

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

Interim       Final

Date of Report    September 20, 2017

### Auditor Information

Name: Timothy L. Fuss

Email: tfuss@gmail.com

Company Name:

Mailing Address: 48 E Hiwassee Rd

City, State, Zip: Fletcher, NC

Telephone: 9106209506

Date of Facility Visit: 9/17-9/20/17

### Agency Information

Name of Agency:

Beaufort County Sheriff's Office

Governing Authority or Parent Agency (If Applicable):

Beaufort County Government

Physical Address: 210 N. Main St

City, State, Zip: Washington, NC 27889

Mailing Address: Same as above

City, State, Zip: Same as above

Telephone: (252) 946-7111

Is Agency accredited by any organization?  Yes  No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission: *To be the Best Sheriff's Office in this state*

How we will accomplish this mission:

- We will serve all citizens equally and without regard to race, sex, religion or socioeconomic standing.
- We will strive for constant improvement in all areas of operation.
- We will train and prepare to meet any law enforcement need or any other need for service that may arise within our jurisdiction.
- We will be as friendly, helpful, courteous and respectful as possible in our dealings with others.
- We will never forget that we derive our strength from those we serve.

Agency Website with PREA Information: Located on the agency website under the Detention tab.

### Agency Chief Executive Officer

Name: Ernie Coleman

Title: Sheriff

Email: ecoleman@co.beaufort.nc.us

Telephone: (252) 946-7111

### Agency-Wide PREA Coordinator

Name: Kathryn Bryan

Title: Lieutenant

<b>Email:</b> kbryan@co.beaufort.nc.us	<b>Telephone:</b> (252) 946-7113
<b>PREA Coordinator Reports to:</b> Chief Deputy Charlie Rose	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0

### Facility Information

<b>Name of Facility:</b> Beaufort County Detention Facility			
<b>Physical Address:</b> 112 W. 2nd Street Washington, NC 27889			
<b>Mailing Address (if different than above):</b> 210 N. Main St Washington, NC 27889			
<b>Telephone Number:</b> (252) 946-7113			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	

**Facility Mission:** The Beaufort County Detention Center is committed to providing a safe and secure environment for inmates, staff and visitors. Our mandate is to do this with honor and integrity, while at all times conducting ourselves with the highest ethical standards and respect for human dignity.

**Facility Website with PREA Information:** <http://www.beaufortcountysheriff.org/divisions/beaufort-county-detention-center/prea/>

### Warden/Superintendent

<b>Name:</b> Kathryn Bryan	<b>Title:</b> Lieutenant
<b>Email:</b> kbryan@co.beaufort.nc.us	<b>Telephone:</b> (252)946-7113

### Facility PREA Compliance Manager

<b>Name:</b> N/A	<b>Title:</b> N/A
<b>Email:</b> N/A	<b>Telephone:</b> N/A

### Facility Health Service Administrator

<b>Name:</b> Southern Health Partners - Crystal Grimes	<b>Title:</b> Nursing Supervisor
<b>Email:</b>	<b>Telephone:</b>

### Facility Characteristics

<b>Designated Facility Capacity:</b> 87	<b>Current Population of Facility:</b> 51
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Number of inmates admitted to facility during the past 12 months		2703	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		237	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		783	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: 16-17	Adults: 18-81	
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		87	
Average length of stay or time under supervision:		10 days	
Facility security level/inmate custody levels:		Minimum, medium, close	
Number of staff currently employed by the facility who may have contact with inmates:		20	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		7	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		7	
<b>Physical Plant</b>			
Number of Buildings: 1		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		7	
Number of Open Bay/Dorm Housing Units:		1	
Number of Segregation Cells (Administrative and Disciplinary):		8	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
The facility has recorded digital video monitoring technology equipment throughout the facility. The video is saved for 30 days before being recycled. Video of incidents that occur in the facility are saved to be a part of the investigative file. Last year 17 additional cameras were added to the facility.			
<b>Medical</b>			
Type of Medical Facility:		Hospital	
Forensic sexual assault medical exams are conducted at:		Vidant Beaufort Hospital	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		41	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		1	

# Audit Findings

## Audit Narrative

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

The Prison Rape Elimination Act (PREA) on-site audit of the Beaufort County Sheriff's Office Jail in Washington, North Carolina was conducted September 17-20, 2017 by Timothy L. Fuss, from Fletcher, North Carolina, a certified US DOJ PREA auditor for adult facilities. Karen Albert, from Lyman, SC, assisted with the audit.

Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures, and other PREA related materials that were provided to demonstrate compliance with the PREA standards. In addition to reviewing the materials prior to arrival I conducted a tour of the facility and interviewed random selected staff and inmates chosen by the auditor by reviewing rosters provided the day of the visit.

During the three and one-half days of the on-site audit, the auditor was provided a private, conference room in the facility from which to work and conduct confidential interviews. Time spent at the facility began in the morning each day and continued into the evening to ensure a good cross representation of interviews. Formal personal interviews were conducted with facility staff, residents and contractors. The auditor interviewed 25 residents representing at least one per housing unit in the facility chosen at random. Of the residents selected, the auditor ensured that specialized groups such as youthful offenders, limited English speaking, and LGBTBI were selected if applicable. The facility did not have any residents that had been victimized prior to coming to the facility of anyone that identified as LGBTBI. Information was posted and observed in the facility to allow the residents to correspond with the auditor prior to arrival. One resident did send correspondence to the auditor prior to arrival at the facility and was interviewed while on site.

Thirty nine facility staff members were interviewed representing all shifts (1st shift 6am-6pm; and 2nd shift 6pm to 6 am) that covered a good representation of the number of years on the job from several months to 10+ years). It should be noted that time on the job was not viewed in making the random selection. Included in the 39 interviews were specialty staff including medical (contract staff), first responders, investigators, intake and screening, human resources and training individuals. Also interviewed were the agency Chief Deputy, and PREA Coordinator.

Residents were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment. Staff was questioned using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties. The auditor reviewed personnel files for random staff members to determine compliance with training mandates

and background check procedures. Case files for random residents in the facility were reviewed to evaluate screening and intake procedures, resident education and other general programmatic areas. The Beaufort County Sheriff's Office Jail reports two allegations of sexual abuse or sexual harassment in the past 12 months so the auditor was able to review the investigations, related documentation, and interview any victims.

The auditor toured the facility escorted by the PREA Coordinator and observed among other things the facility configuration, location of cameras and mirrors, staff supervision of residents, dorm layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The auditor noted that shower areas provided privacy via shower curtain. Toilet areas were screened by curtains providing privacy from residents in the housing unit. Notices of the PREA audit were posted throughout the facility in common areas. The auditor was given security access to all parts of the facility via an officer and toured the facility escorted to review the DOJ tour protocol. The auditor talked informally to staff and residents during multiple walk-throughs of the facility during the course of the visit.

The auditor was treated with great hospitality during the visit and residents and staff were made readily available to the auditor at all times. It is clear that the leadership of the Beaufort County Sheriff's Office Jail have made PREA compliance a high priority and have expended great effort to ensure the sexual safety of residents in their care. It was further evident that staff and residents were invested in PREA as demonstrated through their knowledge and understanding of the protections and requirements. It was clear to the auditors that the jail administrator and staff put forth tremendous effort to prepare for the audit with the goals of seeking full compliance with the standards despite the physical plant.

## Facility Characteristics

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

The Beaufort County Detention Center was constructed in 1969 and has a capacity of 85 beds. The detainees are primarily persons charged with a felony or misdemeanor, and are held on a pretrial basis.

The facility is a linear design located in the basement of the County Courthouse. The configuration does not generally support effective supervision; most periods of observation are through security rounds and video monitoring from the control room. Note, this facility is not operated as a direct supervision facility.

There are seven housing units, of which one housing unit is designated for females, and six designated for the various classifications of males.

Both males and females, and adults and youthful offenders are housed in the facility making appropriate housing decisions difficult for staff. Due to physical plant limitations, adult residents are occasionally housed with youthful offenders, however they are separated from adult residents for sleeping purposes but contact is not consistent with regards to sight and sound barriers as specified in the PREA standards.

There is no space for programming within the security perimeter resulting in inmates being shackled in a conference space outside of security to participate in programs.

There is no indoor or outdoor space designated for recreation. Detainees must recreate in their housing units.

Health care services are contracted through South Heath Partners to provide onsite services.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 0

N/A

**Number of Standards Met:** 43

115.11, 115.12, 115.13, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

**Number of Standards Not Met:** 2

115.14, 115.33

## Summary of Corrective Action (if any)

The two standards that are not met are dealing with youthful offenders and inmate education. The current physical plant does not allow for separation of youthful offenders as defined by the standard. In order to become compliant the agency will need to look at looking at how the youthful offenders are housed or house them outside the facility at a PREA compliant facility.

The second standard involved inmate education. Though there is information about PREA available to the residents, a more in depth orientation with a signed acknowledgment by the residents is recommended. This orientation should be done daily either by video or led by trained officer.

Within the time frame set forth by the standards, the facility will have 180 days to correct any deficiency with guidance from the auditor. Upon completion of said deficiencies the auditor will make a final inspection and render a final report.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.11 (a)

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

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Beaufort County Detention Facility has a zero tolerance policy and through the facility's PREA Coordinator the policy has been implemented. Staff interviews confirmed the existence of a policy and its contents. Interviews with inmates (residents) confirmed practice by that that staff take the policy serious and are attentive to the needs of the inmates. According to the inmates, the staff's understanding of zero tolerance includes any type of horse playing.

- (a) Policy D-10.5.a, Inmate Sexual Abuse and Sexual Harassment, references the agency "zero-tolerance policy regarding sexual abuse and sexual harassment. The procedures outline incident prevention, detection and incident reporting.

The Inmate Handbook, p. 6, dated September 2015, specifies that the Beaufort County Detention Center maintains "an environment of zero tolerance for sexual abuse and sexual harassment for all inmates, contractors, volunteers, and staff. The handbook outlines procedures for inmates to report violations. Staff and inmates report that the handbooks are available in the housing units. There is no known requirement that inmates are informed that they are specifically responsible to review the handbook. The rules are available in Spanish.

Inmate interviews generally validate that inmates are familiar with the agency's zero-tolerance policy.

- (b) Policy D-10. A. specifies the jail administrator as the agency-wide PREA Coordinator and outlines the duties thereof. The PREA Coordinator self-reports that her duties, while not solely PREA coordination, are balanced with other jail administration duties. The Chief Deputy indicated that requests for support from the Jail Administrator are addressed accordingly.

- (c) The Beaufort County Detention Center operates only one facility.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

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

#### **115.12 (a)**

- 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  No  NA

#### **115.12 (b)**

- 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 OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The Beaufort County Detention Facility currently does not contract for housing of inmates in other jurisdictions. In the event of a medical or security issue that exceeds the physical plant of the facility, the staff can send the inmate(s) to safekeeping to a prison within the North Carolina Department of Public Safety Division of Adult Corrections as outlined in North Carolina General Statute. These facilities are PREA compliant or working toward compliance as by written decree issued by the Governor of North Carolina. There are no current contracts with other agencies to provide detention services. Surrounding jurisdictions may provide space available on a mutual aid basis to house inmates to support classification, separations or other factors.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial

findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

- 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.)  
 Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.13 (d)

- 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  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- 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  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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During the past 12 months, the agency administrator has worked to implement PREA standards. As part of this process, the staff needs, use of technology, and commitment to supporting the staffing plan have been made agency priorities, as confirmed by reports of the jail administrator and the staff.

- (a) Minimum staffing requirements are identified in a staffing directive issued to all staff. The minimum staffing requires a total of three staff on duty at all times. The minimum staffing must

include at least one supervisor, one female, and one other officer. One officer must be assigned to the control room, the only permanent and fixed post.

The staffing plan outlines minimum staffing requirements, and post orders are available to direct staff performance at each individual post or function. However, there is no direction to staff as to how to prioritize functions. For example, if varying activities occur at one time, staff are not necessarily guided to prioritize meals service, response to medical issues, supervision of inmates, intake of inmates from the street, personal or professional visitation. While most of the decisions will be dependent on the unique circumstances presented, there is no indication that, for example, surveillance tours are the highest priority.

There are no known judicial or Federal investigative agencies findings; however, there are indications that these findings would be incorporated into staffing requirements as evidenced by review of procedures following incidents. The agency has used the NC Administrative Code to guide their policies.

(b) n/a

(c) Staff recognize there continues to be blinds spots despite the installation of additional camera within the past year. However, the jail administrator reports that due to physical plant restrictions and information technology infrastructure, no additional cameras can be installed.

(d) Policy D-2, Supervision of Inmates outlines procedures specifying that supervisors make unannounced security rounds for the express and sole purpose of identifying and deterring staff sexual abuse and sexual harassment. The policy outlines that staff are not to announce these rounds to other staff members. Through random interviews, supervisory staff indicated that they conduct rounds in accordance with the policy.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

- 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].)  Yes  No  NA

#### 115.14 (b)

- 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].)  Yes  No  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].)  Yes  No  NA

### 115.14 (c)

- 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].)  
 Yes    No    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].)    Yes    No    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].)  
 Yes    No    NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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(a) The BCDC does not always provide separate housing units for youthful inmates and adults. Youthful inmates are housed in an area that may be co-located with inmates requiring protective housing (e.g., adults identifying as potential victims). Youthful inmates are located in a separate cell than any adult inmates, as observed by the auditors and verified by staff and inmates. The adjacent cell, potentially housing an adult inmate, shares a dayroom, toilet, and shower area. Stainless steel combination toilet/sink are located in each cell. The cells are equipped with bars allowing sight, sound, and physical contact between adult(s) and youthful offenders at times when all inmates are not secured in their cells.

(b) Youthful inmates are under supervision of a detention officer when they are not physically in their housing unit as observed and reported by staff and inmates.

Adult inmate workers are staged in the corridor in front of the youthful inmate housing due to lack of alternative space. There are times when adult inmate workers are not under the direct supervision of detention officers.

- (c) The designated youthful inmate housing is a smaller housing unit is not considered isolated housing. Given limited housing options, adult inmates may be housed in an adjacent but separated cell. Per the jail administrator, Terry Gibbs, with Beaufort County Schools, provides outreach education services to youthful inmate, typically by bringing educational materials to the facility. There is no procedure for allowing access to exercises for daily large-muscle activities other than in the cell or dayroom. There are no reported programs or work opportunities available to youthful inmates.

During the corrective action period the facility has attempted to find alternative housing for youthful inmates due to the facility design of the Beaufort County Detention Facility not supporting the standard. Attempts have been unsuccessful due to either area facilities not being PREA compliant or lack of space in an area facility that is PREA compliant.

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  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 here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

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

#### 115.15 (d)

- Does the facility implement a policy and practice 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  No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- 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  No
- 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  No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

- (a) Policy C-8, Strip Search, outlines the procedures for strip searches. Procedure #4 specifies that "Under no circumstances will a strip search or visual inspection be conducted or observed by a person of the opposite sex of the inmate being search or inspected unless exigent circumstances exist." Staff report that they do not conduct searches of inmates of the opposite sex. One reported incident of cross-gender strip search was incidental to a facility shakedown

for a specified item thus meeting the criteria of exigent circumstances. No inmates reported cross-gender searches.

- (b) Staff report that they do not conduct cross-gender pat-down searches. Inmates reported that searches are conducted by staff of the same gender as the inmates. Staff and female inmates reported that there are no apparent delays in females accessing services, programs, or other out-of-cell opportunities while awaiting a search from a female officer. In a memorandum issued to all BCDC staff January 24, 2017, the jail administrator reiterated that there must be at least one female officer in the facility at all times.
- (c) Per C-8, Strip Searches, any cross-gender strip searches or visual inspection will be documented. Documentation of an exigent circumstance strip search was documented and addressed by the chief detention officer. Cross gender pat-searches of female inmates is not conducted as reported by staff and female inmates.
- (d) Per D-2.3.a, Supervision of Inmates, inmates are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, unless when such viewing is incidental to routine cell checks and/or during camera surveillance monitoring. There were no inmate complaints or audit team observations that would suggest that inappropriate viewing of inmates.

Policy D-2.3.b, Supervision of Inmates, specifies that "officers of the opposite sex shall announce their presence when entering an inmate housing unit unless the announcement would jeopardize the officer's ability to adequately supervise inmate behavior and activities. Male officers and female inmates indicate that in practice, male officers always announce themselves. Male inmates and female officers report that they do not announce themselves when conducting rounds in the male housing areas. Male inmates report that In practice, female officers, while they do not announce themselves, are very respectful of inmates' privacy.

- (e) There was no specific policy identified clarifying how to determine the inmate's genital status. The vast majority of staff stated that they would contact medical for a determination, check with the inmate to determine how they self-identify, or have staff of both genders conduct the search of the gender specific areas.
- (f) Training records of a nonrandom sample of staff (e.g., approximately 50% to total staff) were reviewed. All staff received training PREA guidelines in November 2016 as developed by the NC Justice Academy as a part of their annual in-service training. A copy of the certificate of completion was filed in the employee training file.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

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

#### **115.16 (a)**

- 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  No

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

**115.16 (b)**

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.16 (c)

- 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  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy D-10.B.5.d, Inmate Sexual Abuse and Sexual Harassment outlines the procedures for persons with disabilities, limited English speaking and those who are deaf or hard of hearing. The facility has at least one person that is able to communicate with residents that does not speak English as their primary language. The facility also has the ability to draw from a list of certified interrupters if needed. Through staff interviews they reported these tools at their disposal.

One resident that was chosen by random appeared to have limited English speaking ability, however the resident was able to speak with auditors and understand the questions that were being asked. Another resident chosen at random responded that he had difficulty reading. He responded that the facility PREA Coordinator explained the PREA policy and in addition has taken steps to assist the resident in learning how to read by purchasing reading books.

### Standard 115.17: Hiring and promotion decisions

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

**115.17 (a)**

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

**115.17 (b)**

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?  Yes  No

**115.17 (c)**

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

**115.17 (d)**

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy A-4, Personnel Requirement, outlines procedures for the hiring and separation of employees related to PREA. The current Human Resources Administrator for the agency reported that she has been in her current position for the last 4 ½ years. She is aware of the PREA standard of reviewing criminal histories of employees every 5 years. Suggestion was given to check the criminal histories on anniversary hire dates of employees to cut down on having to run so many criminal histories at one time. A review of personnel files verified that criminal histories of all staff were within the past six months.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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.)  
 Yes  No  NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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(a) n/a

(b) The camera system was upgraded in 2016 to facilitate observation of housing areas and blind spots from the central control area. The jail administrator reports that the addition of the 17 cameras was at the capacity the facility can accommodate.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

- 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 evidentiary or medically appropriate?  Yes  No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No n/a
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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- (a) Policy D-10.D, Inmate Sexual Abuse and Sexual Harassment, outlines procedures for investigating allegations of sexual misconduct to include obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Evidence protection and PREA training outline procedures for collection of physical evidence was noted in a sample of 12 staff training records. Staff interviews validated staff's knowledge of physical evidence protocols.
- (b) The PREA investigator follows the universal evidence protocol including protocol appropriate for youth and the most recent edition of the US DOJ Office on Violence Against Women publication.
- (c) Both the jail administrator and the PREA investigator indicated that forensic medical examinations are provided at the local hospital. Youthful inmates and others upon request (i.e., in response to the familiarity of staff at the local hospital) would be taken to the adjacent jurisdiction for forensic medical examinations. SANE examiners are available at either hospital as verified by the emergency trauma triage nurse with the Vidant Hospital Services.
- (d) The BCDC has a signed contract with the REAL Crisis Center, Inc. for the provision of victim advocacy. Documentation was provided regarding an incident that occurred in March 2017 whereby a counselor provided service to the resident.
- (e) The BCDC has a signed contract with the REAL Crisis Center, Inc. for the provision of victim advocacy. Documentation was provided regarding an incident that occurred in March 2017 whereby a counselor provided service to the resident.
- (f) n/a
- (g) n/a
- (h) The PREA investigator, a Sheriff's Office investigator with more than five years of investigative experience, is specially trained for conduct PREA investigations, has completed the Specialized Training: Investigating Sexual Abuse in Confinement Settings provided by the National PREA

Resource Center. Documentation of completion dates, August 29 – September 1, 2017 provided during the audit.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

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

#### 115.22 (a)

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

#### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No n/a

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**Instructions for Overall Compliance Determination Narrative**

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- (a) Policy D-10, Inmate Sexual Abuse and Sexual Harassment, dated September 2017, requires that all allegations of alleged sexual misconduct will be investigated. Two allegations were made within the previous 12 months (i.e., March, 2017 and August, 2017); both allegations were investigated as noted by documentation (i.e., investigative notes and incident reports).
- (b) Investigations are conducted by the PREA investigator employed by the Beaufort County Sheriff's Office as evidenced by policy D-10, Inmate Sexual Abuse and Sexual Harassment, dated September 2017, staff interviews, and documentation of investigations.
- (c) n/a
- (d) n/a
- (e) n/a

**TRAINING AND EDUCATION**

**Standard 115.31: Employee training**

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

**115.31 (a)**

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No

- 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  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- 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  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- 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  No
- 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  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- 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  No n/a

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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- (a) PREA training was provided in November 2016 and included such topics as definitions, officers response, and PREA standards. This training is developed by the State training academy that all detention officers in North Carolina receive. In addition to this training the agency policy is reviewed by all staff and signed off on. Aside from the training received, additional training is offered to the staff through the National Institute of Corrections and the PREA Resource Center. The primary investigator has completed the PREA Specialized Training for Sexual Abuse.
- (b) The facility houses both male and female residents.
- (c) PREA training was provided in November 2016 and included such topics as definitions, officers response, and PREA standards. This training is developed by the State training academy that all detention officers in North Carolina receive. In addition to this training the agency policy is reviewed by all staff and signed off on. Aside from the training received, additional training is offered to the staff through the National Institute of Corrections and the PREA Resource Center.
- (d) Records of 12 staff were reviewed. Certificates of completion were provided in employee files.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

- 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  No

### 115.32 (b)

- 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  No

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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All volunteers and contractors are provided a copy of the agency policy regarding PREA and required to sign off documenting that they have received and understand it.

### Standard 115.33: Inmate education

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

### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

### 115.33 (b)

- 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  No
- 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  No
- 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  No

### 115.33 (c)

- Have all inmates received such education?  Yes  No
- 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  No n/a

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

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

### 115.33 (f)

- 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  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Resident interviews revealed that they are informed of the zero tolerance policy, and in some cases explained the agency's PREA policy upon entry. Each housing unit contains an inmate handbook that outlines education regarding PREA. Suggestion would be to give each inmate a copy of the handbook or information about PREA and have them sign indicating that they received this information at the time of intake.

There is no comprehensive education provided to residents or youthful offenders within 30 days of intake.

During the corrective action period the agency has compiled materials to be used to orient individuals regarding PREA confined to the detention facility, however the facility structure does not allow for a dedicated area to be used for orientation.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

- 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 have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (b)

- 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  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy D-10.b.1.5, Inmate Sexual Abuse and Sexual Harassment, outlines the training requirements for PREA investigators. The agency's PREA Investigator is a veteran officer with the agency and current lieutenant with the criminal investigation division. The PREA investigator reported that he investigates

PREA allegations as he would any other sexual assault. During his career he has received training in general investigations, interview and interrogation, sexual assault investigations and recently completed a series of PREA training from the PREA Resource Center as noted by certificates of completion.

## Standard 115.35: Specialized training: Medical and mental health care

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

#### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Medical and mental health staff stated during interviews that they have received training regarding sexual harassment and sexual abuse. They also indicated they know whom to report an incident to as outlined by the agency policy D-10, Inmate Sexual Abuse and Sexual Harassment.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

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

#### 115.41 (a)

- 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  No
- 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  No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.41 (c)

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

#### 115.41 (d)

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

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- 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  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- 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  No

#### 115.41 (i)

- 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  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

- (a) Policy C-4, Inmate Classification and Housing, revised July 2016, outlines that as soon as practical after the initial frisk search, officers will initiate the booking process including intake. The Preliminary Intake Screening Form include various health questions and includes history of violence toward others, history of sexual abuse within the last 10 years, and arrest or conviction of a sex offense with the last 10 years. Twenty-five inmate records were reviewed to determine if the forms were being completed consistently. Staff and inmate interviews validate that the intake questions were asked.  
  
The jail administrator reports that any inmates transferred another facility for safekeeping or to reduce crowding are informed that incidents of potential abuse are the purview of the BCDC and should be reported to the jail administrator – per Lt. Bryan interview.
- (b) Policy C-4, Inmate Classification and Housing, revised July 2016, requires that inmates undergo intake upon admission and prior to being placed on housing. Both staff and inmate interviews validate the practice. The auditors reviewed the process while onsite.
- (c) The BCDC uses the Preliminary Intake Screening Form for inmate of inmates. The form includes observations of the transporting officer, observation of the detention staff and questions related to health care and inmate safety.
- (d) The intake screening includes the below listed components:
  1. Mental, physical, or developmental disability (included on the intake form and reported during staff interviews).
  2. Inmates' age (included on the intake form and reported during staff interviews)
  3. Physical build (while not technically listed on the form, staff reported using this information when making decisions regarding safety and housing).

4. Previous incarceration (included on the form)
5. Non-violent criminal history (specific questions regarding violence toward others, sexual abuse and sexual offenses).
6. Sexual offenses (included on the form – the specifics of acts towards adults or children are not specified)
7. Potential LGBTI – (not specifically indicated on the form; however staff report making inquiries if there is any indication of gender non conformity or perception of LGBTI).
8. Previous experience of sexual victimization (included on the form, verified through staff and inmate interviews).
9. Inmate's perception of vulnerability
10. Solely for immigration purposes

- (e) Policy C-4, Inmate Classification and Housing Assignment, revised, July 2016, outlines procedures for general classification factors and special considerations. Risk of sexual abuse, sexual victimization, and/or sexual abusiveness, nature offense, current and previous inmate behavior.
- (f) Policy C-4, Inmate Classification and Housing Assignment, revised, July 2016, outlines procedures for housing inmates who are 'at risk.' The housing assignments are made on a case-by-case basis, and if the inmate is housed in segregation, a review must be completed every 30 days by the PREA coordinator.
- (g) Policy C-4, Inmate Classification and Housing Assignment, revised, July 2016, outlines procedures includes making housing and rehousing assignments and/or recommendations based on any additional, relevant information to their supervisor. Interview with inmates validated that staff are responsive to making housing decisions and/or taking appropriate action when additional information is received.
- (h) Policy C-4, Inmate Classification and Housing Assignment, revised, July 2016, outlines that inmates are not punished for refusing to answer questions. They may be staged in holding until relevant information is obtained.
- (i) Initial screening forms are forwarded to the health care unit where they are stored in health care files. Health care staff follow up if inmates answer 'no' to all questions, per health care staff.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

- 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  No
- 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  No

- 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  No
- 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  No
- 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  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- 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  No
- 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  No

#### 115.42 (d)

- 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  No

#### 115.42 (e)

- 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  No

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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- (a) Policy C-4, Inmate Classification and Housing Assignment, revised, July 2016, outlines procedures separating inmates at high risk of being sexually victimized from those at high risk of being sexually abusive to inform: housing assignments, bed assignments (e.g., juveniles), work assignments, education assignments, and program assignments. All assignments are made on a case-by-case basis as outlined in policy, verified by staff and inmates, and volunteer agencies.

- (b) Policy C-4, 3., Inmate Classification and Housing Assignment, revised, July 2016, outlines procedures to ensure assignments are made on a case-by-case basis, as verified by staff and inmate interviews. Volunteer groups indicated that they were not limited in their ability to work with the inmate population unless based on the inmate's behavior.
- (c) The jail administrator reports that staff consider housing assignments on a case-by-case basis to ensure the residents' health and safety.
- (d) The jail administrator reports that staff consider program assignments on a case-by-case basis to ensure the residents' health and safety.
- (e) Staff and inmates verify that inmate's own views regarding their safety are taken into consideration when making housing and program decision.
- (f) All inmates are afforded the opportunity to shower separately from other inmates as demonstrated by the curtain placement at the showers, as well as staff and inmate interviews.
- (g) Policy C-4, Inmate Classification and Housing Assignment, revised, July 2016, outlines procedures for ensuring that general classification factors and special considerations are considered on the basis of a case-by-case basis and not on the basis of inmate identification or status. Staff interviews verify that this policy is enforced.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- 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  No
- 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  No

#### 115.43 (b)

- 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  No
- 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  No
- 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  No

- 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  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

- 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  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- 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  No
- 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  No

#### 115.43 (e)

- 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  No

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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- (a) Policy C-4, Inmate Classification and Housing Assignment, revised, July 2016, outlines procedures addressing avoiding involuntary housing of inmates in segregated housing unless there are no alternatives. Staff interviews revealed that staff talk with inmates prior to housing assignments to determine if there are reasons for housing in segregated areas. Inmate interviews suggest that staff do not automatically place inmates in segregation housing unless their direct behavior warrants.
- (b) Staff, inmates, and community organizations (e.g., educators and program volunteers) verified that inmates are not precluded from participating in programs, privileges, education, work. Limited documentation was provided, but the auditors observed inmate participation in those programs without limitations.
- (c) Based on reports of the staff and jail administrator, the likely or suspected abusers are removed from the housing unit rather than the potential victim. There is no known assignment beyond 30 days.
- (d) Staff place inmates in specialized housing if, on a case-by-case basis, they determine there may be a concern for the inmates' safety and there is no alternative means of separation can be arranged. Practice from a previous incident verifies that such assignments are documented.
- (e) Policy C-4, Inmate Classification and Housing Assignment, revised, July 2016, outlines procedures for a review of an inmate's status every 30 days.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No

### 115.51 (b)

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

### 115.51 (c)

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

### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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- (a) Policy D-10, C, Inmate Sexual Abuse and Sexual Harassment, outlines how inmates can report sexual abuse and sexual harassment, including direct to staff, call to an investigator, family member, State Jail Inspector. Requests may also be made in writing via grievance, sick call

slip, anonymous not. The inmate handbook, available in each housing unit, also outlines the various means inmates can use to privately report sexual abuse or harassment. Staff and inmate interviewed validated that inmates are aware of a variety of means of reporting incidents.

Policy D-10, C.1, Incident Reporting, explicitly outlines measures to report retaliation for reporting of sexual misconduct, and/or staff neglect or violations of responsibilities concerning sexual misconduct.

- (b) Policy D-10, C, Inmate Sexual Abuse and Sexual Harassment, outlines several ways for inmates to report sexual harassment or abuse other than to the agency. These options include notification to family members the State Jail Inspector (whose telephone number is included in the inmate handbook).

Policy D-10, C, Inmate Sexual Abuse and Sexual Harassment, states that inmates detained solely for civil immigration purposes will be directed to contact Homeland Security or their Consulate to report incidents of harassment or abuse.

- (c) Policy D-10, C, Inmate Sexual Abuse and Sexual Harassment, outlines the procedures for third party contacts be directed to the PREA Coordinator. Staff report that they pass on any information of sexual harassment or abuse to their immediate supervisor.
- (d) Policy D-10, C, Inmate Sexual Abuse and Sexual Harassment, outlines procedures for anonymously reporting through BCDC investigations.

All inmates interviewed indicated that they could report any incidents to staff verbally or in writing or have their families contact the facility if they didn't feel comfortable with either of the other options for reporting. The inmates also felt that staff would be attentive to their needs and would take appropriate action.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

- 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  No  NA

#### 115.52 (b)

- 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  No  NA

- 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  No  NA

#### 115.52 (c)

- 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  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- 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  No  NA
- 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  No  NA

#### 115.52 (e)

- 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  No  NA
- 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  No  NA
- 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  No  NA

### 115.52 (f)

- 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  No  NA
- 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  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

- 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  No  NA

#### Auditor Overall Compliance Determination

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

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- (a) Policy D-10, D.2, Inmate Sexual Abuse and Sexual Harassment, outlines the administrative procedures to report sexual misconduct.
- (b) Policy D-10, D.2 , Inmate Sexual Abuse and Sexual Harassment, Investigations, Administrative does not stipulate time limits for submitting a grievance for an allegation of sexual abuse. A final decision regarding the merits of the allegation are provided within 90 days. The auditors reviewed a grievance submitted by an inmate in August, 2017 alleging staff misconduct during a search. The grievance was investigated and a response was provided within 24 hours.
- (c) Policy D-10, C.1, Inmate Sexual Abuse and Sexual Harassment, specifies that information will not be routed to the staff member named in the complaint; this procedures was validated through staff and inmate interviews. Grievances are forwarded to the chief detention officer.
- (d) Policy D-10, D.2 , Inmate Sexual Abuse and Sexual Harassment, Investigations, Administrative does not stipulate time limits for submitting a grievance for an allegation of sexual abuse. A final decision regarding the merits of the allegation are provided within 90 days.
- (e) The Inmate Handbook specifies that third-party assistance can be used to assist in requests for administrative remedies.
- (f) Policy D-10, C.1 , Inmate Sexual Abuse and Sexual Harassment, Incident Reporting, Emergency Filing, outlines the procedures for emergency filing of grievances whereby an inmate is in immediate risk of harm. Such grievances will be forwarded to the PREA Coordinator and/or the Chief Deputy who will initiate an investigation within 48 hours. For incidents deemed an emergency, the decision will be made within 5 days.

Policy D-10, D.2, Inmate Sexual Abuse and Sexual Harassment, Investigations, Administrative does not stipulate time limits for submitting a grievance for an allegation of sexual abuse. A final decision regarding the merits of the allegation are provided within 90 days.

Policy D-10, D.5, Inmate Sexual Abuse and Sexual Harassment, Investigations, Administrative, requires that the PREA Coordinator's initial and final written response as to the action taken is provided to the inmate in cases where the action was founded.

- (g) The Inmate Handbook provides for restrictions from continued use if a determination is made that grievances are filed in bad faith.

In speaking with the Chief Detention Officer all grievances whether PREA related or not are received, logged and responded to with the time period that is outlined in their policy. If an inmate wishes to appeal a response they can as outlined in the inmate handbook.

## **Standard 115.53: Inmate access to outside confidential support services**

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

### 115.53 (a)

- 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  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

- 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  No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

- (a) The Beaufort County Detention Center has entered into a 3 year memorandum of understanding to provide certified crisis counseling for inmates as requested/need. The contract was signed August 1, 2017 by jail administrator/PREA coordinator and the executive director of Real Crisis Intervention, Inc. Telephone numbers are provided as requested per the jail administrator and as noted in D-10,D.4, Inmate Sexual Abuse and Sexual Harassment. Per Policy D-10, C.1, Inmate Sexual Abuse and Sexual Harassment, Incident Reporting, inmates detailed solely for civil immigration purposes will be directed to contact Homeland Security or their Consulate.
- (b) The resident telephone system advises inmates that all calls may be monitored for security purposes. Staff interviews verify that staff will follow up on any reports of sexual assault or harassment. The residents indicated that staff are attentive when residents bring issues to their attention.
- (c) The Beaufort County Detention Center has entered into a 3 year memorandum of understanding to provide certified crisis counseling for inmates as requested/need. The contract was signed August 1, 2017 by jail administrator/PREA coordinator and the executive director of Real Crisis Intervention, Inc. The auditors contacted the REAL Crisis Center while on site, and while the executive director was not available, the supervisor verified their understanding of the REAL Crisis Intervention role consistent with the standard. Inmates verified that they believed victim advocate services would be provided. The BCSO PREA investigator indicated that inmate sexual assaults are addressed just as any other sexual assault in the community.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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- (a) Policy D-10, C. 2, Inmate Sexual Abuse and Sexual Assault, outlines procedures for notifying the jail administrator/PREA coordinator of any third-party report of sexual abuse and sexual harassment. The facility has signage throughout the facility that can be seen by anyone in the facility, staff, volunteers, or inmates on how to report any incidents of sexual harassment or sexual abuse that occur. The Sheriff's Office website advises the public of the procedures for reporting sexual abuse and harassment.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

- 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  No

#### 115.61 (c)

- 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  No
- 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  No

#### 115.61 (d)

- 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  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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- (a) Policy D-10, C. 3, Inmate Sexual Abuse and Sexual Assault, outlines procedures for staff to "immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. The reporting requirements include reporting any retaliation for reporting, as well as neglect or violation of responsibilities.
- (b) Policy D-10, C. 4, Inmate Sexual Abuse and Sexual Assault, stipulates that all information concerning sexual misconduct or retaliation for reporting sexual misconduct shall be limited to only pertinent staff.

- (c) Medical or mental health professionals in the facility indicated during interviews that any allegations that they receive are reported to the shift supervisor and or the PREA Coordinator. Inmates are aware that any incidents reported to them will be reported to staff for investigation.
- (d) State standards require monthly reporting of vulnerable residents.
- (e) Policy D-10, C. 3, Inmate Sexual Abuse and Sexual Assault, outlines procedures for reporting all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the jail administrator/PREA coordinator and/or the BCSO PREA investigator. Two incidents were reported during the last 12 months, and the investigations and findings were review by the auditors.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

- 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  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

- (a) Policy D-10, D.3, Inmate Sexual Abuse and Sexual Assault, outlines procedures for actions to take when first responders first learn of an allegation. The first step is to separate the victim and the abuser. Staff interviews verified that staff's initial action was to immediately protect the victim (e.g., remove the victim to a safe area). Inmates repeatedly indicated that staff would prioritize their safety.

During interviews with inmates of the facility they all indicated that they felt safe in the facility. They further stated that they felt that the staff would be attentive to their needs if they felt that they were in danger or if something happened. Staff interviews stated that they would take immediate action to separate the victim or

someone that they felt was in potential danger. They further responded that if an incident occurred they would secure the scene after rendering aid to the victim and separating the alleged perpetrator.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

- 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  No

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

- (a) Policy D-10, A. 11, Inmate Sexual Abuse and Sexual Assault, outlines procedures for responding to allegations that an inmate was sexually abused while housed at another facility.

The procedures require that the head of the facility where the abuse occurred be notified within 72 hours of the allegation.

- (b) No known incidents have been reported by inmates while housed in another facility.
- (c) The jail administrator reports that all allegations are documented and retained in the PREA file.
- (d) The PREA Coordinator and the BCSO Investigator report that all allegations are investigated according to Policy D-10, Inmate Sexual Abuse and Sexual Harassment consistent with the standards.

The PREA Coordinator and the BCSO Investigator report that all allegations are investigated according to Policy D-10, Inmate Sexual Abuse and Sexual Harassment consistent with the standards. The jail administrator reports that all allegations are documented and retained in the PREA file. No known incidents have been reported by inmates while housed in another facility.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

- (a) Policy D-10, A.3.a., outlines the procedures for first responders upon learning of an allegation that an inmate has been the victim of sexual misconduct, or witnessing such an incident. The first responder:
  - a. Separates the alleged victim from the abuser
  - b. Preserve and protect the crime scene
  - c. Direct the victim and the abuser to not wash, drink, use the toilet, eat, brush teeth or anything that could destroy evidence.
- (b) Policy D-10, C. 2, Inmate Sexual Abuse and Sexual Assault, outlines procedures if the first responder is not an officer. The first responder will complete the procedures outlined in "a" above and the immediately notify an officer.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

## Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

- (a) Policy D-10, Inmate Sexual Abuse and Sexual Harassment, outlines the institutional plan coordinating the actions of first responders (Section 3.a.), medical and mental health (Section 3.b.), investigators/PREA coordinator (Section 3.c.) and the chief deputy (9.a.). The chief deputy verified that quarterly meetings take place to address general jail issues; incidents are reviewed on an as-needed basis.

### Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

#### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) n/a- There is no provision for collective bargaining.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

- 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  No

#### 115.67 (c)

- 
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) Policy D-10, A. 5. Inmate Sexual Abuse and Sexual Harassment, designates the PREA coordinator as the monitor for retaliation against staff/inmate(s) that either report or cooperate with investigations of sexual abuse or sexual harassment.
- (b) Policy D-10, Inmate Sexual Abuse and Sexual Harassment, outline the range of protective measures available to staff and inmates. Each case is addressed on an individual basis as verified through staff and inmate interviews.
- (c) Policy D-10, A.3.c, Inmate Sexual Abuse and Sexual Harassment, requires that the PREA coordinator monitor, for at least 90 days, the conduct and treatment of inmates and staff who have reported or cooperated, or claim to be a victim of, sexual misconduct. Retaliation is prohibited and the PREA coordinator is responsible to direct staff to act promptly to remedy any retaliation.
- (d) – (e): Practice suggests compliance based on monitoring of a past incident.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- 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  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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- (a) Policy C-4, Inmate Classification and Housing Assignment, outlines procedures to provide for the protection of inmates given a variety of classification factors and special considerations. Inmate and staff interviews verify that staff address specific housing needs on a case-by-case basis with the priority given to inmate(s) safety. Staff interviews confirmed that they have the ability to place an individual in a different housing unit for their safety.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- 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  No

#### 115.71 (c)

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

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- 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  No

- 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  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

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

#### 115.71 (i)

- 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  No

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- 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  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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- (a) Policy D-10, D. Inmate Sexual Abuse and Sexual Harassment, Investigations, outlines the procedures for the prompt, thorough, and objective investigation of allegation of sexual abuse and sexual harassment, including provisions for third-party and anonymous reports.
- (b) The designated PREA investigator has completed the Specialized Training: Investigating Sexual Abuse in Confinement Settings through the National PREA Resource Center. The training modules were completed September 1, 2017.
- (c) Based on an interview with the designated PREA investigator, evidence preserved and collected incidental to an allegation of sexual assault includes gathering and preserving direct and circumstantial evidence, interviews with all relevant people, and determination of prior reports and complaints.
- (d) Policy D-10. D. 1.b., Inmate Sexual Abuse and Sexual Harassment, stipulates that investigations be conducted in accordance with the Department of Justice Protocol.
- (e) The designated PREA investigator reports that all allegations of sexual abuse are similarly addressed regardless of the victim or perpetrator's status of confinement. There was no indication from staff or inmate interviews that this approach was not enforced. A request for a polygraph from the victim or perpetrator may be honored, but not required.
- (f) The designated PREA investigator reports using all appropriate investigative means to determine finding as well as procedures or processes in the agency that could have contributed to the abuse. Policy D-10. A. 1.d., Inmate Sexual Abuse and Sexual Harassment, requires that a copy of the completed investigation packet is provide to the jail administrator/PREA coordinator. If the allegations are substantiated, the jail administrator will submit the case to the District Attorney's officer for prosecution.
- (g) Policy D-10. A. 1.d., Inmate Sexual Abuse and Sexual Harassment, requires that a copy of the completed investigation packet is provide to the jail administrator/PREA Coordinator.
- (h) Policy D-10. A. 1.d., Inmate Sexual Abuse and Sexual Harassment, requires that if the allegations are substantiated, the jail administrator will submit the case to the District Attorney's officer for prosecution.

- (i) The NC records retention schedule requires that inmate medical records are retained for five years after the inmate is released or transferred.
- (j) The PREA investigator indicated that all investigations of sexual abuse continue regardless of the status of employee or facility resident.
- (k) N/A
- (l) N/A

The designated PREA investigator has completed the Specialized Training: Investigating Sexual Abuse in Confinement Settings through the National PREA Resource Center. The training modules were completed September 1, 2017. Based on an interview with the designated PREA investigator, evidence preserved and collected incidental to an allegation of sexual assault includes gathering and preserving direct and circumstantial evidence, interviews with all relevant people, and determination of prior reports and complaints. The designated PREA investigator reports that all allegations of sexual abuse are similarly addressed regardless of the victim or perpetrator's status of confinement. There was no indication from staff or inmate interviews that this approach was not enforced. A request for a polygraph from the victim or perpetrator may be honored, but not required.

The designated PREA investigator reports using all appropriate investigative means to determine finding as well as procedures or processes in the agency that could have contributed to the abuse. Policy D-10. A. 1.d., Inmate Sexual Abuse and Sexual Harassment, requires that a copy of the completed investigation packet is provide to the jail administrator/PREA coordinator. If the allegations are substantiated, the jail administrator will submit the case to the District Attorney's officer for prosecution.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

- (a) Policy D-10. A. 2, Inmate Sexual Abuse and Sexual Harassment, stipulates that administrative investigations require a lower standard of proof than criminal cases.

The agency does not impose a standards higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated as confirmed by interviews with the agency investigator and the PREA Coordinator.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

- 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  No

#### 115.73 (b)

- 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  No  NA

#### 115.73 (c)

- 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 posted within the inmate's unit?  Yes  No
- 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  No
- 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  No

- 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  No

#### 115.73 (d)

- 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  No
- 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  No

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

(a) Policy D-10. C.5, Inmate Sexual Abuse and Sexual Harassment, stipulates that after any investigation, the inmate(s) who made the allegation are informed in writing whether the investigation was substantiated, unsubstantiated, or unfounded. The auditors reviewed an allegation that had occurred within the previous 12 months.

(b) N/A

(c) Policy D-10. C.5, Inmate Sexual Abuse and Sexual Harassment, stipulates that the inmate will be informed whenever:

- a. The staff member is no longer posted in the inmate's area;
- b. The staff member is no longer employed at the facility;
- c. The staff member has been indicted or convicted on a charge related to the sexual abuse within the facility.

(d) Policy D-10. C.5, Inmate Sexual Abuse and Sexual Harassment, stipulates that the inmate will be informed whenever an alleged inmate abuser has been indicted or convicted on a charge related to sexual abuse in the facility.

(e) Documentation of notifications were observed by the auditors during the site visit.

(f) N/A

Upon learning of a PREA incident, staff acknowledge the report and notify their supervisor that in turn notifies the PREA Coordinator. Each incident is thoroughly investigated and the victim is notified during the course of the investigation. This was observed by the auditor and confirmed through staff interviews. Suggestion was made in addition to verbally communicating to the victim to also notify them in writing and make part of the investigative file.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76(b)

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

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

- Policy D-10. D.6, Inmate Sexual Abuse and Sexual Harassment, stipulates that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
- Based on interviews with the jail administrator and PREA investigator.
- Policy D-10. D.6., Inmate Sexual Abuse and Sexual Harassment, stipulates that sanctions must be commensurate with the nature and circumstances of the act(s) committed, the staff member's disciplinary history, and similar previously imposed sanction on other staff with similar histories.
- As outlined in NC Administrative Code, all persons separated from employment from a law enforcement agency must be reported to the appropriate certifying commission within ten days.

Any staff member found to have committed an act of sexual assault or abuse involving a resident is subject to termination as outlined in policy and confirmed in interviews with both the PREA Coordinator and agency

PREA Investigator. All resignations or terminations for policy violation or criminal actions to include PREA incidents are reported to the North Carolina Sheriffs' Education Training and Standards Commission as required by Commission rules. In addition, any agency that contacts the Beaufort County Sheriff's Office regarding background investigation information for pre-employment purposes is informed of all relevant information as confirmed by interview with the agency Human Resources Representative.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

- (a) Policy D-10. D.7, Inmate Sexual Abuse and Sexual Harassment, stipulates any contractor or volunteer who is found to have engaged in sexual abuse within the facility shall be banned from the facility.

Any staff member found to have committed an act of sexual assault or abuse involving a resident is subject to termination as outlined in policy and confirmed in interviews with both the PREA Coordinator and agency PREA Investigator. All resignations or terminations for policy violation or criminal actions to include PREA incidents are reported to the North Carolina Sheriffs' Education Training and Standards Commission as required by Commission rules.

- (b) It is clear from interviews with both staff and residents that the agency has a zero tolerance to incidents under PREA and take immediate action upon any reported allegation. It incident is thoroughly investigated and appropriate action taken to include but not limited to disciplinary action, termination, or revocation of access to the facility.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

- 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  No

#### 115.78 (b)

- 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  No

#### 115.78 (c)

- 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  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- 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  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.78 (g)

- 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  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

- (a) Policy D-10. D.8, Inmate Sexual Abuse and Sexual Harassment, stipulates that inmates are subject to disciplinary sanctions pursuant to the facility's disciplinary process following any findings of sexual misconduct/criminal behavior.
- (b) As outlined in the Inmate Handbook, sexual misconduct is a major rule violation.
- (c) Per the jail administrator, all discipline imposed on a case-by-case basis in a firm and fair manner.
- (d) Policy D-10. D.8, Inmate Sexual Abuse and Sexual Harassment, stipulates that the facility will make available therapy, counseling, etc. to address and correct the issues that may have precipitated the incident.
- (e) Policy D-10. D.8.c., Inmate Sexual Abuse and Sexual Harassment, stipulates that only those inmates who are found to have had non-consensual sexual contact with staff shall be disciplined.

- (f) Policy D-10. D.8.d., Inmate Sexual Abuse and Sexual Harassment, stipulates that regardless of the findings of an investigation no inmate will be disciplined for a good-faith report of sexual misconduct.
- (g) The agency has a zero tolerance to any type of behaviors covered under PREA. This information is outlined in the inmate handbook to include disciplinary action that may result. Inmate interviews support this policy and practice and further states that staff take it very seriously including any horseplay or joking around about PREA.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

#### 115.81 (a)

- 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?  Yes  No

#### 115.81 (b)

- 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  No  NA

#### 115.81 (c)

- 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?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.81 (e)

- 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  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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- (a) N/A - Prison
- (b) N/A - Prison
- (c) Health care staff report that the inmate receives follow up screening within 14 days if reports of previous sexual abuse
- (d) Interviews with health care staff and detention staff suggest that incidents of victimization and abusiveness occurring in an institutional setting is addressed strictly on a need-to-know basis.
- (e) Of all the inmates randomly selected for interview, all responded that they remember being asked during the booking/intake process questions regarding PREA. Staff interviews support that they follow practice through policy that they ask questions regarding PREA. If positive indications are made, staff alter medical staff of this information for further treatment. The facility currently uses tele physic for mental health treatment/ counseling for residents confined in the facility.

## Standard 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)

- 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  No

### 115.82 (b)

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

### 115.82 (c)

- 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  No

### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Staff interviews support policy and practice that in the event an incident occurs they immediately separate the victim and accused. Medical staff is notified if they are on duty, and after hours they have access to on call medical staff. The local hospital is setup to conduct sexual assault examinations as confirmed by the ER trauma nurse. The PREA Coordinator/ facility administrator is notified of all PREA incidents inside the facility. In the event a sexual assault, in addition to the PREA Coordinator, the agency investigator is also notified to conduct concurrent investigations.

### Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

**115.83 (a)**

- 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  No

**115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

**115.83 (c)**

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

**115.83 (d)**

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

**115.83 (e)**

- 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.)  Yes  No  NA

**115.83 (f)**

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

**115.83 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

**115.83 (h)**

- 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  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

In interviewing the random selected inmates of the facility, all responded that they felt safe inside the facility and that staff was attentive to their needs. All inmates responded that they would be treated by medical in the event they were sexual assaulted and if necessary would be sent out of the facility for further treatment. All inmates responded that they were aware of services outside of the facility to continue treatment if need be. The majority, if not all, inmates interviewed are from the Washington, NC area and are aware of community resources. In speaking with the local hospital, the ER trauma nurse confirmed that they are able to conduct sexual assault examinations if called upon by the detention facility. Onsite medical staff stated that the inmates would be treated and that the resident's legal status would not change her opinion of how they should be treated. This suggests that the standard of care the inmates received would be no less than what the outside community receives.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

- (a) Policy D-10, D.9., Inmate Sexual Abuse and Sexual Harassment, stipulates that a collective incident review shall be led by the Jail Administrator within 30 days of the conclusion of all investigations and shall include all personnel involved in the response and investigation of the incident.
- (b) Policy D-10, D.9., Inmate Sexual Abuse and Sexual Harassment, stipulates that a collective incident review shall be led by the Jail Administrator within 30 days of the conclusion of all investigations and shall include all personnel involved in the response and investigation of the incident.
- (c) Policy D-10, D.9., Inmate Sexual Abuse and Sexual Harassment, stipulates that a collective incident review shall be led by the Jail Administrator within 30 days of the conclusion of all investigations and shall include all personnel involved in the response and investigation of the incident.
- (d) The facility administrator/PREA Coordinator confirmed during the interview that upon each report, the management team meets to discuss the allegations and what steps can be taken to mitigate further incidents. The meetings are designed to solicit input from members of management. The auditor found while onsite the facility's administrator supervisors to be open and attentive to the needs of the detention facility. This practice coincides with the agency policy and was supported during interviews with staff.
- (e) Policy D-10, D.9., Inmate Sexual Abuse and Sexual Harassment, stipulates that the collective incident review report shall include determinations and recommendations for improvement of facility practices.

## Standard 115.87: Data collection

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

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

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

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
 Yes  No

### 115.87 (e)

- 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  No  NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

- (a) Policy D-10, D.10., Inmate Sexual Abuse and Sexual Harassment, requires that accurate, uniform data shall be collected in accordance with the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- (b) Policy D-10, D.10., Inmate Sexual Abuse and Sexual Harassment, aggregate data be annually reviewed.
- (c) Policy D-10, D.10., Inmate Sexual Abuse and Sexual Harassment, requires that accurate, uniform data shall be collected in accordance with the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

(d) Not specified in policy

(e) N/A

(f) N/A

The facility administrator/PREA Coordinator confirmed during the interview that upon each report, the management team meets to discuss the allegations and what steps can be taken to mitigate further incidents. The meetings are designed to solicit input from members of management. The auditor found while onsite the facility's administrator supervisors to be open and attentive to the needs of the detention facility.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- 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  No
- 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  No
- 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  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

As this the facility’s first PREA Audit there is no year-end data to be listed on the agency website until the end of calendar year close out. The facility administrator currently submits an annual “state of the jail” that addresses the current state of affairs. The facility administrator plans on including any PREA data in this report going forward.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  Yes  No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

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

#### 115.89 (d)

- 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  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

- (a) Policy D-10, D.10., Inmate Sexual Abuse and Sexual Harassment, Records and Data Collection, requires that data shall be securely maintained.
- (b) The agency website provides a link to the agency annual report.
- (c) Policy D-10, D.10., Inmate Sexual Abuse and Sexual Harassment, Records and Data Collection, requires that records may be available to the public after being properly redacted.
- (d) Policy D-10, D.10., Inmate Sexual Abuse and Sexual Harassment, Records and Data Collection, requires that data shall be maintained for 10 years.

The PREA Coordinator is aware of this standard that all information must be stored in a secure location and kept for a period of ten years. The coordinator has chosen to keep the files in a locked cabinet in her office that has restricted access.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

This was the first PREA audit for the facility. Substantial work was put into efforts by staff to make strides in achieving compliance. The auditor was made to feel welcomed and was treated with

courtesy by both staff and inmates. The facility allowed the auditor to work from a conference room in the facility free of distraction. Staff able to be interviewed without interruption and free of retaliation of other staff. Inmates were able to be interviewed with interruption and free of retaliation of staff or other inmates.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This is the first PREA audit for the Beaufort County Detention Facility. In speaking with the agency PREA Coordinator, Lieutenant Kat Bryan, she is aware upon that once the audit report is submitted to the agency that it must be posted to the agency's website.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Timothy L. Fuss

04/10/2018

**Auditor Signature**

**Date**

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

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