> <p>Web information on public employment in NC</p> <p>Individuals interviewed/ observations.</p> <p>Interview with Warden</p> <p>Interview with PREA Coordinator</p> <p>Indicator a). The Auditor was provided information from the PREA Compliance Manager supporting that there is no collective bargaining at Sanford. The Auditor learned from research that North Carolina is a right to work state and has had a prohibition on public sector unions. The Warden confirmed she has the ability to place employees in non-contact positions or out of work during an investigation of employee misconduct. The Auditor reviewed the employee handbook to further support compliance. Pages 83 and 84 address the rights of the DPS to place employees out on administrative leave during an investigation. The employee handbook also allows the agency to make temporary reassignment of staff to other locations to “ensure a fair and objective investigative process.” The handbook goes on to confirm these actions are not subjected to grievance.</p> <p>Indicator b). The Auditor is not required to review this provision.</p> <p>Compliance Determination:</p> <p>The Auditor has confirmed the Sanford Correctional Center does not have any collective bargaining elements that would prevent the removal of a staff person from contact with an alleged victim of sexual abuse. The Auditor has determined the facility is compliant with the standard’s expectations. This conclusion was based on the NC. State laws, NCDPS Policy, and interview with facility leadership.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Sanford Pre-Audit Questionnaire</p> <p>Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>Warden Memo on PREA Support Persons</p> <p>Investigative Reports</p> <p>PREA Monitoring and Status reports</p> <p>Individuals interviewed/ observations.</p> <p>PREA Compliance Manager</p> <p>Investigator</p> <p>PREA Support Person</p> <p>Summary determination.</p> <p>Indicator a). The NCDPS policy has put in place measures to ensure all staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other offenders or staff. In Policy F .3400 (page 21) the agency describes the monitoring process in place and the steps to be taken. The duties of the PREA Support Person or PSP are described as follows. "Victim Support shall be offered by a PREA Support Person (PSP). The PSP shall:</p> <p>(A) Be made available to provide victim advocate services.</p> <p>(B) Offender victim of alleged sexual abuse by an employee, contractor, or volunteer, the PSP shall consult with the Facility Head on a weekly basis for three weeks following the report of sexual abuse to update the victim on the progress of the investigation, answer any questions of the offender victim and provide support.</p> <p>(C) As requested by the victim, the PREA support person, of the same gender, shall accompany and support the victim through the forensic medical examination process.</p> <p>(D) As requested by the victim, the PREA support person shall accompany and support the victim through the investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.</p> <p>(E) Offender victim shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving the offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.</p> <p>(F) The facility shall inform the offenders, 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.</p> <p>(G) Not obstruct or interfere in the course of the investigation in any manner.</p> <p>(H) Not be designated as the facility's PREA Compliance Manager"</p> <p>The NCDPS has facility heads appoint PREA Support Persons (PSP) who act as internal advocates for the offender while going through the investigation and ensuring connections to outside advocacy groups are maintained if it is the offender's wishes. The PSPs are the individuals responsible for monitoring victims and those who cooperate in an investigation. The Auditor confirmed with the PREA Compliance Manager and the Warden the individuals responsible for monitoring offenders and staff at Sanford Correctional Center. The Auditor interviewed one of the individuals approved by the Warden to serve as a PREA Support Person.</p>

Indicator b). Policy F .3400 defines the different steps that should be implemented to ensure the safety of victims or individuals who cooperate in the investigation. "Upon notification of a Sexual Abuse or Sexual Harassment allegation the PSP will initiate monitoring the alleged victim and offender who reported the allegation or cooperated with officials during the investigation. In the case of offenders, such monitoring shall also include periodic status checks. Continue monitoring for a minimum of 90 days or beyond 90 days if the initial monitoring indicates a continuing need." Interview with agency and facility leadership confirms the agency's commitment to ensure client safety who file a PREA complaint. The Auditor confirmed with offenders that the PREA Compliance Manager and Case Workers of who some are PSP are routinely available. The PSP must complete regular check-in on victims and document findings and if need be concerns on a state approved monitoring form.

Indicator c). Consistent with the standard expectation the NCDPS policy (F.3400 p 21) requires monitoring to be for at least 90 days. The Policy states at least 90 days following a report of sexual abuse, the PREA Support Person staff will monitor the conduct and treatment of offenders and staff who reported sexual abuse or cooperated with a sexual abuse investigation. The PSP will continue to monitor the case unless the investigation determines the case was unfounded. The Auditor confirmed the areas monitored through interviews and the review of the state approved monitoring forms. The PSP is supposed to complete check-ins with the offender, address any concerns of retaliation, monitor offender disciplinary reports, housing, or program changes. The PREA Compliance Manager confirmed monitoring will go beyond 90 days if the initial monitoring indicates a continuing need. According to the Warden the PCM would be responsible for monitoring any staff who cooperated in an investigation for retaliation. All monitoring reports are forwarded to the Warden who must sign off on the review. Policy F.3400 describes the monitoring process including time frames for monitoring consistent with the indicator. "Monitor for Retaliation:

(i) The PSP shall monitor retaliation against the victim and the offender who either report allegations, or cooperate with investigations, of sexual abuse or sexual harassment.

(ii) (ii) Upon notification of a Sexual Abuse or Sexual Harassment allegation the PSP will initiate monitoring the alleged victim and offender who reported the allegation or cooperated with officials during the investigation.

(iii) (iii) In the case of offenders, such monitoring shall also include periodic status checks.

(iv) (iv) Continue monitoring for a minimum of 90 days or beyond 90 days if the initial monitoring indicates a continuing need.

(v) (v) Termination of monitoring prior to minimum of 90 days requires:

a. (I) Allegation to be determined unfounded

b. (II) Approval by Facility Head

(vi) (vi) Upon completion of the monitoring period, complete and document the results on Form OPA-I24 Retaliation Monitoring - Offender & Juvenile.

(vii) (vii) Forward Form OPA-I24 Retaliation Monitoring - Offender & Juvenile to the PREA Compliance Manager (PCM)."

Indicator d). As noted in indicator c) the monitoring will include periodic status checks. Absent an individual currently at SCC who filed a PREA Complaint the Auditor relied on policy and forms in place and the knowledge of the facility's PSP and PCM.

Indicator e). As noted in indicator c), the protection measures would include steps taken to protect staff who cooperate in an investigation on PREA. The Auditor confirmed with the Warden and the PCM that protections are offered to any individual (staff or offender) who expresses concerns of retaliation for cooperating in a PREA Investigation.

Indicator f). The Auditor is not required to consider this indicator.

Compliance Determination:

The Auditor was provided with a policy that matches the standard expectations. The Agency Interview with the representative of the Secretary of NCDPS and the Auditors interview with the Warden support the expectation of protecting individuals from retaliation. The NCDPS has developed identified individuals at each facility to actively support and monitor victims. The Auditor also took into consideration that most offenders spoken to confirm they have routine access to the PREA Compliance Manager and support he routinely tours the facility. The PCM and the PSP were aware of the expectations in monitoring for retaliation and the agency has policy language consistent with the standard. The culmination of these factors supports compliance with the standards expectations.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Sanford Pre-Audit Questionnaire

Policy F.3400 Offender Sexual Abuse and Sexual Harassment

Individuals interviewed/ observations made.

Warden

PREA Compliance Manage

Summary determination.

Indicator a). In interviews with the Warden, she reported it is not the practice of the facility to place victims of sexual abuse in protective custody against their will. Sanford Correctional does not have a PC unit so the only way would be to transfer the individual out of the facility. NCDPS Policy F .3400 (Page 14) addresses this indicator when it states, "Offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary segregated housing for less than 24 hours while completing the assessment." Policy F.3400 goes on to further address the requirements of this indicator. "Offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

(i) The opportunities that have been limited;

(ii) The duration of the limitation; and

(iii) The reasons for such limitations.

(C) The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

(D) If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document:

(i) The basis for the facility's concern for the offender's safety; and

(ii) The reason why no alternative means of separation can be arranged.

(E) Every 30 days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population."

Compliance Determination:

The Sanford Correctional Center does not have segregated housing units to protect offenders from sexual abuse. The Auditor confirmed with the Warden that she has not had to transfer someone involuntarily to protect them from abuse. Though the DOC has a policy in place consistent with the standard requirements it shows at both the facility and state level that it is the last solution. The agency's PREA office is reportedly kept aware of any individual placed in involuntary segregation for risk of sexual victimization. Given the custody level of SCC it would be likely that an aggressor would be removed to higher custody. Victims could also be assigned to another comparable level facility instead of utilizing protective custody measures. Based on the review of the agency policy, observations, and information obtained through staff interviews and review of documentation, the Auditor has determined the facility is compliant with standard expectations. Compliance is based on the policy in place and interviews with Warden and PREA Office staff since the facility has no way to implement protective custody at SCC.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 798 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 571 356">Sanford Pre-Audit Questionnaire</p> <p data-bbox="242 387 868 414">Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="242 445 975 472">2016 NCDPS Memo to Law enforcement agencies of PREA Investigation</p> <p data-bbox="242 674 679 701">Individuals interviewed/ observations made.</p> <p data-bbox="242 732 655 759">Interview with Agency PREA Coordinator</p> <p data-bbox="242 790 671 817">Interview with PREA Compliance Manager</p> <p data-bbox="242 848 467 875">Interview with Warden</p> <p data-bbox="242 907 598 934">Interview with an Investigative Staff</p> <p data-bbox="242 1019 488 1046">Summary Determination</p> <p data-bbox="242 1077 1485 1368">Indicator (a) North Carolina Department of Public Safety has trained staff at SCC to be responsible for administrative investigations. In policy F .3400, the agency set forth the responsibilities of the investigative team including the need for a prompt thorough investigation of the facts and a complete report outlining the processes undertook, the reasoning behind the findings. Policy states "Investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." The facility investigator will make an initial assessment of the situation. "if an alleged act of sexual abuse or sexual harassment is reported or discovered, an immediate preliminary review shall be conducted to determine if the incident meets the standards of PREA." Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred and described the expectation that a facility Investigator will be called to the incident.</p> <p data-bbox="242 1458 1485 1720">Indicator (b) Policy F .3400 defines an investigator for DPS Corrections as "A staff member who has been assigned or designated to administratively investigate a report of alleged offender sexual abuse and/or sexual harassment; and has received specialized training in conducting such investigations in confinement settings." As noted in 115.34 the Sanford has 2 approved investigators and Sergeant and the new Associate Warden who is also the PREA Compliance Manager will back her up on administrative investigations in the Sergeant's absence. Criminal Investigator will come from the local Sanford Police Department. NCDPS trains their staff in completing preliminary investigations to determine if an apparent crime has occurred before calling the local law enforcement authorities. NCDPS has several divisions including the state police that can support the development of investigator training.</p> <p data-bbox="242 1809 1485 2134">Indicator (c) Investigative staff interview and investigative files reviewed supported the requirements of this indicator. The SCC Investigator described what she have learned about collection of evidence and crime scene preservation of evidence including DNA. Line staff are also trained on trying to preserve evidence including locking off potential crime scenes and encouraging the victim to not do anything that would potentially degrade the quality of the DNA evidence. Since the local police will do much of the crime scene processing the SCC investigator will ensure that the scene is protected, witnesses are identified and all written and electronic evidence is preserved. As noted in 115.21 forensic exams of the victim would not occur at SCC but at a local hospital with SANE trained nurses. The investigation file also confirms the interview of the victim, alleged perpetrator, and witness are done routinely as part of the investigation. The PREA policy F .3400 states "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data including video and/or audio recordings; shall interview alleged</p>

victims, suspected perpetrators, and witnesses.”

Indicator (d) Compelled interviews would not be part of the administrative investigations or the preliminary steps taken by SCC Investigators. The agency policy ensures that the facility investigator keep in communication to ensure the criminal investigation is not compromised. Policy says, “When the quality of evidence appears to support criminal prosecution, the Department of Public Safety sexual abuse and harassment investigators shall only be permitted to continue interviews after consulting with local law enforcement agency as to whether interviews may be an obstacle for subsequent criminal prosecution.”

Indicator (e) The investigator and the local law enforcement representative confirmed that there is no requirement for a victim to undergo any polygraph or other truth-telling process to proceed with an investigation. The SCC Investigator confirmed in the discussions with the Auditor what policy requires F .3400). “An offender that alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

Indicator (f). Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in a discipline outside of termination. All administrative investigations that are completed are required to have a related investigation file which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached. One case in the past year of staff ‘undo familiarity’ resulted in a referral for criminal investigation. Though the criminal case is not completed the administrative case was substantiated against the former staff who quit once she was under investigation

Indicator (g). All administrative investigations completed by the SCC investigators result in a written report as required in the agency’s related policies. The investigative files reviewed by the Auditor included documentation of interviews, physical evidence, and videos or other documents reviewed as part of the investigatory process. All investigations are reviewed with the Warden, the Regional Director and the NCDPS PREA Office.

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution. Policy F .3400 (page 26) states “Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.” This expectation was confirmed in the interviews with investigative staff.

Indicator (i) The NCDPS record retention requires all investigations are documented in a written report and maintained for as long as the alleged abuser is incarcerated or employed by the agency, and then five years thereafter. This was confirmed through the investigator’s interview.

Indicator (j) Agency policy and the Investigators interviewed confirmed individuals’ departure from the institution would not result in the case being closed. The investigation policy states, “The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The NHSO Detective confirmed the case is still ongoing though both the staff person and the offender have both left SCC. The SCC administrative investigation was not terminated upon either the staff persons resignation or the offender’s release.

Indicator (k) Auditor is not required to audit this provision.

Indicator (l) The Sanford Correctional Center has developed a relationship with the Sanford Police Department to complete criminal investigations of sexual abuse at SCC. In 2016 the Secretary of NCDPS issued a memo to state law enforcement agencies on PREA and the completion of criminal investigations at NCDPS facilities.

Compliance Determination.

The NCDPS requires all incidents are investigated promptly upon notification to staff. The agency's PREA policy, requires prompt investigations of sexual abuse and sexual harassment in NCDPS facilities. In determining compliance, the Auditor took into consideration many factors. The SCC has sufficient and appropriately trained individuals who can complete sexual assault preliminary investigations and administrative Investigations. NCDPS investigates all potential sexual related incidents as possible PREA events even if the offenders report the actions were consensual. In doing so they ensure all incidents are investigated, evidence collected, which provides an opportunity for a reluctant victim to come forward later.

In the Auditor's interview, the investigative staff person was able to identify the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, it was stated investigative reports will be completed on all administrative investigations. The Auditor reviewed the completed reports for content and reasoning for the findings.

In determining compliance absent a criminal investigation, the Auditor considered the stated information found in policy and actual investigative files as well as interviews with the investigative staff supportive of compliance.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 571 358">Sanford Pre-Audit Questionnaire</p> <p data-bbox="242 387 868 416">Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="242 501 679 530">Individuals interviewed/ observations made.</p> <p data-bbox="242 560 504 589">Interview with Investigator</p> <p data-bbox="242 674 489 703">Summary determination.</p> <p data-bbox="242 732 1481 992">Indicator (a) Sanford and NCDPS policy F.3400 Offender Sexual Abuse and Sexual Harassment states, "PREPONDERANCE OF EVIDENCE: Is the evidentiary standard for administrative investigations. (1) The standard of proof used in most civil cases that requires the party bearing the burden of proof to present evidence that is more credible and convincing than the evidence presented by the other party; (2) This standard is satisfied if the evidence shows that it is more probable than not that an event occurred; (3) Preponderance of the evidence is a lesser standard of proof than "beyond a reasonable doubt," which is required to convict in a criminal trial; (4) The agency shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, §115.72 of the national standards." This standard was confirmed by one of the trained facility investigators.</p> <p data-bbox="242 1077 512 1106">Compliance Determination</p> <p data-bbox="242 1135 1477 1364">The North Carolina Department of Public Safety has two staff trained in the investigation of Sexual Assaults at SCC, as noted in 115.34. The Investigator reviewed PREA case files with the Auditor and described the process for working with the local police in a criminal case and the process for an administrative investigation. The Investigator confirmed that she bases her findings on the preponderance of evidence. The Investigative files are all reviewed by the facility Warden then again by the regional office before they are official. This process ensures that all questions are clearly resolved in determining the reports overall finding. Compliance was based on the policy and the interview with the trained investigative staff and documentation in the actual administrative investigation files.</p>

115.73	Reporting to inmates
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 329 798 356">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 387 571 414">Sanford Pre-Audit Questionnaire</p> <p data-bbox="240 445 868 472">Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="240 504 844 530">OPA-130A PREA Support Services Status Notification Form</p> <p data-bbox="240 562 654 589">OPA-130 PREA Support Services Status</p> <p data-bbox="240 620 419 647">Investigation files</p> <p data-bbox="240 730 616 757">Individuals interviewed/ observations.</p> <p data-bbox="240 788 611 815">Interview with the facility Investigator</p> <p data-bbox="240 846 707 873">Interview with the PREA Compliance Manager</p> <p data-bbox="240 904 483 931">Interview with offenders</p> <p data-bbox="240 1014 489 1041">Summary determination.</p> <p data-bbox="240 1133 1468 1359">Indicator (a) North Carolina Department of Public Safety provides notification to all offenders on the outcome of their investigations into sexual misconduct. The agency policy OP 030.4 Special Investigations Unit page 11 requires “Following an investigation into an offender’s allegation that he or she suffered sexual abuse in a facility, the PSP shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification shall be documented on Form OPA-I30 PREA Support Person Services.” Interview with the PREA Compliance Manager supports that the offender is informed of one of these three conclusions in all sexual abuse cases. Sanford Correctional Center has had no allegations of sexual abuse in the past year.</p> <p data-bbox="240 1451 1468 1543">Indicator (b) This indicator does apply as NCDPS completes administrative investigations at all DOC facilities but relies on local law enforcement for criminal investigations. The Auditor reviewed documentation and spoke with the Sanford Sheriff’s Detective on the one potential criminal case.</p> <p data-bbox="240 1635 1468 1758">Indicator (c) The policy F.3400 Offender Sexual Abuse and Sexual Harassment uses language consistent with this standard indicator to define the information that must be notified to the offender victim. The policy states. “Following an offender’s allegation that a staff member has committed sexual abuse against the offender, the PSP shall subsequently inform the offender (unless the allegation is unfounded) whenever:</p> <ul data-bbox="240 1789 1436 2056" style="list-style-type: none"> <li data-bbox="240 1789 1005 1816">(I) The staff member is no longer posted within the offender’s unit; <li data-bbox="240 1848 911 1874">(II) The staff member is no longer employed at the facility; <li data-bbox="240 1906 1420 1964">(III) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or <li data-bbox="240 1995 1436 2056">(IV) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Notification shall be documented on Form OPA-I30A PREA Support Person Services.” <p data-bbox="240 2087 1233 2114">The Auditor reviewed the forms in place that documents notification to victims of staff sexual abuse.</p>

Indicator (d) The policy language covers the required notification for an offender-on-offender sexual abuse cases, "Following an offender's allegation that he or she has been sexually abused by another offender, the agency shall subsequently inform the alleged victim whenever:

- (I) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (II) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- (III) All such notifications or attempted notifications shall be documented.
- (IV) Obligation to report shall terminate if the offender is released from NC Department of Public Safety custody

The same notification form for staff abuse has a section to document notification of offender abuse victims.

Indicator e). The Sanford Correctional Center provides each offender a written document on the outcome of their investigation (OPA-130 PREA Support Services Status). The letter explains what the words substantiated, unsubstantiated and unfounded mean. Each offender is asked to sign for the letter, so there is documentation of the offender being made aware of the findings. As there were no allegations of sexual abuse there were no forms to review.

Compliance Determination:

The NCDPS has policy and procedures in place to ensure the ability to provide the proper notification of victims in sexual abuse cases. The Lee County Sheriff's Office would take the lead in criminal investigations at SCC. The Investigator confirmed that she would remain informed about the case's legal progress so the facility could provide the appropriate communication. The facility has the ability to notify victims when staff or offender perpetrators are no longer at the facility and when there are inditement and convictions. The Auditor finds the facility in compliance with the standard, based on policy, the documentation, and interviews with the Criminal investigator and the PREA Compliance Manager.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Violations of this policy may result in disciplinary action up to and including dismissal and may result in criminal charges against the employee.

115.77	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 571 358">Sanford Pre-Audit Questionnaire</p> <p data-bbox="242 387 952 416">NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="242 445 794 474">NCDPS Policy F .0604 Community Volunteer Program</p> <p data-bbox="242 504 710 533">Contractor and Volunteer Orientation Materials</p> <p data-bbox="242 616 617 645">Individuals interviewed/ observations.</p> <p data-bbox="242 674 504 703">Interview with Investigator</p> <p data-bbox="242 786 489 815">Summary determination.</p> <p data-bbox="242 844 1469 1039">Indicator a). The North Carolina Department of Public Safety has trains contractors and volunteers on the consequences of engaging in sexual abuse or sexual harassment of an offender. Agency policy F .3400 states "Any contractor or volunteer who engages in sexual abuse shall be immediately prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies." There have been no cases of volunteers or contractor sexual abuse in the past 12 months. Sanford Correctional Center has no contractors and due to covid has not allow volunteers into the facility in the past year</p> <p data-bbox="242 1126 1493 1355">Indicator b). As noted in indicator a) non-criminal violations of the agency's standard of conduct would have to be reviewed by facility management before allowing the individual to regain access to the facility. Policy on volunteer and interns OP 027.1 (page 12) stated "Appropriate remedial measures shall be considered whether to prohibit further contact with offenders in the case of any other violation of sexual abuse or sexual harassment policies. (C) If an allegation of sexual abuse in which a volunteer or contracting agent is the alleged abuser is substantiated the volunteer or contracting agent shall be terminated from the relationship with NCDPS." There have been no allegations against any contractor or volunteer in the past 12 months that would require retraining or administrative review before they were allowed to continue.</p> <p data-bbox="242 1442 517 1471">Compliance Determination:</p> <p data-bbox="242 1500 1490 1659">The Auditor finds the standard has been met. The North Carolina Department of Public Safety has sufficient policies to ensure if a victim or contractor engages in sexual misconduct the case will be investigated, the offender will be protected by halting the alleged perpetrator access to the facility, and notifications would be made to the appropriate licensing bodies. The facility staff is aware of the importance of removing alleged abusers from access to the victim. Absent any current contractors or volunteer the auditor has to base compliance on policy, and interviews with facility leadership.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Sanford Pre-Audit Questionnaire</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>NCDPS Policy B.0200 Offender Disciplinary Procedures</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Warden</p> <p>Interview with the PREA Compliance Manager</p> <p>Summary determination.</p> <p>Indicator a). Policy F.3400 Offender Sexual Abuse and Sexual Harassment states, "Offenders shall be subject to disciplinary sanctions pursuant to formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse." The Offender Discipline Procedures policy review confirms that offenders who engage in sexual abuse will have violated a Class A behavioral violation, the most serious condition. There are no such disciplinary cases in the past year.</p> <p>Indicator b). Sanctions for offenders in the institution must be similar to other offenders with similar histories. Policy F .3400 states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories." The Agency Discipline code states that a class A incident can require disciplinary segregation up to 60 days. Since Sanford only has one temporary holding cell, the inmate would be moved to a higher custody facility.</p> <p>Indicator c). In policy F .3400 it defines steps required to be taken if the offender who is the potential subject of discipline had a mental disability or illness. "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. " The PREA Compliance Manager, Warden both report mental health is a consideration in the discipline process. Individuals with significant mental health histories or cognitive impairments would unlikely be placed at SCC.</p> <p>Indicator d). SCC does not have a mental health team and treatment beyond emergent care would likely require a transfer. The facility does not have a specific program for sexual offenders, those service reportedly are more available in a higher custody facility. NCDPS website describes a program for sexual offenders called the SOAR program (Sexual Offender Accountability and Responsibility). As noted previously after an incident of sexual abuse at SCC the aggressor would likely be transferred to a higher level of custody where a mental health clinician would reportedly engage with them.</p> <p>Indicator e) Agency policy does not allow for the discipline of offenders who engage in sexual contact with a staff member unless it is proven the staff did not consent.</p> <p>Indicator f) Policy F .3400 defines when an offender can and cannot be disciplined for filing a PREA complaint in bad faith. The policy states, "Offenders will be held accountable for knowingly making false reports of unfounded incidents of sexual abuse against staff or another offender. If it is clearly established that a false accusation has been made, the offender may be subject to disciplinary action. There were no cases where the offender was disciplined as the result of a false allegation.</p>

Indicator g) Sanford Correctional Center does not allow consensual sexual contact between offenders. Offenders spoken with understood that such behavior may result in disciplinary actions. A review of the Offender booklet shows that sexual contact between offenders for sexual gratification is a Class B behavioral violation.

Compliance Determination:

The North Carolina Department of Public Safety and the Sanford Correctional Center have in place systems for holding individuals accountable for sexual misconduct. The policies require the disciplinary committee to consider factors on the offender's mental health and cognitive capacities. The facility has had no sexual misconduct incidents in the last year that resulted in a formal discipline for the Auditor to review. The agency staff interview and policy language support the use of discipline around false reporting of PREA incidents. The administration reports a cautious approach to disciplining false reports to not impact the overall population's willingness to report incidents. Compliance determination was based on interviews, policies, and supporting documents reviewed.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Sanford Pre-Audit Questionnaire</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>NCDPS Policy A-12 Intra-system Behavioral Health Services Screening, Appraisal, Referral and Assessment</p> <p>NCDPS Policy A-1 Receiving Screening</p> <p>NCDPS Policy AD-IV-3 Confidentiality</p> <p>Classification Records</p> <p>Medical and Mental Health Records</p> <p>Sanford SOP</p> <p>Individuals interviewed/ observations.</p> <p>Interviews with Medical Professionals</p> <p>Interview with Mental Health Professional</p> <p>Interviews with Random Offenders</p> <p>Interview with the PREA Compliance Manager</p> <p>Indicator Summary Determination</p> <p>Indicator (a) Offenders identified through the screening process or who admit a history of sexual trauma can be referred to either the medical service at SCC or the local rape crisis agency. The Auditor confirmed this practice through interviews with offenders, medical staff, and intake staff. NCDPS policy F.3400 sets forth the requirement to refer all individuals who are admitted with past histories of sexual assault or Sexual victimization to mental health who will follow up within 14 days. Policy states, "If the screening for risk of victimization and abusiveness indicates that a prison offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening." The Auditor confirmed that different offenders with prior abuse histories were seen within the time frame required. Sanford is a minimum security environment, and individuals needing significant mental health services may not be deemed appropriate for the setting. Crisis support can be offered through the Regional Correctional Office, assigning an individual to complete an assessment. Offenders would also be offered support through the local rape crisis agency.</p> <p>Indicator (b) As show in indicator (a), offenders who engage in sexual assault or have a history of sexual offenses are automatically referred to Mental Health for an assessment. SCC has mental health professionals who can provide individual services to individuals with sexual offense histories. The NCDPS tool, as discussed in standard 115.41, identifies individuals with high risk for perpetrating behaviors. The Department has a treatment program for individuals with sexual offense histories in other higher custody facilities offenders transition through before placement at SCC. Individuals with recent abuse would not be placed at SCC.</p> <p>Indicator (c) SCC is not a Jail.</p> <p>Indicator (d) The Auditor confirmed through interviews with intake staff, case management staff, medical staff, and the PREA Coordinator that sensitive information is protected. Custody staff does not have access to information in the medical records which are separated from OPUS in a program called HERO. Information obtained and documented in OPUS related to an individual PREA screening is also limited in access to those individuals who need to know. Offenders interviewed supported</p>

that information given to medical is kept confidential. Policy F .3400 states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law."

Indicator (e) Policy F .3400 states "Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18." All offenders sign for and have an understanding of the limits of confidentiality as it relates to criminal behaviors. Offenders interviewed confirmed they verbally understood the reasons why a medical staff must disclose actual sexual abuse or imminent risk situations. NCDPS Policy addresses the limits of confidentiality, it states, "Confidential information shall be disclosed without the offender's written authorization to the extent that the clinician reasonably determines that such disclosure is necessary to protect against clear and substantial risk of imminent serious injury, disease, or death being inflicted by the offender on himself/herself, or others, or a threat to the security of the unit. Material contained in the offender files may be released to approve federal and state law enforcement agencies when their representatives present proper credentials. Such agencies must agree to maintain the confidential nature of the material or information."

Conclusion: All offenders are screened by intake and medical staff when they arrive at the Sanford Correctional Center. If there is a concern noted on sexual abuse or sexual offenses, they will be referred to medical staff at SCC. Since SCC is not an entry point into the NCDPS correctional system, inmates with prior abuse and victimization histories would likely have been identified before placement at SCC. In addition to the NCDPS PREA screening, the medical staff have several intake questions that are PREA related and are looking for signs of abuse. The secondary questioning allows offenders who did not disclose concerns at admission a second opportunity to disclose in a medical environment. Offender medical and mental health records are not accessible to the custody staff. Opus, the NCDPS electronic case management system, has access controls and similarly, the HERE the electronic medical records (EMR) limits access to the most vulnerable information protecting the offender from having information exploited. Compliance was based on policy, the documentation provided showing referrals for treatment follow-up within 14 days, the security of records, interviews, and information provided on tours by the Medical staff.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Sanford Pre-Audit Questionnaire</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with Medical professionals</p> <p>Interview with Sexual Assault Nurse Examiner</p> <p>Interviews with staff on First Responder duties</p> <p>Indicator Summary Determination</p> <p>Indicator (a) The Sanford Correctional Center has a medical clinic that operates 8 hours per day. Registered Nurses are available and there is after-hours availability of on-call medical practitioners. The services are diverse and consistent with community health clinics. Offenders report access to these services if they are in crisis. Medical staff report having medical autonomy if the offender must go out of the building for emergency services to facilitate that trip. Policy F .3400 "Medical Services will follow medical protocol, which includes provisions for examination, documentation and transport to the local emergency department when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted diseases, counseling, and prophylactic treatment. Medical Services will ensure that the offender victims receives medical follow-up and is offered a referral for mental health services." In the event of a sexual assault, offenders at SCC would go to Central Carolina Hospital which has SANE trained nurses and availability of support from local rape crisis agency Haven of Lee County.</p> <p>Indicator (b) Medical services are available 24 hours per day at the Central Carolina Hospital in Sanford. Random staff knew as part of their first responder duties, that immediate notification to medical was required. In the Absence of a medical staff person onsite the Officer in Charge (OIC) will notify the on call medical prescriber before transport. This is also stated in the facility's Sexual Assault Response plan. NCDPS policy F.3400 states, "Medical Services will follow medical protocol, which includes provisions for examination, documentation and transport to the local emergency department when appropriate, where the following will occur; collection of forensic evidence, testing for sexually transmitted diseases, counseling, and prophylactic treatment. Medical Services will ensure that the offender receives medical follow-up and is offered a referral for mental health services." An interview with the medical staff confirms that if a practitioner is not on site they will be contacted by the medical team. The prescriber onsite also confirmed this practice.</p> <p>Indicator (c) Discussions with both Hospital staff and facility medical staff confirmed that sexual assault victims would be offered prophylaxis medications, HIV and STD testing. The Auditor confirmed the same medications would be offered to the offender again upon return from a forensic exam even if they initially denied it. Medical staff confirmed they would educate the offender on the importance of such medications for continued health. Since the facility does not house females the pregnancy testing aspect of this indicator does not apply.</p> <p>Indicator (d) The Auditor confirmed that medical services related to sexual assault victims are provided without cost. Payment for the medical forensic examination is done through the Rape Victim Assistance Program (RVAP), a state of NC funded entity through the NC Dept of Public Safety. "Payment is made directly to the medical facility or medical professional. An itemized copy of the bill must specify the categories of expenses under which the services fall and be submitted with the RVAP Form-2019." The clinic at SCC would function as the aftercare by providing follow up care medically and ensuring mental health services are offered. Because mental health services are not routinely onsite support will come from one of the larger prisons in the region for the victim of sexual abuse.</p>

Compliance Determination:

North Carolina Department of Public Safety can quickly respond to and provide emergency care and referral to a local hospital for forensic services. NCDPS facility's response plan for PREA incidents outlines the steps taken to ensure access to care. The SCC does not have on-site medical nursing staff 24 hours per day. The facility uses on-call providers that can help to facilitate the referral to an outside medical provider. Health Service will follow the requirements as outlined in several policies. The confirmed SAFE or SANE capabilities are available at the Sanford Medical Center. As part of the audit process, the Auditor spoke to a hospital representative to confirm the access to SANEs and the services provided to victims of sexual assault. There is no financial cost to any offenders in NCDPS this was confirmed not only with hospital staff but with an offender who was taken out for a forensic exam. The hospital staff confirmed they follow the national Protocol for Sexual Assault Forensic Examinations and support they offer victims HIV testing, and prophylaxis treatments for STD. Compliance determination took into consideration the access to services, Health Services, and NCDPS policies, and information from the interviews completed. Absent a victim there was no file information to review.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Sanford Pre-Audit Questionnaire</p> <p>NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with Medical Professionals</p> <p>Interviews with Mental Health Professional</p> <p>Interview with SANE (local Hospital)</p> <p>Indicator Summary Determination</p> <p>Indicator (a) The North Carolina Department of Public Safety ensures that all offenders are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Health Services staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently the offender will be offered a forensic exam at the Sanford Medical Center. If the incident is a prior life event that occurred in another institution or in the community the medical will complete a health assessment. If the offender is more comfortable discussing the abuse with a rape crisis agency staff person a referral can be made to Haven to provide appropriate level of supportive counseling.</p> <p>Indicator (b) Offenders who are victims of sexual assault in a North Carolina correctional institution are immediately referred to mental health services as well as medical services. Even if the assault occurred in the community or at a county jail; the offender, once identified, is referred to mental health staff for follow-up services. If the offender prefers, they can be referred to Haven for support services post an incident of sexual misconduct. The Medical staff spoken to confirmed, as did the Haven representative, that they would make referrals to ensure continuity of care if the offender were released home or transferred to another facility.</p> <p>Indicator (c) As noted in indicator (a) the medical clinic at the Sanford Correctional Center is equivalent to an urban community medical clinic. The facility offers a full array of medical services on site or through referral. As a minimum security environment, where clients in a non-COVID period would go into the community to work, offender with significant physical or mental impairment would not likely be placed at SCC . There were no cases of sexual abuse at SCC but random interview support compliance with the indicator.</p> <p>Indicator (d) The Indicator does not apply as Sanford Correctional Center is an all-male institution.</p> <p>Indicator (e) The Indicator does not apply as Sanford Correctional Center is an all-male institution.</p> <p>Indicator (f) The Auditor confirmed with both, the medical staff at SCC and the representatives of the Sanford Medical Center used by SCC, that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge consistent with agency policy. The Auditor was provided information that no offenders required any follow up services for possible sexually transmitted diseases.</p> <p>Indicator (g) Treatment services are provided to victims of sexual abuse without cost to the offender including if the offender must go out for a forensic exam. As noted in 115.82 the state's Rape Crisis Assistance Program covers the medical costs associated with sexual abuse investigation.</p>

Indicator (h) All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments. If the individual chooses not to speak to staff they can also be referred to the local rape crisis agency, Haven. Haven can coordinate phone support for victims and work with the facility to be able to provide on-site support in a non-pandemic period. COVID-19 has limited some outside services from being able to come to the facility.

Compliance Determination:

The NCDPS ensures offenders have ongoing access to services. The agency has policies that address the healthcare needs of offenders including services available to victims of sexual abuse. Health services staff confirm they would provide follow up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. SCC would ensure that all medical needs and follow up treatment was provided after an initial referral to Sanford Medical Center. Medical staff confirmed that they could educate offenders about the importance of testing and prophylactic treatment if they initially refused these treatments at the hospital. Compliance, absent a case of sexual abuse, is based on policy consistent with the standard, the resources available on-site and at the identified hospital, the interviews with medical and mental health staff as well as interviews with representatives of Haven.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 799 297">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 331 571 358">Sanford Pre-Audit Questionnaire</p> <p data-bbox="240 392 954 418">NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="240 452 427 479">Investigation Files</p> <p data-bbox="240 560 619 586">Individuals interviewed/ observations.</p> <p data-bbox="240 620 647 647">Interviews with Incident Review Member</p> <p data-bbox="240 680 659 707">Interview with PREA Compliance Manger</p> <p data-bbox="240 741 730 768">Interviews with NCDPS Secretary representative</p> <p data-bbox="240 801 536 828">Interview with facility Warden</p> <p data-bbox="240 909 580 936">Indicator Summary Determination</p> <p data-bbox="240 969 1474 1189">Indicator (a) Policy F.3400 Offender Sexual Abuse and Sexual Harassment (pages 30) sets forth the requirement of an incident review (called Post Incident Review) on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy states "A PIR shall be completed for all substantiated and unsubstantiated allegations of sexual abuse and documented on Form OPA-110 Post Incident Review. The Sanford reported 0 cases in the 12 previous months for sexual abuse. The agency policy requires that sexual abuse and sexual harassment claims to go through the multi-disciplinary review process. Various members of the facility management team knew there was a requirement for a multi-disciplinary post incident review.</p> <p data-bbox="240 1279 1474 1408">Indicator (b) The policy F .3400 states the review should occur within 30 days of the investigation conclusion. The Warden and the PREA Compliance Manager were aware of the timeliness of PREA incident reviews. The one case of sexual abuse in the last year is still open in both the criminal and administrative investigative process. All reviews are completed with an agency developed form and are forwarded to both the Regional DOC Director and to the NCDPS PREA Office.</p> <p data-bbox="240 1498 1442 1588">Indicator (c) DOC policy language addresses the multi-discipline nature of the team. It states "The PIR is completed with input from upper-level management officials, investigators, and medical or mental health practitioners." Absent an actual incident to review the Auditor relied on the policy and the management staff knowledge of a review requirement.</p> <p data-bbox="240 1677 1474 2004">Indicator (d) The elements described in this indicator are all covered in policy F.3400 (page 23-24) which states "The review team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics in the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during the different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of its findings pursuant to standards, and any recommendations for improvement. Submit such reports to the facility head and PREA compliance manager." Form OP A-110 reportedly has the documented elements.</p> <p data-bbox="240 2094 1474 2157">Indicator (e) Interviews with the Warden, The PREA Coordinator, and the PREA Compliance Manager support that there are systems in place to ensure the information obtained in the review can be used to make changes in the facility. The Warden</p>

shared, absent a PREA incident, the facility takes into consideration all critical incidents to ensure the facility's safety. Both the Warden and the PREA Compliance Manager supported they have the ability to request additional resources or make adjustments to provide the safest environment possible.

Compliance Determination

The North Carolina DPS policy requires the completion of the steps outlined in this standard. The policy outlines the steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires what information needs to be part of the incident review with language directly from the standard. Absent an actual review the Auditor considered that the Warden, PREA Coordinator and Mental Health Supervisor new the review team should included a multi-disciplinary team of management, custody, and medical and mental health services staff. Compliance, absent a review panel, was determined based on policy language, the documentation provided, staff understanding of the requirements, and examples from the Warden of the routine review of other critical events.

115.87	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="240 306 954 398">Sanford Pre-Audit Questionnaire NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment NCDPS Annual reports (website)</p> <p data-bbox="240 434 683 555">Individuals interviewed/ observations. Interview with PREA Compliance Manger Interviews with Agency Head representative Interview with facility Warden</p> <p data-bbox="240 591 580 618">Indicator Summary Determination</p> <p data-bbox="240 624 1477 716">Indicator (a) The NCDPS PREA Office produces an annual report that compiles information from all of the agency's facilities and contracted beds. The Auditor was able to review the previous years report. The 2020 was completed in the second quarter and placed on the agency website.</p> <p data-bbox="240 752 1485 907">Indicator (b) As noted in indicator (a) the NCDPS produces an annual report that includes data from all its facilities. The Auditor was able to review past years reports on the NCDPS website. The 2020 was completed in the second quarter and placed on the agency website. The document chronicled the number of allegations of sexual misconduct and the outcome of each outcome. The report also documented for all sexual abuse incidents if there were recommended changes. Sanford Correctional Center had no Sexual abuse allegation in the past year.</p> <p data-bbox="240 920 1477 1106">Indicator (c) The NCDPS has a full electronic case management system from which to obtain vast information about offenders. The agency also has an electronic medical record that records medical and mental health supports to victims of sexual misconduct. The Agency policy also requires that all incident reports, investigations, and post incident reviews be forward to the agency PREA Office where it will be assessed in the development of the report. The information will also be used by the PREA Office which is part of the agency's standards and compliance division to further make recommendations on policy and training needs.</p> <p data-bbox="240 1120 1485 1173">Indicator (d) As noted in indicator (c) all data is forwarded to the PREA Office who will maintain summary reports. The PREA Office ensures the report has no identifiers.</p> <p data-bbox="240 1187 1485 1272">Indicator (e) The NCDPS obtains information of all PREA incidents which are required to be forwarded to the agency's PREA Office. The contracted facility must also report all allegations to this office which then could be used in the annual report documentation.</p> <p data-bbox="240 1285 1485 1339">Indicator (f) The Department of Justice has not requested a Survey of Sexual Violence for Sanford Correctional Center in the past year.</p> <p data-bbox="240 1406 512 1433">Compliance Determination</p> <p data-bbox="240 1440 1485 1570">The facility and the agency have sufficient resources from which to obtain the needed data to study patterns of sexual abuse and sexual harassment claims. The Warden of Sanford Correctional Center clearly supported the use of data as a necessary management tool in protecting offenders. The agency administration interviewed also support data assessment is an important aspect of maintaining compliance with the expectations with the Prison Rape Elimination Act.</p>

115.88	<p>Data review for corrective action</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed. Sanford Pre-Audit Questionnaire NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment</p> <p>Individuals interviewed/ observations. Interview with PREA Compliance Manger Interview with facility Warden Interviews with Agency Head representative</p> <p>Indicator Summary Determination Indicator (a) As noted in standard 115.87 the NCDPS PREA Office and the NCDPS Corrections Division are committed to use data to inform practice, identify trends, identify areas that could need additional staffing or electronic monitoring aids to reduce the likeness of incidents. The PREA Office is part of the agency's Standards and Compliance Division which has positioned it to be able to identify trends at both the system and facility level. Interviews with both Agency and facility Leadership described the collaborative efforts when issues are identified. The Warden of SCC was able to point out the areas during the tour in which he has made changes or made request for monitoring technology from investigation reviews including sexual misconduct allegations. Indicator (b) As noted in this standard and in 115.87 the NCDPS has the capacity to collect and use data in the preparation of an annual report and the implementation of facility and system-based changes to identified problems. Indicator (c) NCDPS has posted to the website an annual report entitled Sexual Abuse Annual Report. The document according to the agency head representative confirms that the Secretary of North Carolina's Department of Public Safety approves the report prior to the publication of the document on the agency website. Indicator (d) The agency redacts information from its annual report that would otherwise identify the perpetrator or victims of sexual misconduct allegations. The NCDPS redacts offender information before publishing such information in its annual report which is publicly distributed through the agency's website.</p> <p>Compliance Determination The Auditor finds the standard is compliant. The interviews and documents provided show a consistent commitment to acting on data. The SCC leadership also described how they use data from all critical incidents not just PREA incidents in determining the best ways to ensure offender safety.</p>
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115.89	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed. Sanford Pre-Audit Questionnaire NCDPS Policy F.3400 Offender Sexual Abuse and Sexual Harassment State Archives Website</p> <p>Individuals interviewed/ observations. Interview with PREA Compliance Manger Interviews with Agency Head representative Interview with facility Warden</p> <p>Indicator Summary Determination Indicator (a) The facility is responsible for reporting facility data to the PREA Office through the OPUS Incident Reporting System. All facility data gathered by the PCM and investigators is maintained in the Associate Wardens offices. The data reported to the PREA Office is electronically maintained in the agency's PREA Office. Interviews support information for the agency's annual report is compiled from various investigative files, Incident Review Reports and data in the OPUS System. According to the state website each state agency also has an individual responsible to ensure record management within state agencies are maintained consistent with state laws. Indicator (b) As noted in indicator (a) the NCDPS produces an annual report that includes data from all its facilities. The Auditor was able to review past years reports on the NCDPS website. The 2020 report is in the approval process at the time of this report. Indicator (c) Agency PREA policy requires "All written investigation reports will be retained as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise, whichever is greater." As noted previously all publicly viewed documents reviewed by the Auditor did not contain identifying information. Indicator (d) As noted in Indicator (c) the minimum retention for documents related to a sexual abuse claim is 10 years.</p> <p>Compliance Determination The Auditor supports that NCDPS has sufficient resources to safely manage, and store data related to sexual abuse claims at Sanford Correctional Center. The Auditor based compliance on policy, interviews, and information from state websites</p>
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115.401	Frequency and scope of audits
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 568 358">Sanford Pre Audit Questionnaire</p> <p data-bbox="242 387 978 416">NCDPS Policy – F .3400 Offender Sexual Abuse and Sexual Harassment</p> <p data-bbox="242 445 474 474">NC DPS DOC Website</p> <p data-bbox="242 557 617 586">Individuals interviewed/ observations.</p> <p data-bbox="242 616 584 645">Interviews with PREA Coordinator</p> <p data-bbox="242 674 679 703">Interviews with PREA Compliance Manager</p> <p data-bbox="242 732 603 761">Tour of Sanford Correctional Center</p> <p data-bbox="242 844 580 873">Indicator Summary Determination</p> <p data-bbox="242 902 1485 1066">Indicator (a) The Sanford Correctional Center is part of the North Carolina's Department of Public Safety's Adult Correctional system. The Agency Website support in the first two PREA cycles a pattern of completing PREA Audits of all of its facilities. The Agency website has the audit reports for every institution organized by the cycle they were completed in. The document support a consistent agencywide practice to track and ensure compliance agency wide. The agency's has a PREA Office which supports both adult and Juvenile compliance in the state of North Carolina.</p> <p data-bbox="242 1149 1485 1346">Indicator (b) The Audit of Sanford Correctional Center is the third year of the audit cycle. During the first year of the current audit cycle. the COVID-19 Pandemic occurred. The pandemic caused, out of an abundance of caution, a temporary stop in the audit of facilities at the direction of the DPS Secretary. The stoppage caused the delay of some audits. Due unfortunately to outbreaks in the institution the DX Consultants had to work with the DPS PREA Office to reschedule audits into a subsequent year. The agency has 30 completed facilities out of 55 adult environments in the first two years of the current cycle.</p> <p data-bbox="242 1429 1477 1626">Indicator (h) The Auditor did have open access to all parts of the facility there were no portions of the facility with active cases of COVID -19 that we did not tour. Despite COVID-19 social distancing measures the Auditor was able to move freely about the housing units on the tour to be able to speak informally with offenders and staff to ensure they were aware of the Audit, the agency's efforts to educate offenders, and how to seek assistance if the need arises. The facility has taken extensive measures to limit the mixing of populations during the pandemic. The facility has put admission in cohorts for the initial assessment period to limit chance of cross exposure.</p> <p data-bbox="242 1709 1485 1944">Indicator (i) The NCDPS provided the Auditor information in the OAS which he did not have full access to until the week prior to the site visit. This was the first use of the OAS at SCC. The Auditor, Facility Leadership, the PREA Coordinator, had a zoom meeting to review material and set up information the Auditor would like to review on site. The Auditor provided an initial review of OAS information prior to coming on site. The Auditor was also able to get copies of other documentation as requested on site. The Agency provided materials in an organized manner and the Auditor and department leadership were work with to describe the additional information to be uploaded to the OAS. Subsequent information after the site visit was delayed by a reassignment of the PCM so the Auditor until information could be uploaded.</p> <p data-bbox="242 2027 1469 2157">Indicator (m) The Auditor was able to interview offenders throughout the facility in private spaces. The space provided was appropriate to allow the Auditor and the offender to speak freely without others being able to hear our conversations. The Auditor was able to socially distance and use a mask during the audit, but it did not appear to impact the interview process. The Auditor was also provided with access to interpretive services to interview ESL offenders but there are none in the</p>

population at SCC.

Indicator (n) The DX Consulting did receive confidential mailings from offenders on a grievance that was filed by an inmate after the Auditor was on site. The Complaint was regarding post incident concerns of retaliation after a incident at another facility. The issue was discussed with the PREA Compliance Manager and the State PREA Office staff. The Auditor's information was posted, and the facility PREA Compliance Manager was informed the posting should remain up until the final report is issued. The Auditor received Photo evidence in advance from the facility confirming the posting and then confirmed with inmate on site that the PREA Audit Information had been up for over a month.

Compliance Determination:

The North Carolina Department of Public Safety has had PREA audits of each of its facilities since 2014. The Auditor was given full access to the prison and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and offenders. The facility did post the Audit notice, it was visible on the tour and offenders were aware of the posting and the audit. Compliance is based on the above-mentioned facts which support a culture in which PREA is monitored daily.

115.403	Audit contents and findings
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 798 300">Policies and written/electronic documentation reviewed.</p> <p data-bbox="242 329 766 358">North Carolina Department of Public Safety Website</p> <p data-bbox="242 387 571 416">Sanford Pre-Audit Questionnaire</p> <p data-bbox="242 560 678 589">Individuals interviewed/ observations made.</p> <p data-bbox="242 618 574 647">Interview with PREA Coordinator</p> <p data-bbox="242 730 582 759">Indicator Summary Determination</p> <p data-bbox="242 788 1492 884">Indicator: (f) The North Carolina Department of Public Safety website has all the previous PREA Audits posted. This was determined through a review of the state's website. The DPS has published all PREA reports dating back to the agency's first PREA Audits in 2014. Sanford Correctional Center's previous audit reports were available on the state website.</p> <p data-bbox="242 1028 518 1057">Compliance Determination:</p> <p data-bbox="242 1142 1476 1272">The North Carolina Department of Public Safety website has all previous facility PREA Audits posted under its Prison Rape Elimination Act page. The Auditor also took into consideration that the Agency PREA Coordinator was also aware of the timing requirement for the posting of the audit report after it is finalized. The Auditor was also able to observe other finalized reports being added to the state's website over the course of the three audit phases.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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 inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency 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?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency 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?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates 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
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	no
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	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 inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate 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
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate 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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	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 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	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 require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain 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?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

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