

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report Click or tap here to enter text.

Auditor Information

Name: Timothy Fuss	Email: tfuss@gmail.com
Company Name: Click or tap here to enter text.	
Mailing Address: 3900 Brinkman Dr	City, State, Zip: Wilmington, NC 28405
Telephone: 9106209506	Date of Facility Visit: 10/29/2019-11/1/2019

Agency Information

Name of Agency: Mecklenburg County Sheriff's Office		Governing Authority or Parent Agency (If Applicable): Mecklenburg County	
Physical Address: 700 East 4th Street		City, State, Zip: Charlotte, NC 28202	
Mailing Address: s/a/b		City, State, Zip: s/a/b	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://www.mecksheriff.com			

Agency Chief Executive Officer

Name: Garry McFadden	
Email: garry.mcfadden@mecklenburgcountync.gov	Telephone: 980-314-5010

Agency-Wide PREA Coordinator

Name: Celeste Youngblood	
Email: celeste.youngblood@mecklenburgcountync.gov	Telephone: 9803145287
PREA Coordinator Reports to: Chief Telisa White	Number of Compliance Managers who report to the PREA Coordinator 2

Facility Information

Name of Facility: Mecklenburg County Detention Center Central

Physical Address: 700 East 4th Street

City, State, Zip: Charlotte, NC 28202

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <http://www.mecksheriff.com>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: PREA

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name: Chief Telisa White

Email:
telisa.white@mecklenburgcountync.gov

Telephone: 9803145303

Facility PREA Compliance Manager

Name: Sgt. Buchanan

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Health Service Administrator N/A

Name: Moliike Green RN

Email: mmgreen@wellpath.us

Telephone: 704-488-1700

Facility Characteristics

Designated Facility Capacity:	1792	
Current Population of Facility:	1457	
Average daily population for the past 12 months:	1324	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	16 - 80	
Average length of stay or time under supervision:	17.79	
Facility security levels/inmate custody levels:	Min, Med, Max	
Number of inmates admitted to facility during the past 12 months:	19741	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	9536	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	3075	
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	101 <input type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input checked="" type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	

Number of staff currently employed by the facility who may have contact with inmates:	410
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	96
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	14
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	172
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	446
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	39
Number of single cell housing units:	39
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	4
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	99

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	4
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department

apply (N/A if no external entities are responsible for administrative investigations)

- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

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 National Prison Rape Elimination Act (PREA) audit was conducted for the Mecklenburg County (NC) Sheriff's Office (MCSO). The Mecklenburg County Sheriff's Office has two separate facilities under its jurisdiction: Detention Center Central (Jail Central), which is located at 801 East Fourth Street, Charlotte, NC 28202 and Detention Center North (Jail North), which is located at 5235 Spector Drive, Charlotte, NC 28269. This report will be for Jail Central. The audit was conducted by the audit team (AT) 10/29/19 – 11/01/19. Tim Fuss, US DOJ Certified Auditor, served as the lead auditor and this report will reflect his findings. Serving as support staff and working under the direction and guidance of Mr. Fuss were Karen Albert, US DOJ probationary auditor and Kathryn Bryan, associate conducting interviews and policy review under auditor supervision. All members of the AT had previously worked in the same capacity, although not as members of the same team, during previous PREA audits.

Jail Central had previously undergone a US DOJ-certified PREA audit (report dated 11/12/16) and was found to be in compliance with all PREA standards. The report can be found on the agency's website www.mecksheriff.com/prea.asp. In addition to the 2016 PREA audit is information and a link to report sexual abuse at the Mecklenburg County Sheriff's Office in English and in Spanish. The MCSO contacted Mr. Fuss on 7/19/19 to conduct the audit. The contract between the MCSO and Ms. Karen Albert was finalized and signed 10/11/19 and the audit was scheduled for 10/29 – 11/1/19. During the time between the initial contact and a finalized contract, an audit team was selected, coordination between team members was initiated and protocol documents were shared.

Mandatory reporting of evidence of a crime in North Carolina currently applies only in cases where there is suspected child abuse and/or neglect by a parent, guardian, custodian or caretaker¹ or cases of abuse, neglect or exploitation of a disabled or elder adult by their caretaker.² In addition, and according to the Facility Commander, Major C. Youngblood, Jail North will be serving as the agency's facility for youthful offenders after December 1, 2019, which is when the "Raise the Age" legislation comes into effect for North Carolina. This law will raise the age of juvenile court jurisdiction to include 16 and 17-year-olds for all offenses except violent felonies and traffic offenses. During the audit period, both MAJ Youngblood and CPT Teresa Jordan co-served as the PREA coordinator so that the transition of the PREA coordinator position would be seamless.

¹ North Carolina General Statute § 7B-301

² North Carolina General Statute § 108A-2

Pre-Onsite Audit Phase:

Summary of Activity:

On 7/19/19, MSCO MAJ Youngblood contacted Tim Fuss to request an audit of their North Facility and Central Facility. Mr. Fuss suggested that Karen Albert serve as the lead auditor for the North Facility and Mr. Fuss would serve as the lead auditor for Jail Central. Between 9/9 and 9/11/19, the audit contractual process was initiated via email communications between Karen Albert, Tim Fuss and the PREA Coordinator MAJ Celeste Youngblood. During this time, the contract was submitted to MCSO by Ms. Albert and finalized.

The PREA Audit Notices, in both Spanish and English languages, were posted by Jail Central. The purpose of these notices is to communicate to the staff and inmates that Jail North will be participating in an audit for compliance with the US DOJ PREA standards to prevent, detect, and respond to sexual abuse and sexual harassment. The notice contains information on the dates of the audit, instructions of the procedures to confidentially communicate with US DOJ auditors Karen Albert and Tim Fuss through personal contact information, as well as the identity of the agency's PREA Coordinator. The facility agreed to treat all mail addressed to the AT as privileged mail and, as such, the facility personnel would not open nor review outgoing mail addressed to the AT. On 9/12/19, The AT received photographic verification from the policy compliance officer that audit notices were posted throughout Jail Central. It is important to note that the photographs were incorrectly time stamped as 10/09/19, a date after the email verification was sent. Therefore, the auditors concluded that the postings were applied no later than 9/12/19, the date the email was received.

Lead auditor, Tim Fuss, received an email notice 9/26/19 from the PREA Automail that the Online Audit System (OAS) had been opened for MCSO – Jail Central. The Pre-Audit Questionnaire was submitted by MCSO 9/27/19.

On 10/8/19 a kickoff meeting led by Karen Albert took place via phone conference. Also in attendance were SGT Buchanan (PREA Manager for the Central Facility) and the policy compliance officer). Ms. Albert informed the MCSO staff that there would be regularly-scheduled weekly phone meetings. During the meeting, the points of contact (POC) were also discussed:

- a. Jail Central POC-SGT Buchanan
 - b. Jail North backup POC-Officer Ingram
 - c. Primary AT-Tim Fuss
 - d. Backup AT POC-Karen Albert
2. Next check-in communication between AT and MCSO staff- 10/15/19
 3. Logistics
 - a. Laptops and internet access would be provided by MCSO
 - b. Cell phones would be permitted for the purpose of taking relevant photographs (exceptions-no photos of staff or inmates permitted)

An email was sent by Karen Albert to MCSO staff ((MAJ Youngblood, SGT Buchanan (PREA compliance manager (PCM) Jail Central, SGT Henderson (PCM) for Jail North) and the MCSO policy compliance officer which included documents and her instructions on the following:

1. The proposed agenda
2. The process for inmate interviews at Jail Central
3. Requests for information from MCSO
 - a. A list of specialized staff
 - b. Copies of PREA incidents on record
 - c. Copies of PREA investigations

On 10/15/19, the second phone meeting, also led by Karen Albert, took place with CPT Jordan (future PREA Coordinator with the reassignment of MAJ Youngblood at the conclusion of the audit process), SGT Buchanan, SGT Henderson, and the MCSO policy compliance officer. After a reintroduction of the attendees, and that CPT Jordan would be included on all future communications (emails, calls, etc.). Ms. Albert confirmed the agency-wide staff (not by name, position or random only) to be interviewed on the first on-site day. She also requested MCSO send names and contact information for Safe Alliance (advocacy group) as well as for SAFE/SANE (Atrium/Charlotte Medical Center). MCSO staff confirmed that adults only are housed at Jail Central with the exception of female youthful inmates. Adult females were relocated from Jail North in March 2019. MCSO agreed to provide "Incident and Investigation" form by 10/22/19.

MCSO agreed to send floor plans for Jails North and Central as well as a list of housing unit designations, capacities, and classification to the audit team.

On 10/22/19, the third weekly meeting, led by Ms. Albert, took place. Also in attendance were AT associate Ms. Bryan and MCSO staff MAJ Youngblood, CPT Jordan, SGT Henderson, SGT Buchanan, and the MCSO policy compliance officer. Ms. Albert requested the names of the specialized staff and a list of staff by their assigned shifts to prepare for the interview. Agency staff would be interviewed on the first day, so a schedule could be established by the agency for the specialized staff. For all interviews, the audit team requested confidential interview spaces for up to 3 concurrent interviews by the ATs, and an understanding that the interviews would be considered confidential. Ms. Albert reiterated the directive that no personal identifying information (PII) be submitted via email to the audit team. Ms. Albert also requested copies of schedules to include programs, volunteers, and contract staff. Clarification was provided by MCSO that the audit team may shake hands with inmates in an effort to gain their participation and show respect. The MCSO agreed to provide parking logistics for Jail Central and visitor requirements sent.

The PAQ was not fully completed as the MCSO retained the documents in hard copy folders organized by standard number. Ms. Albert requested to have those documents scanned requested documents to a thumb drive. Karen Albert and SGT Buchanan would meet to exchange thumb drive.

Also on 10/22/19, the AT conducted a phone interview with the Forensic Program Coordinator / Sexual Assault Nurse Examiner (SANE) Coordinator at Atrium Health. A SAFE/SANE nurse is a highly-skilled certified nurse trained in evidence collection and chain of custody of evidence. These medical personnel are considered subject matter experts and can provide testimony in court on evidence collection and custody of evidence collected during a medical exam. The program coordinator relayed that they had SANE personnel assigned to eight facilities for Atrium. Inmates from MCSO would be sent to Carolina Medical Center, a level-one trauma center and the SANE personnel were on-call for these cases. The program coordinator reported that SANE staff are always available and there has never been an occasion that an inmate presented for an examination when SANE staff were not in attendance. It was also reported that there was currently no tracking mechanism for inmate forensic exams, but they planned on adding it to their current tracking data.

On 10/25/19, Ms. Albert conducted the final meeting. Also in attendance were Ms. Bryan and MCSO staff MAJ Youngblood, CPT Jordan, SGT Henderson, SGT Buchanan, and the MCSO policy compliance officer. MCSO would email the housing plan. Inmate and staff rosters would be provided on the first day of the site visit 10/29/19. File reviews would occur at the sites where they are retained. Inmate files are retained at Jail Central and employee, contractor, and volunteer files are maintained at the Human Resources office. Ms. Albert reviewed the agenda with the attendees and MCSO confirmed parking arrangements.

On 10/28/19, the AT conducted a phone interview with the Hotline Program Manager for Safe Alliance Rape Crisis Center, which is a local victim advocacy support services center. During the interview, the AT discovered that Safe Alliance had a 100-year history of providing support for victims of sexual abuse and that they have a Memorandum of Understanding (MOU) dated 8/5/19 with MCSO to provide overall services to inmates who are victims of sexual abuse and/or sexual harassment. Specifically, the manager listed the following services available to inmates: a 24-hour hotline operated by staff who have received 80 hours of training which includes handling the needs of inmates, a shelter if needed upon their release, a sexual trauma resource center, on-going counseling and support services for victims and their families, advocacy at the hospital during a forensic exam, and victim advocacy for court. The 24-hour hotline is available 365 days of the year and is 100% confidential and free to the inmates. Safe Alliance has no duty to report without explicit consent from the inmate and therefore is not considered an outside reporting entity. The program manager reported that there had previously been no tracking of the number or type of inmate calls by Safe Alliance, but that they intended to add these criteria to their current tracking system.

The AT did not receive any confidential communication (mail) from the incarcerated inmates at Jail Central. The confidential mail would be the product of the PREA audit notice postings in Jail Central. As of 11/12/19 there was no communication via mail.

Audit Methodology

A. Inmate Selection

1. Interviews - On the day of the audit, 1436 inmates were housed at Jail Central. The AT received information from the facility commander during the facility tour that the adult inmate workers would be rehoused prior to December 1, 2019 and that their kitchen vendor was in the process of hiring more staff in lieu of the impending loss of inmate workers (no juveniles will be used as inmate workers). Using the inmate housing list provided on the first day of the audit, every fifth inmate (unless inmate count in a housing unit was less than five, then the first inmate) was chosen. Inmate's race and ethnicity were considered for diversity.

Table 1: Inmate Interviews/File Reviews

Interview Type	# Interviews Required	# Interviews Conducted	Files	Notes
Total Inmates during site review:	1436		44	
Overall Minimum Number of Inmate Interviews	40	61		
Random Inmate Interviews	20	41		
Targeted Inmate Interviews	20	20		
Youthful Inmates	3	1		At least 3
Inmates with a Physical Disability		2		At least 1
Inmates who are Blind, Deaf, or Hard of Hearing	1	1		
Inmates who are LEP	1	2		At least one
Inmates with a Cognitive Disability	1	2		
Inmates who Identify as Lesbian, Gay, or Bisexual	2	2	1	

Inmates who Identify As Transgender or Intersex	3	3		At least one
Inmates in Segregated Housing for High Risk	2	1	1	
Inmates Who Reported Sexual Abuse	4	1		
Inmates Who Reported Sexual Victimization During Risk Screening	3			

Forty-one randomly selected inmates were interviewed, and twenty targeted inmates were interviewed. The targeted inmates were chosen primarily on the basis of only one inmate identifying in the targeted category. Three LEP inmates were identified, the AT requested to meet with the inmate who spoke the least amount of English.

2. Inmate File Review – A total of 44 inmate files were reviewed The AT observed that the files contained the Arrest/Processing Initial Classification Record the Inmate Classification Initial Assessment Questionnaire, the Medical History and Physical Assessment with Mental Health form (containing 8 PREA questions), the Medical the Sexual Predator/Vulnerability PREA Screening Checklist (which included a computerized search in the agency’s local database as well as in the Division of Criminal Information (North Carolina’s central repository for Criminal History Record Information, which is based on fingerprints), and the Medical Receiving Screening (containing several PREA questions).

B. Investigative Files

During the pre-onsite phase, the AT requested that the agency provide data on PREA incidents/allegations/investigations for the period October 2018-September 2019. Based upon the “Sexual Abuse Incident Review Minutes,” dated September 19, 2019, MCSO had received 49 complaints YTD. The AT reviewed 11 PREA investigations conducted by the Office of Professional Compliance, which investigates any allegation involving staff/volunteers/vendors/contractors.

C. Staff Selection

1. Interviews-As of the day of the audit, there were 84employees. Using the staff roster, staff working with special populations were first interviewed on both the day and night shift. Staff working other posts, including the control room were interviewed so that persons working each post were interviewed. The tenure ranged from 22 months to twenty years. The AT identified specialized staff that would be automatically interviewed based on their roles and responsibilities. Some of the staff were interviewed for more than one interview protocol based upon their roles and responsibilities.

Table 2: Staff Interviews

Agency Head (or Designee)	1	Chief Deputy - Detention
Agency PREA Coordinator	1	Major Youngblood and Captain Jordan
Facility Compliance Manager	1	PCM
Facility Head (or Designee)	1	Major Eason
Agency Contract Administrator	1	

Intermediate/Higher Level Facility Staff	1	
Line Staff Who Supervise Youthful Inmates		All Random Staff
Education and Program Staff Who Work with Youthful Inmates	1	
Non-Med/Cross-Gender Strip/Visual Body Cavity Searches		None completed
Intake Staff	1	
Classification Staff	1	
SAFE-SANE	1	Atrium Health
Community Advocate	1	Safe Alliance
JDI		
Volunteers with Inmate Contact	1	
Contractors with Inmate Contact	1	
Investigative Staff	1	Criminal
Investigative Staff	1	Administrative/PCM
Screening for Risk of Victimization/Abusiveness	1	PCM
Staff Who Supervise Inmates in Segregated Housing	2	
Incident Review Team Staff	1	PCM
Monitor(s) of Retaliation	1	PCM
First Responder (Security/Non-Security)		All staff asked about response
HR Staff	1	
Director of Training	1	
Mailroom Staff	1	
Food Services Staff Supervising Inmates	1	
Grievance Staff	1	Grievance Coordinator
IT Staff	1	
Medical Staff	1	
Mental Health Staff	1	
Inmate Disciplinary Hearing Staff	1	
Maintenance Staff Supervising Inmates	1	
Director of Volunteers and Contractors	1	
Random Staff	39	

2. File Review – 26 files were requested using the complete staff roster and selecting the first name of each alphabet letter. The files were reviewed in the Human Resources office without any barriers.

On-Site Audit Phase

On Tuesday 10/29/19 at approximately 1000 hours, the audit team was met by the PREA Coordinator and escorted to a conference room adjacent to the agency's main detention facility, Jail Central for an

in-brief meeting. This meeting was very well attended with approximately 40 MCSO command staff, MCSO leadership, the MCSO PREA team, several contract supervisors, and many others. Ms. Albert led the meeting by introducing the members of her audit team and allowing time for their introductions and relevant employment histories, explaining the audit process and expected timelines, preparing everyone for their individual and group expectations in the week ahead, and expressing her appreciation for the professionalism and responsiveness of the MCSO PREA team during the pre-audit phase. Following the in-brief, the AT and PREA Team (PCMs for both facilities, agency PREA coordinator, and several escort staff) initiated a tour of the Jail-Central. Following the tour, the AT split up and conducted interviews of the specialized staff representing the MCSO, and therefore both jail facilities. Following dinner, Mr. Fuss and Ms. Bryan returned to Jail Central to conduct staff interviews of the night shift while Ms. Albert was transported from the Jail Central facility to the Jail North facility. The auditor began interviews of the night shift personnel which continued until approximately 2130 hours. The auditor was then transported back to Jail Central for a de-briefing with the rest of the audit team. At approximately 2200 hours, the AT met with the agency's PREA team, conducted a site review de-brief which included the schedule for the next day, and left for the night.

On Wednesday 10/30/19 at approximately 0900 hours, the audit team met with MCSO staff MAJ Youngblood, CPT Jordan, SGT Henderson, SGT Buchanan, and several support staff at Jail-North to receive a security briefing and discuss the day's schedule. During the tour and subsequent visits to the facility for interviews, etc., the AT found the staff to be very professional, helpful and welcoming.

Ms. Albert directed the AT to their areas of responsibility and at approximately 1120 hours, the AT began interviews and file reviews which continued after the lunch break until approximately 1800 hours when the AT went to dinner and to discuss the evening's schedule. After the break, Ms. Albert returned to Jail North to conduct inmate and night shift staff interviews as the shifts had rotated and were not the same shift on duty as the night before. At approximately 2130 hours, Ms. Albert returned to Jail Central for a de-briefing with the rest of the audit team. At approximately 2215 hours, the AT met with the agency's PREA team, conducted a site review de-brief which included the schedule for the next day, and left for the night.

The focus Thursday was on file review. Probationary Auditor Albert and Ms. Bryan reviewed inmate files, all of which are stored at Jail-Central. Copies of representative files were obtained and retained. Random staff and inmate interviews continued for the remainder of the day and the AT left the facility at approximately 1730 hours.

On Friday, November 1, 2019, Ms. Bryan conducted personnel file reviews, and Mr. Fuss continued random inmate interviews at Jail-Central. Probationary Auditor Albert reported to Jail-North to conduct staff interviews for the remaining shift that had not been interviewed, and then reported to the Academy where training files of MCSO staff were printed and retained. Ms. Albert returned to Jail-Central at approximately 1200 hours. The AT had completed all remaining tasks and began to prepare for the out-brief presentation. At approximately 1330 hours, the AT assembled with the PREA team to discuss the out-brief procedures. At approximately 1400 hours, Lead Auditor. Fuss briefly met with Sheriff McFadden to discuss the week. Shortly after, AT led a presentation to MCSO staff, contractors and volunteers that broadly explained the audit process over the last four days and gave thanks and expressed appreciation to all those who assisted in the audit efforts which made the audit progress as smoothly and comfortably as possible. At approximately 1445 hours, the de-brief concluded, and Mr. Fuss met with the AT to discuss their assignments with respect to writing interview notes, recording the site review and documenting all file reviews.

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.

MCJ-Central is a direct supervision facility which opened for occupancy in February 1997. The building combines an arrest processing center and a pre-trial detention facility. It also houses a full-service medical component, which includes an infirmary, centralized property storage, administrative services and various support services. The following information is located on the agency's website.

FEATURES

- Total Capacity: 1,904
- 707,500 sf
- Total Cost: \$142,300,000
- Two 50 bed dormitory units, for housing male weekender inmates
- One 16 bed dormitory unit, for housing female weekender inmates
- Twelve 56 bed dry cell general housing units
- Two 28 bed dry cell housing units
- Nine 48 bed wet cell Classification and special housing units
- Five 54 bed wet cell special housing units
- Five 46 bed wet cell high security housing units
- One 63 bed dormitory unit for Classification and Mass Arrest
- One 71 bed dormitory unit for medical/mental health purpose
- One 18 bed medical infirmary
- Outdoor exercise areas in each housing unit
- Weekender intake processing center
- Two medical clinics
- Conference center

Detention Center North also houses the main production kitchen which utilizes cook to chill method and serves all of the Detention Facilities.

The Sheriff's Office Training Academy operates on the site providing Detention Officer Certification, and in-service classes to officers of Mecklenburg County Sheriff's Office and surrounding agencies.

Residents housed at Detention Center North are classified as minimum-maximum security risk. They can have county, state or federal charges.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Central Policy 6.18 "Sexual Misconduct/PREA" (eff. 10/19) b. Central Policy 1.12 "Staff Training and Development Plan" (eff. 10/19) c. MCSO Inmate Handbook (English and Spanish versions) dated July 2018 d. Completed Pre-Audit Questionnaire e. PREA Poster in both English and Spanish. f. MCSO Organizational Chart (eff. 6/29/07) g. Sexual Abuse Incident Review Minutes 2. Interviews: a. PREA Coordinator b. PREA Compliance Managers c. Random and targeted staff d. Random Inmates 3. Observations a. Zero Tolerance Posters b. Housing Unit Logs Findings by Provision: 115.11(a): Central Policy 6.18 "Sexual Misconduct/PREA" establishes the agency's zero-tolerance policy for any form of sexual abuse and/or sexual harassment and established procedures for its prevention, detection, response, and proper reporting. The policy contains definitions as well as information and procedures on reporting and specifically directs staff "to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse/assault or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." Additionally, the agency has signage posted throughout Jail Central that clearly states its zero-tolerance policy. Through interviews with random staff, without exception staff are very clear on the agency's zero tolerance policy and are aware of the consequences of not adhering to this policy. Interviewed inmates were also aware of the zero-tolerance policy as was indicated when multiple inmates responded that the zero-tolerance policy was covered by the pod officer in the housing units at the beginning of every shift. Additionally, Central Policy 1.12 "Staff Training and Development Plan" directs that officers are taught and subsequently refreshed on the agency's zero-tolerance policy during the 160-hour POST Jail School and in the annual 40-hour in-service training. Command staff, civilian management staff, and supervisory staff receive this zero-tolerance training during 40-hours of their first year of employment/promotion and then 24-hours every year thereafter. 115.11(b): As identified in the agency's organizational chart, the agency has designated MAJ Youngblood as the agency-wide PREA coordinator, which was verified during interviews with MAJ Youngblood and the two PREA Compliance Managers. MAJ Youngblood was the PREA coordinator for the 2016 audit and has been promoted to facility commander to transition Jail North to serve as a juvenile facility beginning December 1, 2019 as a result of the "Raise the Age" legislation in NC placing persons under 18 in juvenile facilities. During the transition, MAJ Youngblood included the incoming PREA coordinator, CPT Jordan, in all discussions related to the PREA coordinator position. All staff who were interviewed were able to identify MAJ Youngblood as the agency's PREA Coordinator and many indicated that she "was in charge of PREA." MAJ Youngblood reports directly to the chief of detention, who in turn reports directly to the sheriff. MAJ Youngblood reported that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in Jail North and Jail Central. This was evidenced by the efficiency with which the AT received requested documentation pre-audit as well as the time MAJ Youngblood was able to devote to the on-site audit. Additionally, this was very apparent when the lead auditor reviewed the monthly Sexual Assault Incident Review Minutes which are facilitated by MAJ Youngblood. 115.11(c): Mecklenburg County has two detention facilities: Jail Central and Jail North. As such, and according to the organizational chart, the agency has two designated PREA Compliance Managers: SGT Henderson for Jail North and SGT Buchanan for Jail Central. This was verified during interviews the PREA Coordinator and the two PREA Compliance Managers. In interviews with random staff, the AT discovered that without exception, all staff were

aware that SGT Buchanan was the PREA Compliance Manager for Jail Central and that all reports were to be directed to him.

During the interview with SGT Buchanan, he reported that he makes regular, unannounced tours of his facility and regularly speaks with staff and with inmates about any issues they may have, placing inmate sexual safety as a top priority. Documentation obtained from housing units provided verification of SGT Buchanan's regular appearance in the housing units. Staff and inmates interviewed spoke highly of SGT Buchanan and reported that she is consistently available, knowledgeable, responsive and approachable. Based on the audit team's review of documents, interviews, and observations as outlined above, Jail Central is in full compliance with all elements of standard 115.11.

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.) 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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. Memorandum “Contracting with other entities” (dated 10/25/19) 2. Interviews: a. PREA Coordinator b. Contract Administrator Findings by Provision: 115.12(a) and (b): At the time of the on-site audit, the Mecklenburg County Sheriff’s Office facility Jail Central did not house and had not housed since the date of the last PREA Audit in 2016, any of its inmates with any other outside entity as outlined in the Memorandum “Contracting with other entities.” This was verified by the PREA coordinator and the contract administrator, who also verified that the agency was aware of this provision should the need arise to house inmates with other outside agencies. Based on the interviews and policy provision, Jail Central is in compliance with standard 115.12.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes
 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes
 No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?
 Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? 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

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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. PREA Rounds-Jail Central c. Deviation Staffing Plan-Jail Central d. MCSO Policy 8.28 “Supervisory Rounds” (eff. 2/19/19) e. Staffing Plan Development Process/NIC Staffing Analysis Workbook for Jails f. Staffing Plan Review 2018 g. Staffing Plan Review 2019 h. Staffing Plan 2018 i. Staffing Plan 2019 j. NC Department of Health and Human Services inspection report dated 9/9/19 k. Memorandum to PREA File re: Sexual Abuse Incident Reviews dated 8/29/19 2. Interviews a. PREA Coordinator b. Intermediate or higher-level staff members c. Random Staff 3. Observation a. Camera locations b. Post Logs indicating rounds by supervisory staff Findings by Provision: 115.13(a, c): The facility has a staffing plan which addresses the recommended number, type and hours on post for each position in the facility needed to protect inmates against sexual abuse. This plan was developed in accordance with the guidelines found in the Staffing Analysis Workbook developed and promulgated by the National Institute of Corrections (NIC). During the on-site facility review, the AT also noted an adequate number and positioning of surveillance cameras in locations throughout the facility. Cameras were noted in areas where inmates may work such as the kitchen. Inmate workers are not permitted in maintenance areas, laundry, warehouse or other staff only areas. The 2019 Staffing Plan was developed to determine the number and type of staff needed “based on operating and managing Direct Supervision Facilities.” The National Institute of Corrections is empowered under Congressional Mandate to, among other missions, serve as a national clearinghouse, information center, and in a consulting capacity to provide training, programs, and other services to Federal, State and Local, and private confinement facilities. The fact that MCSO developed their staffing plan using an NIC guide is highly suggestive of the agency’s focus on inmate sexual safety and providing proper levels of supervision to prevent any incidents. All sexual assault or harassment incident reviews include a determination of staffing implications as noted in the Memorandum to File dated 8/29/19, The facility has no findings of inadequacy relative to staffing by any federal investigative agencies. The AT conducted an internet search on this agency and this facility, and nothing was discovered. The facility has no findings of inadequacy relative to staffing from its most recent state jail inspection (i.e., the oversight body), NC Department of Health and Human Services, dated 3/19/19, with a finding of no deficiencies. The agency provided a “Staffing Plan Review” dated 4/15/2019, which was conducted by the Chief of Detention, which did not reflect any inadequacies in staffing levels at Jail Central. In calculating adequate staffing levels and determining the need for video monitoring, the staffing plan accounts for the physical plant, including “blind spots.” The staffing plan reflects staffing for a direct supervision facility. During interviews with housing officers, the AT asked two officers in separate units about the blind spots in each of their units and if, in their opinions, the cameras adequately covered the unit. Both officers firmly replied that there were sufficient

cameras and a dearth of blind spots in the units and that neither could think of a place where any additional cameras would be required to increase visibility and safety. The staffing plan provides for one officer per pod regardless of the population. While the staffing plan does not specifically reference the composition of the inmate population, the housing plan clearly separates inmates by the classification and number of inmates in each housing unit. The PREA coordinator confirmed that calculations of adequate staff incorporate primary and secondary visibility of areas, including program areas, and the use of video monitoring. Supervision levels to confirm staff compliance with monitoring procedures are also considered in the staffing plan. In calculating adequate staffing levels and determining the need for video monitoring, the staffing plan considers the current function and service of each housing unit and adjusts the staffing levels accordingly. The 2019 annual staffing plan review reported that staffing had been adjusted for housing units which were closed for construction as well as advance planning for any units which would be opening that would require security staff as well as additional support staff.

115.13(b): When the facility deviates from the staffing plan, this information is documented on the "Sergeant's Daily Report" log/ "Deviation Staffing Plan." The AT examined these and noted that, for the tour of duty for A Shift on 10/24/19 for Jail Central, there were 84 total staff allotted for all six floors. That day, there nine overtime officers on duty, to cover absences. The reasons for the individual absences of the eight officers not on duty were duly logged and included absences for vacation, sick leave, FMLA, and light duty. 115.13(d): MCSO Policy 8.28 "Supervisory Rounds" requires supervisors to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Specifically, the policy directs the facility commander or designee to conduct weekly visits to the living and activity areas and daily visits to inmates in segregation. The policy directs the shift commander to "conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment," however the frequency and areas to cover during the round are not made clear. Finally, the policy directs shift sergeants to "conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment" and these rounds are to be made at least one time during each tour of duty (whether day or night shift) and are to include "all admitted inmates and staff assigned to the hospital." These rounds are to documented on the post log as observed by the AT. The rounds by these supervisory personnel are to be unannounced by staff, unless such an announcement is related to the legitimate operational functions of the facility. Random staff indicated that they were not informed by other staff of a pending supervisory rounds, and that it was against agency 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

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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. MCSO Policy CR 4.04 "Classification/Records Policy and Procedures" (rev. 9/29/11) c. MCSO 12-month Daily Population Report 2. Interviews: a. Random Staff b. Education and Program Staff c. Random Inmates d. PREA Coordinator e. PREA Compliance Manager-Jail Central f. Director-Food Service g. Director of Youth Programs h. Therapeutic Liaison-Juvenile Inmate Programs i. Classification Supervisor Findings by Provision: 115.14(a): The MCSO is currently transitioning the Jail North to operate solely as a juvenile holding facility. Male juveniles are housed at Jail North and female juveniles are housed at Jail Central in a discrete housing unit that separates adult females and from juvenile females. There were ten male adult inmates housed at Jail North during the onsite visit. These inmates were used to provide housekeeping and food preparation services until appropriate contractors are selected to provide full-service of these functions. The juvenile females are expected to move to Jail North prior to the end of 2019. Pursuant to MCSO Policy CR 4.04 "Classification/Records Policy and Procedures," all female juveniles are housed at Jail Central while all male youthful offenders are housed at Jail North.

The Director of Food Service reported in an interview that the food vendor was currently in the process of hiring additional contract staff to backfill the inmate workers when they transitioned to Jail Central. 115.14(b): The Mecklenburg County Sheriff's Office maintains two separate confinement facilities. Jail Central serves as the main arrest/processing facility for all arrestees, both adult and juvenile. Thus, upon arrival to Jail Central, juveniles go through the booking process which includes initial administrative and medical screenings, fingerprinting, etc. Upon conclusion of the booking process, juvenile male inmates are transported to Jail North for additional processing and classification. According to the classification supervisor, During the booking process at Jail Central, juvenile inmates are booked and screened in the same arrest/processing area as adult inmates. At all times while in this area with adult inmates, there is direct supervision of juvenile inmates. 115.14(c): In interviews with staff, the classification supervisor, and the PREA Coordinator, the AT discovered that they take extraordinary measures to avoid placing juvenile males in solitary confinement. At the time of the on-site, no juvenile inmates were housed in solitary. Policy 4.04 states that juvenile male inmates are only to be removed from general housing when the inmate is deemed to be violent, predatory, or otherwise presents an undue risk of harm to others, or if medical/mental health staff recommend placement outside of the general unit. In either case, the policy directs the inmate housing manager to document this information and develop a case-management plan to be approved by the facility administrator or designee. During interviews with the director of youth programs, the therapeutic liaison, random staff, and the PREA Compliance Manager, the AT discovered that female juvenile inmates participate daily in large-muscle exercise in a recreation area attached directly to the housing units. Additionally, inmates are required/can volunteer to participate in high school classes with the Charlotte-Mecklenburg school system, a high-school equivalency program, art therapy, coping skills, career ideation, life skills, parenting classes, and anger management. The PREA Coordinator reported that juvenile inmates were not assigned to inmate worker status due to their age.

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, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 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 if the facility does not have female inmates.) 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? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes 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.

The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, records, etc.) a. Policy 3.03, Searches b. Pat Search Training Records from 7/1/18 – 7/1/19 c. Pat Search Training Curriculum d. Agency Training Records 2. Interviews a. Random Staff b. Random Inmates Findings (By Provision): 115.15 (a). Policy 3.03, Searches, directs that all cross-gender pat down/frisk search of females will be documented in their Offender Management System. Strip searches must be conducted by an officer of the same sex as the inmate. Policy also requires that any body cavity searches are conducted only upon securing a search warrant and then only by medically trained personnel at a hospital. The 11 random staff interviewed indicated that there is no circumstance when they would conduct a cross-gender strip search. 115.15 (b). Policy 3.03, IV. B.2, Searches, stipulates that female residents may only be pat searched by female officers. While there is no clarification of circumstances when male officers may pat search female residents, #3 of the same procedures directs that all cross-gender pat search of females will be documented in the Offender Management System. The training curriculum for pat searches is the Bureau of Justice Assistance program developed by the Moss Group that includes appropriate documentation. The 19 agency staff training records indicate that staff receive and are tested on the pat search procedures annually. Females have not been held at the facility for more than seven months; however, of the 11 random staff interviewed, only two indicated that a search of female inmates could be conducted by a male officer, and then only under emergency circumstances. 115.15 (c). Policy 3.03, IV.D, Searches, directs that all strip searches must be conducted by an officer of the same sex as the inmate. Policy E.1. stipulates that body cavity searches will be conducted by trained medical personnel after the shift commander obtains a search warrant. 115.15 (d). Policy 3.03. IV. J, Searches, outlines the procedures to limit cross-gender viewing and searches. Procedure #3 specifies that residents can shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them except when incidental to routine cell checks. All showers in the facility were observed as having privacy panels; the privacy panels in the adult housing area (soon to be closed) permits some viewing if persons are directly in front of the toilet area in close proximity to privacy panel. The youthful resident shower areas include privacy café style doors, and toilet areas are in individual cells. Two random inmates indicated that staff allow inmates to partially cover their window when they are using the toilet. The remaining eight inmates, and 11 staff interviewed indicated that inmates are able to shower, change clothing, and perform bodily functions without being viewed by the opposite gender. Policy 3.03. IV. J. 4, Searches, requires that staff of the opposite gender announce their presence when entering an inmate's housing unit. Placards indicating the gender of the officer on duty (i.e., Male or Female) are posted in English and Spanish in all housing units. The 11 random staff interviewed indicated that either the opposite gender entering the unit, or the officer assigned to the unit will announce the presence of a person of the opposite gender in the unit. Of the nine inmates interviewed, six indicated that announcements are made all of the time, three indicated that announcements are made most of the time. During the field tour, there was only one occasion when the audit team entered a unit when the announcement was not made. 115.15 (e). Policy 3.03, IV. J. 4, Searches, specifies that staff will not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status. Determination can be made through criteria outlined in this standard. The one youthful offender identified as transgender indicated that she was searched by a female at her

request. Of the 39 random staff interviewed, all indicated that they would search based on the inmate's request. 115.15 (f). The training curriculum for pat searches is the Bureau of Justice Assistance program developed by the Moss Group that includes appropriate documentation. The 39 agency staff training records indicate that staff receive and are tested on the pat search procedures annually. Interviews with the nine random staff supports that training is received and that searches are conducted consistent with this standard.

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.

The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, records, etc.) a. List of Bilingual Staff b. Resident Handbook in English and Spanish c. DSDHH Sign Language Interpreter and Transliterator Directory d. Policy 6.15, Americans with Disabilities Act e. Policy 1.35, Limited English Speaking Inmates f. Policy 1.34, Arrest of Deaf or Hearing Impaired Persons g. Bilingual Premium Program Guidelines h. Zero tolerance posters (English and Spanish) 2. Interviews a. Random staff b. Random inmates c. Limited English Proficient Inmate Findings (By Provision): 115.16 (a - c). Policy 6.15, Americans with Disabilities Act requires that staff ensure all people with disabilities are afforded all rights, privileges and access to services and programs afforded to those without disabilities. Policy 1.34, Arrest of Deaf or Hearing Impaired Persons, is similar to Policy 6.15, yet it further clarifies that the procedures are applicable to arrestees as well as those committed to the MC Detention Facility. Policy 1.35, Limited English Speaking (LEP) Inmates, provides for written materials provided in formats or other methods to ensure effective communicating with inmates/arrestees who have intellectual disabilities, limited reading skills or who are blind or have low vision. Further, translational services are used when bilingual staff are unable to translate. Staff are encouraged to be proficient in languages other than English and are provided a bonus and pay stipend based their level of proficiency. A copy of the Bilingual Premium Program Guide was obtained, and a list of staff who are proficient in another language were also received. A language line is available in one of the medical offices and is used to communicate officially with a LEP inmate. Random staff indicated their knowledge of the language line, but typically use staff proficient in the specific language to communicate with the inmate. Mecklenburg County also provides access to contract interpreters available to jail staff. An LEP inmate was interviewed via the language line during the onsite visit and indicated that there are few problems communicating with staff, and staff typically locate another staff member to assist with official communication. The language line was used upon admission to the facility but not since. Most of the communication is routine (e.g., headcount, school, meals, etc.) therefore the LEP inmate understands most of the communication. Although Policy 1.34 expressly prohibits the agency from relying on inmate interpreters except in limited circumstances where an extended delay could compromise the inmate's safety, the LEP inmate indicated that some fellow inmates help with routine instructions. The PCM reportedly meets with inmates who may be subject to victimization in housing areas three times per week. These visits were verified via the post log books. The purpose of the visit is the confirm that the inmate's needs are being met and that the inmate does not feel vulnerable to victimization. The education video also provides both audio and closed captioning for inmates who have limited hearing capabilities or those who have limited vision capabilities. Interviews with the PCM, the PREA coordinator, and the facility head confirmed that multiple methods for ensuring that inmates with limitations or disabilities understand PREA protections and reporting, ensuring these inmates are safe. This includes an orientation video in intake with multiple presentation options (closed captioned, bilingual), bilingual Resident Handbooks, posters in English and Spanish, staff interpreters and language-line interpreters. These processes begin at intake and continue through their incarceration. Based on this information, Jail Central is in compliance with all provisions of standard 115.16.

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

The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. MCSO Policy CP 1.25 Promotional Process” (eff. 1/1/16) c. MCSO Policy CP 1.13 “Recruiting, Hiring and Personnel Issues” (eff. 1/1/16) d. MCSO “Inmate Contact Form” e. Human Resources-Staff Rosters of employees due for criminal history checks f. Random employee files g. Mecklenburg County Application for Employment 2. Interviews: a. MCSO Human Resources Director b. MCSO Human Resources Certification Specialist c. MCSO Volunteer Coordinator d. Random Staff Findings by Provision: 115.17(a): MCSO Policy CP 1.25 Promotional Process” includes language prohibiting all of the practices and activities covered in this provision. In an interview with the AT, the human resources director confirmed that it was the policy of MCSO to prohibit the hiring of any applicant for detention staff, civilian staff, vendor, contractor or volunteer who had engaged in any activity covered by this provision. However, the hiring process does not include checks on civilly or administratively adjudicated issues, thus relying solely on the applicant self-reporting and criminal history information for any such adjudications. 115.17(b): The agency indicated in the PAQ and in policy CP 1.25 and policy CP 1.13) that they consider any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor or volunteer, who may have contact with inmates. An interview with human resources personnel indicates that any information on prior incidents of sexual harassment is considered, but only if the applicant voluntarily discloses such information during the application and hiring process. 115.17(c): Policies CP 1.13 and 1.25 both state that the agency will perform criminal background checks prior to hiring all new employees and prior to enlisting the services of any contractor who may have contact with inmates. An interview with human resources personnel indicates that a pre-employment/contract for services criminal background check is conducted. This practice complies with the requirements of the North Carolina Sheriff’s Education Training and Standards Commission which requires a background investigation be conducted which includes a criminal records check that encompasses local, state, and federal records for deputies and detention officers. An examination of employment files confirmed this information. However, no information was presented to the AT that the agency, consistent with Federal, State, and local law, makes its best effort 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. An interview with human resources personnel indicates that this information is considered, but only if the applicant voluntarily discloses such information during the application and hiring process. 115.17(d): Policies CP 1.13 and 1.25 both state that the agency will perform criminal background checks prior to hiring all new employees and prior to enlisting the services of any contractor who may have contact with inmates. All 14 contractors hired in the past year underwent a criminal background check prior to employment. An interview with human resources personnel indicates that a pre-employment/contract for services criminal background check is conducted. An examination of employment files confirmed this information. An interview with the agency’s volunteer coordinator confirmed this practice. 115.17(e): The standard under this provision and the agency’s standard as written in policies CP 1.13 and 1.25 is that the agency conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates. The Mecklenburg County Sheriff’s Office exceeds this standard as they conduct national records checks through the FBI’s National Crime Information Center annually on the employee’s anniversary month of hire. In an interview with human resources personnel, the AT was provided a list for the upcoming month’s employees who were due to have a records check conducted by the agency’s certification specialist. 115.17(f): Policies CP 1.13 and 1.25 both require the agency to 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, promotions, or as part of reviews of current employees. However, there was no documentation provided to the AT which reflected this information. Additionally, upon examination of the employment records, the AT saw no documentation of this practice. Human resources personnel report that they rely on the applicant’s self-disclosure of this information and that the agency does impose upon employees a continuing affirmative duty to disclose any such misconduct. During interviews with

random staff, all responded that they were not only aware of this mandate, but that they understood the seriousness with which the agency took this issue. 115.17(g): Human resources personnel report that they rely on the applicant's self-disclosure of this information and that the agency does impose upon employees a continuing affirmative duty to disclose any such misconduct. and that such misconduct is grounds for dismissal. 115.17(h): Pursuant to MCSO Policy CP 1.13 "Recruiting, Hiring and Personnel Issues," the agency does 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. This information was supported by human resources personnel. Recommendation(s): 1. Consider having investigators check all jurisdictions identified in the employee's background and/or require applicants to provide civil background checks for all address of residence within the last 10 years. Otherwise, there is no way to know, other than self-reporting, of administrative issues when there is no duty to report.

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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115.18 (a, b) Since time of last audit, Jail Central has had significant upgrades to its camera system to upgrade software and install additional cameras to the existing system.

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 evidentiarily 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes 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 *always* makes a victim advocate from a rape crisis center available to victims.) 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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The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. Wellpath HCD-100-F-06 Policy "Response to Sexual Abuse-Mecklenburg, NC" (rev. 6/1/19) c. Charlotte-Mecklenburg Police Department Memo "PREA Compliance" (dated 7/24/19) d. Safe Alliance Memorandum of Understanding (dated 8/5/19) e. U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents"(dated April 2013) Interviews: a. Forensic Program Coordinator / Sexual Assault Nurse Examiner (SANE) Coordinator at Atrium Health b. PREA Compliance Manager c. Random Staff d. Inmates who reported a PREA-related incident e. Health Services Director f. MCSO OPC Supervisor g. CMPD personnel Findings by Provision: 115.21(a, b): In the PAQ, the facility provided a copy of a Memorandum of Understanding (MOU) in regard to this provision. The MOU is between the Charlotte-Mecklenburg Police Department (CMPD) and the Mecklenburg County Sheriff's Office and it states, in part that "CMPD is responsible for investigating all allegations of sexual assault" that occur at Jail Central. This information was verified during interviews with both the PCM and the agency's investigator. While the CMPD is responsible for investigating all criminal complaints, the agency's Office of Professional Compliance (OPC) is responsible for conducting administrative investigations involving MCSO staff, contractors, and/or volunteers. The CMPD investigator reported that CMPD follows the uniform evidence protocol provided in the PAQ. The audit team reviewed the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" and discovered that, based on the agency's reliance on the protocols 115.21(c): In an interview with SANE staff, the AT discovered that there were SANE personnel assigned to eight facilities for Atrium Health and that inmates from MCSO would be sent to Carolina Medical Center, a level-one trauma center and the SANE personnel were on-call for these cases. The program coordinator reported that there is no financial obligation for their services, either to the inmate or to the agency. The program coordinator reported that SANE staff are always available and there has never been an occasion that an inmate presented for an examination when SANE staff were not in attendance. 115.21(d): The AT conducted a phone interview with the Hotline Program Manager for Safe Alliance Rape Crisis Center, which is a local victim advocacy support services center. During the interview, the AT discovered that Safe Alliance had Memorandum of Understanding (MOU) dated 8/5/19 with MCSO to provide overall services to inmates who are victims of sexual abuse and/or sexual harassment. Specifically, the manager listed the following services available to inmates: a 24-hour hotline operated by staff who have received 80 hours of training which includes handling the needs of inmates, a shelter if needed upon their release, a sexual trauma resource center, and on-going counseling and support services for victims and their families. The 24-hour hotline is available 365 days of the year and is 100% confidential and free to the inmates.

115.21(e): A memorandum of agreement exists between the MCSO and Safe Alliance, Inc. to provide support for alleged victims of sexual assault through the forensic medical examination and investigation including emotional support. Based on the interview with the rape crisis center personnel, the MOU provides for victim advocacy at the hospital during a forensic exam, and victim advocacy for court. This practice was verified by the PREA coordinator and PCM. The MCPD acknowledged that rape crisis center staff are onsite during any forensic interview. 115.21(f): As outlined in the CMPD memorandum, MCSO requires CMPD personnel who are responsible for PREA Investigations attend PREA training provided by MCSO; however, documentation of this training and its content were not provided to the AT. CMPD investigators indicated that they use webinars and other investigative training, but did not specify that they had received training specific to sexual assault. Based on this information, Jail Central is in compliance with standard 115.21. Recommendation(s): 1. Review the provisions outlined in the memorandum of understanding and agree upon the appropriate training to be completed by any CMPD investigator who investigates criminal incidents in the Jail Central.

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes 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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The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. Charlotte-Mecklenburg Police Department Memo "PREA Compliance" (dated 7/24/19) c. MCSO Policy CP 1.12 "Staff Training and Development Plan" (rev. October 2019) d. MCSO Policy CP 6.18 "Sexual Misconduct/PREA" (rev. October 2019) e. MSCO Website <http://www.mecksheriff.com/prea.asp> f. Inmate on Inmate/Staff on Inmate Sexual Assault Allegation Flowcharts g. MCSO G.O. 18 "Sexual Harassment and Other Prohibited Employment Practices" (eff. 12/31/2008) h. MCSO G.O. 4 "Discipline, Internal Investigations and Employee Rights" (eff. 12/31/2008) i. "Overview of PREA Cases from October 2018 through September 2019" 2. Interviews: a. Investigative personnel b. PREA Compliance Manager Findings by Provision: 115.22(a): Pursuant to MCSO G.O. 4 "Discipline, Internal Investigations and Employee Rights," the agency directs that an administrative or criminal investigation is completed for all allegations of sexual abuse and/or sexual harassment. This policy mandates that "every complaining party shall be referred to a supervisor or to the Office of Professional Compliance so that the complaint can be received" and that all complaints shall be documented. This practice was evidenced by the detailed spreadsheet "Overview of PREA Cases from October 2018 through September 2019" that the agency provided the AT. Contained in this document was information on the date the allegation was reported, the involved employee/contract staff member, the inmate, the specific allegation, the adjudication and date, and any additional comments. Investigative personnel also verified this process in their interviews with the AT. 115.22(b): MCSO Policy CP 6.18 "Sexual Misconduct/PREA" refers to the flowchart for PREA allegations, which in turn ensure that allegations of sexual abuse or sexual harassment are referred for investigation to CMPD, which has the legal authority to conduct criminal investigations. This information and practice were verified in an interview with investigations personnel, evidenced on the agency's website in an annual PREA Report, as well as with the information contained in the "Overview of PREA Cases from October 2018 through September 2019" that the agency provided the AT. 115.22(c): Charlotte-Mecklenburg Police Department Memo "PREA Compliance" indicates that CMPD is responsible for investigating all allegations of sexual assault involving the agency's detention facilities, collecting physical evidence and affording all victims with access to forensic examinations as well as access to victim resources. MCSO Policy CP 6.18 "Sexual Misconduct/PREA" provides guidance on the responsibilities of the agency with regard to

PREA incidents. The CMPD investigator verified in a phone interview that best-practice standards are used in conducting investigations. As confirmed by the PCM and PREA coordinator, all administrative investigations are conducted by the facility PCM who has completed the National Institute of Corrections online course: Investigating Sexual Abuse in a Confinement Setting. 115.22(d,e): No state or Department of Justice component is responsible for conducting investigations of incidents in the Jail-Central, therefore the facility is in compliance with provisions (d) and (e).

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

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

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

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The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. MCSO Policy CP 1.12 "Staff Training and Development Plan" (eff. October 2019) c. MCSO Policy 6.18 "Sexual Misconduct/PREA" (eff. October 2019) d. MCSO Employee PREA Training Curriculum (7/2015) e. MCSO Employee

Training Records 2. Interviews: a. Training Director b. Random Staff c. PREA Coordinator 3. Observation a. Signed training roster of classroom training. Findings by Provision: 115.31(a, b): Upon the successful completion of the Detention Officer Certification Course (DOCC), which is a state-mandated requirement of all detention officers within their first year of employment, MCSO requires a 160-hour "POST JAIL School." MCSO Policy CP 1.12 "Staff Training and Development Plan" lists the topics to be covered during this school. The school and the successful completion of the course work and a final test are required. Included in this extensive curriculum is training on PREA. In a review of the MCSO Employee PREA Training Curriculum, the AT discovered that the following topics are covered: inmates' right to be free from sexual abuse and sexual harassment; how staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; the agency's zero-tolerance policy for sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Training records confirmed that staff receive training consistent with the standard. The training is provided on an annual basis and addresses both male and female inmates. 115.31(c): Training files were examined, and all staff are trained within one year of hire. The AT noted that while the provision requires refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures, MCSO reinforces the seriousness with which it takes PREA and requires training of all staff, civilians, and contractors annually. Interviews with the PREA Coordinator, random staff and volunteers validated this practice as all personnel said they had received annual PREA training from MCSO. 115.31(d): The AT inspected training records and discovered that they were maintained for all personnel. Electronic learning includes a testing component and password login by staff. All classroom and roll call training are documented by employee signature or daily duty roster a verified while onsite. Based on the documentation and staff interviews, Jail Central is in compliance with all elements of standard 115.31.

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

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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. MCSO Policy CP 1.12 "Staff Training and Development Plan" (eff. October 2019) c. MCSO Policy 6.18 "Sexual Misconduct/PREA" (eff. October 2019) d. MCSO Employee PREA Training Curriculum (7/2015) e. MCSO "Volunteer PREA Lesson Plan" f. MCSO "Contractor PREA Lesson Plan" 2. Interviews: a. PREA Coordinator b. Training Director c. Volunteers d. Volunteer Coordinator 3. Observation a. Observation of Volunteer Training Records Findings by Provision: 115.32(a): MCSO Policy CP 1.12 "Staff Training and Development Plan" mandates that all full-time and part-time civilians and support staff, including contracted staff, who are new employees and who have regular or minimum inmate contact will receive annual training in PREA and sexual harassment/sexual misconduct awareness training. The training director verified this in an interview with the AT. The director reported that there were no barriers or obstacles to conducting this training. Inspection of the lesson plans for contractors and volunteers verifies agency compliance in training that includes the responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. 115.32(b): MCSO "Volunteer PREA Lesson Plan" and the MCSO "Contractor PREA Lesson Plan" instructs all volunteers and contractors who have any level of contact with inmates receive training of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The training director, volunteer coordinator and PREA Coordinator all verified this training. 115.32(c): Training records of contractors and volunteers were provided to the AT for inspection. The 613 volunteers approved for acceptance into the facility must receive PREA training during their volunteer orientation. For some volunteers, the orientation may have occurred several years ago. The contractors and volunteers interviewed were familiar with the zero tolerance policy and procedures for reporting any incidents brought to their attention. Based on the documentation and interviews, Jail Central is in compliance with standard 115.32.

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 the comprehensive education referenced in 115.33(b)? 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

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

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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. PREA Signage c. Inmate Handbook/Kiosk System d. MCSO Policy CP 4.02 "Inmate Orientation" (rev. 10/22/12) e. MCSO Policy CP 1.35 "Limited English-Speaking Inmates" (rev. 3/10/16) f. MCSO Policy CP 1.34 "Arrest of Deaf or Hearing- Impaired Persons" (eff. 1/1/16) 2. Interviews: a. Random Inmates b. Random Staff c. PREA Coordinator d. PREA Compliance Manager Findings by Provision: 115.33(a): Inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report suspicions of sexual abuse and sexual harassment. At the point of intake at Jail Central, all inmates are processed through A/P. In this area are several TV monitors with a continual loop of PREA information that is closed-captioned in English. During the on-site review, the AT observed PREA signage posted throughout A/P, to include ancillary areas for clothing exchange, shower, screening, magistrate and the waiting area. In interviews with staff, without exception, all were aware of the PREA video and signage in the intake area and all were aware of several methods that inmates had to report their suspicions of sexual abuse/sexual harassment. 115.33(b): Within 30 days of intake, the agency provides education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation for reporting such incidents; and agency policies and procedures for responding to such incidents. The Inmate Handbook is located on the kiosk in both English and Spanish versions. For inmates ordering commissary, they must first read and acknowledge the PREA information on the kiosk.

You have the option of reporting such activities to your Pod Supervisor, Sergeant, Captain, Office of Professional Compliance, or the OIG number posted on the bulletin board. All false allegations of misconduct will be subjected to disciplinary actions. Be advised for all inmate safety, I will be conducting security checks in all areas including the showers and restrooms.” Interviews of random staff verified this information as all responded that they must read this information aloud to the inmates at the beginning of their shift if assigned to a housing unit. 115.33(c): Interviews of random inmates verified that they all must sit in the dayroom area of the housing unit while this information is covered at the beginning of the day and night shifts. Inmates are not transferred to other facilities, however the PREA Coordinator is aware of this provision should inmates transfer to another facility. 115.33(d): Information in this provision is available in Spanish in the Inmate Handbook, in Spanish on the PREA signage posted throughout the facility, audibly through the twice-daily pod orientations, through the language line for numerous other languages, and through sign-language interpreters. A review of policies MCSO Policy CP 4.02 “Inmate Orientation,” MCSO Policy CP 1.35 “Limited English-Speaking Inmates,” and MCSO Policy CP 1.34 “Arrest of Deaf or Hearing-Impaired Persons” verified the agency’s commitment to providing PREA information to all inmates in its facility. In an interview with a LEP inmate, the audit team discovered that he was aware of this information and that he had seen the PREA signs in the housing unit that were in Spanish. 115.33(e): The PREA Coordinator and PREA Compliance Manager reported that the agency maintains electronic documentation of the inmate’s acknowledgement of the PREA information on the kiosk. Additionally, inmate rosters are maintained in the housing units which annotate the inmate’s participation in the pod orientations. 115.33(f): The agency provides PREA information to inmates through regular and unrestricted access to the kiosk/inmate handbook during waking hours, the twice-daily pod orientations, and the PREA signage visible to the AT during the on-site review. Based on the documentation and interviews, Jail Central is in compliance with standard 115.33.

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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes 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.

The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Central Policy 1.12 "Staff Training and Development Plan" (eff. 10/19) b. Training records for Investigators assigned to The Office of Professional Compliance (OPC) c. PREA Training Certificates for Investigators of OPC d. Training Curriculum for "Training for Investigators of Sexual Abuse in Confinement Settings" e. Completed Pre-Audit Questionnaire 2. Interviews: a. Commander of OPC b. Assigned PREA Investigator c. Training Director Findings by Provision: 115.34(a): CP1.12 "Staff Training and Development Plan" outlines the training plan for MCSO. In addition to the training required of all staff, MCSO requires the agency's investigators be trained in conducting sexual abuse investigations in confinement settings (i.e., the National Institute of Corrections online training program). The agency's training director verified this training during an interview with the AT. The PCM provided a copy of the certification of course completion. 115.34(b):

According to CP 1.12, this specialized training will include techniques for interviewing sexual abuse victims, Miranda and Garrity warnings, sexual abuse evidence collection confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral for criminal prosecution. In an interview with the Office of Professional Compliance (OPC) commander, it was verified that investigators assigned to investigated incidents of sexual abuse/sexual assault had this required training. 115.34(c): Central Policy 1.12 "Staff Training and Development Plan" mandates that the agency shall maintain documentation that agency investigators have completed the required specialized training for conducting sexual abuse investigations. The AT reviewed three training records for personnel assigned to OPC and found that all three had the required training. Additionally, this was triangulated during an interview with a designated PREA investigator who reported to the AT that he had attended the required training in Ft. Meyers, Florida in December 2015. A review of the investigator's training file revealed a training certificate for that training session. Based on this information, Jail Central is in compliance with standard 115.34.

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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 or the agency does not employ medical staff.) 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes 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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. 2018 Medical Personnel Training "AC .08: Understanding PREA" c. 2019 Training Record of Medical Provider (MD): "PREA Training" d. Wellpath Policy HCD-100 F-06, "Response to Sexual Abuse" (eff. 6/1/19) 2. Interviews: a. Health Services Director/Health Services Administrator b. Mental Health Director c. Mental Health Provider d. Training Director Findings by Provision: 115.35(a): The Wellpath Policy HCD-100 F-06, "Response to Sexual Abuse" mandates that medical and mental health staff (both are Wellpath employees), receive upon hire and annually thereafter training that relates to the prevention, detection, response, investigation, and preservation of physical evidence of sexual abuse involving staff and/or inmates. This policy also mandates training on effective and professional response to victims and abusers as well as how to elicit, receive, and forward reports of allegations or suspicions of sexual abuse. As evidenced by the 4-hour 2018 Medical Personnel Training "Understanding PREA," the agency's Training Academy is

maintaining the required documentation of this training. In an interview with the health services administrator and with the mental health director, the AT was informed that the medical and mental health providers were keenly aware of their role with regard to the sexual safety of the facility's inmates and that they took this responsibility very seriously. 115.35(b): Wellpath Policy HCD-100 F-06, "Response to Sexual Abuse" directs that medical staff is responsible for "preparing the patient for forensic exam by describing who will perform the exam, the process, the purpose, where the exam will be conducted, the presence of an advocate and custody staff during the exam, confidentiality of information, and reporting mandates." The Health Services Administrator verified in an interview that his staff does not conduct forensic examinations. 115.35(c): An examination of the training records of a Wellpath doctor, nurse practitioner, mental health practitioner, and two registered nurses revealed that all had received the relevant training covered under this standard in 2019. 115.35(d): MSCO Policy CP 1.12 "Staff Training and Development Plan" mandates that all full-time and part-time civilians and support staff, including contracted staff, who are new employees and who have regular or minimum inmate contact will receive annual training in PREA and sexual harassment/sexual misconduct awareness training. The training director verified this in an interview with the AT. The director reported that there were no barriers or obstacles to conducting this training. Inspection of the lesson plans for contractors and volunteers verifies agency compliance in training that includes the responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The health services administrator, mental health director and the agency's training director all verified this practice. Based on this information, Jail Central is in compliance with the standard.

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, as 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, as 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, as 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 an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes 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

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The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, records, etc.) a. Receiving Screen with Mental Health b. Policy CR 4.02, Initial Classification of Inmates c. Policy 5.05, Medical Screening d. Policy 3.02, Inmate Admission Procedures 2. Interviews a. PREA compliance manager (PCM) b. Classification supervisor c. Random staff d. Random Inmates e. Intake staff Findings (By Provision): 115.41 (a). Policy CP 5.05 indicates that all arrestees are assessed during at intake and when transferred to another facility. The screening form is incorporated into the Offender Management System. During the field tour, the audit team observed an intake screening being conducted during the intake process. The six records reviewed bore documentation of the intake screening questionnaire being conducted at intake. 115.41 (b). Policy CP 3.02, Inmate Admissions Procedures, specifies that intake screening occurs within 72 hours of arrival at the facility. As observed during the field tour, inmates are screened upon entry into the Central Facility. Of the six files reviewed, the intake screening occurred upon admission. 115.41 (c). An established form, incorporated in the Offender Management System, is used upon intake. The intake screening occurs as inmates enter the facility as noted during the field tour and the six inmate files reviewed. 115.41 (d). Policy 3.02, Inmate Admissions Procedures, outlines the criteria for assessing arrestees consistent with the standard. A copy of the initial intake screening form was obtained, and copies of the completed form were included in the six inmate files reviewed. The intake staff interviewed based on the protocol as well as informal interviews during the field tour reinforced that all inmates are screened upon admission and all questions on the screening form are asked. The PCM confirmed that screening forms are forwarded to Classification and the PCM for further action. 115.41 (e). Policy 3.02, Inmate Admissions Procedures, requires that consideration be given to prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The intake staff indicated that any information received regarding prior acts is forwarded to the PREA compliance manager. 115.41 (f). The PCM reports that she typically reviews the screening form the first day business day after an inmate's admission or the completion of the inmate classification process. The classification supervisor confirmed that the Sexual Predator/Vulnerability PREA Screening Checklist is completed during the classification process that typically occurs within a week of an inmate's admission to the facility (g). Policy 3.02, Inmate Admission Procedures, clarifies that arrestee's risk levels will be reassessed due to referral, request, sexual abuse, or additional information that bears on the arrestee's risk of sexual victimization or abusiveness. The PCM acknowledged that she updates information anytime she receives information germane to an inmate's risk of victimization or abusiveness. Informal interview with staff and residents support that the PCM is continuously checking with staff and inmates to determine if there are any changes in inmates' statuses. 115.41 (h). Policy 3.02, Inmate Admissions Procedures, directs that no arrestee can be disciplined for refusing to disclose any information outlined in the standard. The PCM reported that inmates are not discipline for refusing to disclose such information. 115.41 (i). Policy 3.02, Inmate Admissions Procedures, requires that the agency implement appropriate controls on the dissemination of information. The PCM, PREA coordinator, and the intake officer indicated that information collected during the screening process is not disseminated to anyone other than classification staff, the PREA coordinator, and the PCM. No inmates indicated that staff had misused their information collected during the admissions screening process. The classification supervisor confirmed that classification staff retain screening information in the inmate record file stored in the file room and administered by

assigned staff. During the onsite visit, the records staff made several requests of the classification supervisor to share files with the audit team. Based on this information, Jail Central is in compliance with the provisions of standard 115.41.

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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes 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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, records, etc.) a. Policy CR 4.03, Review of Inmate Classification Housing Managers b. Primary JICS Classification Tree c. Sexual Predator / Vulnerability PREA Screening Checklist d. Policy CP 6.03, Nondiscrimination toward Inmates/Inmate rights e. Policy 5.05, Medical Screening f. Policy 3.05, Inmate Hygiene g. Classification Housing Plan 2. Interviews a. PREA coordinator b. PREA compliance manager (PCM) c. Classification supervisor d. Random staff e. Random inmates f. Transgender inmate Findings (By Provision): 115.42 (a). Policy 5.05, Medical Screening, outlines that the agency uses risk screening information to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The PCM and the classification supervisor reported that inmates' safety is of primarily importance. Once a determination of sexual victimization or sexual abusiveness is made, the PCM meets with the inmate, and then PCM and classification supervisor determine the most appropriate housing. The one inmate interviewed who had indicated potential victimization reported that the PCM and other agency staff are responsive to the housing needs for safety; and further reported that there is no prohibition of participation in programming. Policy CP 6.03, Nondiscrimination towards Inmates, further clarifies that all programs, services, and institutional privileges are offered on a non-discriminatory basis. 115.42 (b). Policy CR 4.02, Initial Classification Inmates, outlines the procedures for conducting custody assessments using objective criteria on each inmate to be housed in the facility. Protective custody is provided for those inmates requesting or requiring protection from other inmates to ensure safety. The nine inmates interviewed indicated that they feel safe in the facility, and that staff are responsive to their needs. The classification supervisor and the PCM reported that they consider the individual safety needs of all inmates. 115.42 (c). Policy CR 4.02, Initial Classification Inmates, outlines the procedures for conducting custody assessments using objective criteria on each inmate to be housed in the facility. Protective custody is provided for those inmates requesting or requiring protection from other inmates to ensure safety. Thirty nine random staff were asked about the safety of transgender or intersex inmates, and each indicated that they are very responsive to the inmates' needs. The PCM confirmed that the inmate's health and safety is of paramount importance in housing decisions. 115.42 (d). Policy CR 4.03, Review of Inmate Classification Housing Managers, requires that all inmates are reassessed every 60 days by the assigned housing manager. The classification supervisor reported that inmates reporting or identified as potential victims or predators are reviewed every 30 day. The PCM reported that anyone reporting concerns for their safety are interviewed every Monday, Wednesday, and Friday. 115.42 (e). The PCM and the classification supervisor report that the inmate's views of housing are considered when making housing decisions. The transgender inmates interviewed indicated that his desire to be housed in general population was considered. 115.42 (f). Policy 3.05, Inmate Hygiene, stipulates that transgender and intersex inmates are given the opportunity to shower separately from other inmates. Both the 39 random staff and the 61 random residents indicated that all

inmates are given the opportunity to shower separately from other inmates. A privacy panel (e.g., café door or suicide resistant shower curtain) was observed at all showers in the occupied housing units. 115.42 (g). The PCM and the classification supervisor report that there is no dedicated housing area for lesbian, gay, bisexual, transgender, and intersex inmates. The Classification Housing Plan does not identify any of the housing units in such a manner. Based on this information, Jail Central is in compliance with the provisions of standard 115.42.

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

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

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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. AP Initial Classification Record (rev. 3/4/14) b. Classification Division-Sexual Predator/Vulnerability PREA Screening Checklist (rev. 3/22/16) c. Receiving Screening with Mental Health d. Classification Policies and Procedures-CR 4.02 "Initial Classification of Inmates" (rev. 7/16/08) e. Classification Policy and Procedures- CR 4.03 "Review of Inmate Classifications Housing Managers (rev. 7/16/08) f. Policy CP 4.03 "Special Housing" (rev. 8/10/05) g. Primary JICS Classification Tree h. Central Policy 6.18 "Sexual Misconduct/PREA" (eff. 10/19) i. Completed Pre-Audit Questionnaire 2. Interviews: a. Classification Supervisor b. Random Staff c. Targeted Inmates (Restrictive Housing) Findings (By Provision) 115.43(a): Classification Policies and Procedures-CR

4.02 “Initial Classification of Inmates” mandates that most inmates who require protection from other inmates to ensure their sexual safety will not need to be housed in protective custody. They would merely need to be housed in a separate housing unit from the inmate(s) they need to be separate from. Thus, there is no mechanism in place for involuntarily assigning an at-risk inmate to segregated housing. Classification Policy and Procedures- CR 4.03 “Review of Inmate Classifications Housing Managers” mandates that protective custody is to be used only when no other acceptable alternative is available. Acceptable alternatives are listed as transfer of the inmate to another housing unit or facility, rescheduling of program activities and/or work details, or transfer to another jurisdiction. 115.43(b): Classification Policy and Procedures- CR 4.03 “Review of Inmate Classifications Housing Managers” mandates that inmates assigned to special housing (includes Disciplinary Detention, Protective Custody, and Administrative Detention) will have access to the same programs, services and privileges as general housing units unless restricted for disciplinary reasons. If programs, services and/or privileges are restricted, it will be documented on an incident report and annotated in the log book. In interviewing random staff, all reported that inmates could request special housing if they were in any way uncomfortable or felt unsafe in their current unit. Staff reported that they each had the authority to immediately remove an inmate from a housing unit and have them reassigned temporarily to another unit. They reported that someone from the Classification Division (that day if day shift, or the next day if night shift took the action) would then assess the inmate’s needs and/or concerns and make a reassignment. The classification supervisor verified this information in an interview with the AT. All incidents of reassignment to protective custody, as well as the reasons for the reassignment are documented. Using the grievance process, inmates may appeal to the facility commander an involuntary reassignment to protective custody. However, there is no indication in this policy or the attendant “Primary JICS Classification Tree” that the risk of sexual victimization/predation are factors considered when assessing housing/classification assignments. Classification staff will review the status of inmates confined in protective custody every seven days for the first two months, then every thirty days thereafter to determine if there is a continuing need for separation from the general population. The Classification Supervisor, as well as the random staff interviewed reported that there are no issues or barriers (space, staffing, etc.) with finding adequate areas to house inmates in units other than their original locations. The AT observed the unit reserved for protective custody and saw that inmates housed there are afforded the same privileges (TV, phone, kiosk, visitation, commissary, recreation) as inmates in general housing. 115.43(c-e): Policy CP 4.03, Special Housing, outlines the procedures for protective custody housing specifying that involuntary commitments for protective custody will be documented in the inmate’s classification file along with the reasons for confinement. Classification staff review the status of inmates confined in protective custody every seven days for the first two months and every 30 days thereafter. Residents in restrictive housing were interviewed. Both indicated that the PCM and/or supervisory staff met with them daily, and often once per shift. Once resident reported that he was separated due to a conflict with another resident, and the other resident is to be released at which time the resident will no longer be in restrictive housing. The other resident indicated a preference to be removed from the population. Based on this information, Jail Central is in full compliance with the elements of standard 115.43.

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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

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

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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Central Policy 6.18 "Sexual Misconduct/PREA" (eff. 10/19) b. MCSO Inmate Handbook (English and Spanish versions) dated July 2018 c. Inmate phone d. Completed Pre-Audit Questionnaire e. Initial PREA Notification Report f. PREA Incident Checklist g. PREA Poster in both English and Spanish. h. PREA Brochure 2. Interviews: a. Random staff b. Random inmates c. Hotline Program Manager for Safe Alliance Rape Crisis Center d. PREA Compliance Manager (PCM) e. PREA Coordinator Findings (By Provision) 115.51(a): As evidenced by Central Policy 6.18 "Sexual Misconduct/PREA" and the Inmate Handbook, inmates housed in Jail Central may privately report sexual abuse/sexual harassment to any staff member, pod officer, field training officer, sergeant, captain, Office of Professional Compliance, or through a third party. These reports can be either against other inmate(s) or a staff member. In addition, the reporting methods were confirmed as the AT observed PREA posters in both English and Spanish throughout the facility and in the housing units that were all visible to the inmate population. These posters list methods of reporting for inmates and staff. There is no specific provision in the policy nor in the Inmate Handbook that inmates or third parties may write a letter to the agency to report an incident of sexual abuse/sexual harassment. Random inmates indicated that they had multiple means of reporting incidents including the telephone, in writing, or through a third party. 115.51(b, d): The MCSO Inmate Handbook (English and Spanish versions) contains contact information for a public or private entity or office that is not part of the agency (Safe Alliance; The National and Local Rape Crisis Services Rape, Abuse, and Incest; and the National Organization for Victim Assistance. Additionally, the PREA brochure contains information on how inmates can contact the Charlotte-Mecklenburg Police Department (which is an external reporting agency) to file a report of sexual abuse/sexual harassment. However, it is not clearly defined for the inmates which of these entities is the point of contact for outside reporting. The Hotline Manager for Safe Alliance reported that while they were able to receive reports of sexual abuse/sexual harassment, they do not forward the reports to the agency without the explicit consent of the inmate(s). When Safe Alliance did report to the agency, they maintained the inmate's anonymity upon request of the inmate. While Central Policy 6.18 "Sexual Misconduct/PREA" mandates that MCSO provide multiple internal ways for inmates to report as well as provide an external mechanism for reporting, the policy does not specifically outline/list the ways to report, nor the name/title of the external reporting entity. This information is available at the telephones areas in each housing unit and includes both the Safe Alliance contact information as well as the telephone number for reporting incidents to the Department of Justice (DOJ). The lead auditor made two attempts to contact someone or leave a message through the DOJ telephone reporting system, was able to get beyond the automated "phone tree" system to speak with a person or leave a message during the onsite visit. This information was reported to the PCM to follow up regarding the inability to leave a message. Interviews with random staff revealed all staff confidently knew there were many ways for inmates to report, but all staff could not list all of the ways to report. Despite MCSO no longer holding inmates for civil immigration purposes as of December 2018, policy 6.18 still mandates that "Inmates detained solely for civil immigration purposes will be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. 115.51(c): CP 6.18 "Sexual Misconduct/PREA" mandates that staff will accept reports made verbally, in writing, anonymously, and from third parties and document all verbal reports. All staff interviewed were confidently aware of this mandate and indicated that these

reports would be provided to their supervisor and the PCM. Recommendation(s): 1. Consider removing language on ICE detainees in policy.

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

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*)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Central Policy 6.18 "Sexual Misconduct/PREA" (eff. 10/19) b. Central Policy 6.06 "Inmate Grievances and Inmate Requests" (eff. 1/1/16) c. MCSO Inmate Handbook (English and Spanish versions) dated July 2018 d. Inmate phone e. Completed Pre-Audit Questionnaire f. Initial PREA Notification Report g. PREA Incident Checklist h. PREA Poster in both English and Spanish. i. Memorandum to Inmate of Final Agency Decision (dated 8/7/19) 2. Interviews: a. PREA Manager b. Grievance Coordinator c. Random and Targeted Inmates d. Random and Specialized Staff Findings by Provision 115.52(a-g): Policy CP 6.06, Inmate Grievances and Inmate Requests, details the elements of the grievance procedure. Section VI, Filing a Grievance for Sexual Abuse/Sexual Assault, details the handling of grievances regarding allegations of sexual abuse, which is in full compliance with standard requirements, including but not limited to the following: • Prohibition of timelines to any portion of a grievance alleging an incident of sexual abuse; • Allowance for grievances to be submitted without requiring an informal grievance process; • Allowance for inmates to submit a grievance without submitted it to a staff member who is the subject of the complaint; • Provision for emergency grievances when an inmate is subject to a substantial risk of imminent sexual abuse. In such cases, an initial response will be provided in 48 hours, and a final decision with five calendar days; • Requirement for a final agency decision on a standard grievance within 90 days. • Provision for an extension of up to 70 days if the normal time period is insufficient. In the past 12 months, there were 17 grievances alleging sexual abuse. All of the grievances were addressed within 90 days. No emergency grievances alleging substantial risk of sexual abuse were received during the documentation reporting period. In examining the "Memorandum to Inmate of Final Agency Decision" written by the PREA Coordinator, the AT determined that the agency issues final agency decisions on the merits of any portion of a grievance alleging sexual abuse within 90 days (in this case, the decision was rendered in writing in approximately three weeks, well within the provision). MCSO clearly demonstrates by this

memorandum that allegations and subsequent investigations are important. Not only is the inmate notified of the findings, the terms “substantiated, unsubstantiated, and unfounded” are explained for the inmate. Additionally, the memorandum outlines with some detail the steps taken during the agency inquiry and lays the foundation for their ultimate decision. Interviews with the grievance coordinator revealed that all grievances are taken seriously. The grievance coordinator responds to all grievances regardless of how they are submitted (e.g., paper/form; kiosk system; or verbal reports). Records of grievances supports that grievances are generally responded to within days. The grievance coordinator maintains a tracking system to identify when responses are due. When asked by the lead auditor about action taken when staff fail to provide timely responses, the grievance coordinator indicated that an email is submitted without delay, and if there is not an immediate response, the grievance is forwarded to the next highest level. Based on this information, Jail Central is in full compliance with all elements of standard 115.52.

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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- 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

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The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Central Policy 6.18 “Sexual Misconduct/PREA” (eff. 10/19) b. MCSO Inmate Handbook (English and Spanish versions) dated July 2018 c. PREA Brochure d. PREA Poster in both English and Spanish e. Safe Alliance MOU dated 8/5/19 f. Pre-Audit Questionnaire 2. Interviews: a. PREA Compliance Manager (PCM) b. Hotline Program Manager for Safe Alliance Rape Crisis Center c. Random Inmates 3. Observations a. Testing inmate phone Findings by Provision 115.53(a, c): The agency entered into an agreement with Safe Alliance Rape Crisis Center to provide inmates with external victim advocacy and provides inmates with this information in several ways: PREA posters in housing units and the Inmate Handbook. Access to this confidential support service was verified by the AT through the interview with the Safe Alliance Hotline Program Manager as well as when a member of the AT completed a call to the Safe Alliance Hotline Program via the inmate phone in the housing unit to make a call to the external advocacy entity. The MOU with Safe Alliance, dated 8/5/19, provides for: • Crisis intervention and emotional support services to inmates of sexual abuse in MCSO, via phone, mail, and/or hospital accompaniment; • Maintain confidentiality as outlined in Safe Alliance policies and procedures. • Notify the MCSO Health Care Services staff of any emergency mental health needs of any inmate with proper consent of the inmate; • Provide residents with referrals for treatment after release or upon transfer to another facility. • Upon request of a resident, provide victim advocacy by accompanying and supporting the victim through investigatory interviews and provide emotional support, crisis intervention, information, and referrals. Despite MCSO no longer holding inmates for civil immigration purposes as of December 2018, policy 6.18 still mandates that “Inmates detained solely for civil immigration purposes will be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. 115.53(b): Information regarding advocacy support services is available to inmates via the posters located widely through the facility including anonymous reporting. Confidential reporting is not as clear in the Resident Handbook, but random inmates interviewed confirmed the belief that there are confidential reporting options available to inmates. Further, the random inmates indicated that they have confidence that incident reported in the facility will be handled with the utmost discretion.

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

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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. MCSO Website.pdf 2. Interviews: a. PREA Coordinator b. PREA Compliance Manager (PCM) c. Mecklenburg-Charlotte Police Department Investigator Findings by Provision 115.54 (a) MCSO allows for third party reporting as outlined on the website. Reporting options include: • Informing any MCSO employee or volunteer, including medical staff; • Writing to the Office of Professional Standards (address included); and/or, • Contacting the PREA Coordinator (telephone number provided). The PREA coordinator and the PCM confirmed that any third party reporting is acted upon consistent with agency policy regarding sexual misconduct/abuse. The MCPD investigator also indicated that third-party contacts would be acted upon, but only if the alleged victim inmate agreed to pursue the allegation. Based on this information, Jail Central is in compliance with standard 115.54.

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

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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Central Policy 6.18 "Sexual Misconduct/PREA" (eff. 10/19) b. MCSO Inmate Handbook (English and Spanish versions) dated July 2018 c. Completed Pre-Audit Questionnaire d. Agency's website at <http://www.mecksheriff.com/prea.asp> e. Wellpath Policy F-06 "Response to Sexual Abuse" f. Wellpath "Receiving Screening with Mental Health" g. MCSO "Sexual Abuse Incident Review Minutes" (dated 8/1/19) 2. Interviews: a. Random Staff b. Random and Targeted Inmates c. Health Services Director d. Classification Supervisor f. Mental Health Supervisor g. Office of Professional Compliance h. PREA Compliance Manager-Jail Central Findings by Provision: 115.61(a): The Mecklenburg County Sheriff's Office has a zero-tolerance policy with regard to sexual abuse/sexual harassment. During interviews of random staff, they all reported a knowledge of the reporting procedures and requirements based upon their agency policy listed above. This was verified by a review of Policy 6.18 "Sexual Misconduct/PREA" by the AT. Additionally, the agency's medical vendor has a policy, Wellpath Policy F-06 "Response to Sexual Abuse," requiring their employees report any allegations, knowledge, or reasonable belief of an incident of sexual abuse/sexual harassment involving inmates and/or staff. During an interview with the Health Services Director, it was verified that medical staff are aware of their policy as well as the policy of Jail Central regarding their duty to report. Indeed, in a review of the Receiving Screening with Mental Health, the AT observed 8 questions related to PREA with a directive to report any "yes" responses to Classification and for a referral to mental health. 115.61(b): Central Policy 6.18 "Sexual Misconduct/PREA" mandates that, apart from reporting to designated personnel, staff will not reveal any information related to a sexual abuse/sexual harassment other than to the extent necessary. Interviews with the PCM, the PREA Coordinator, and random staff indicated that any information related to sexual abuse/sexual harassment is shared only with those who have a need to know such as medical, mental health, and upper management personnel. 115.61(c): Central Policy 6.18 "Sexual Misconduct/PREA" mandates that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required by MCSO to report sexual abuse/sexual assault and are required to inform the inmates of this duty to report. In an interview with the Health Services Director, the AT verified that medical personnel were aware of, and adhered to this policy. Additionally, in an interview with the mental health supervisor, the AT verified that mental health staff were aware of and adhered to this policy. 115.61(d): Central Policy 6.18 "Sexual Misconduct/PREA" mandates that MCSO will report all incidents of sexual abuse/sexual assault involving inmates under the age of 18 at the time of the incident to the designated State or local services agency as required by law. All staff are considered mandatory reporters and are required to report information under the state's vulnerable person law. Random staff interviewed verified their understanding that they must report any incident of alleged sexual assault. 115.61(e): As MCSO has a zero tolerance policy on sexual abuse/sexual harassment, the Central Policy 6.18 "Sexual Misconduct/PREA" mandates that all allegations, including those reported by a third-party and anonymous reports, be reported to the facility's PREA Compliance Manager and investigators. This practice was verified in interviews with the PREA Compliance Manager for Jail Central and the Commander for the Office of Professional Compliance. In an examination of the agency's "Sexual Abuse Incident Review Minutes with sign-in sheet," the AT discovered that the PREA coordinator, PCM, classification supervisor, other PREA team members, the director of nursing conduct monthly meetings to review the previous month's incident reports and findings. These minutes were very detailed, which demonstrated to the AT the level of professionalism and commitment of the MCSO to inmate sexual safety. Based on the documentation and interviews, Jail Central is in compliance with all provisions of standard 115.61.

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.

The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Central Policy 4.03, Special Housing b. Resident Handbook 2. Interviews: a. Intermediate or Higher Supervisor b. Random Inmates Findings by Provision: 115.62(a): Policy CP 4.03, Special Housing permits supervisor staff to make a placement into protective custody housing for any reason deemed necessary by supervisory staff. Supervisory staff indicated during the interview process that the inmate's safety is of paramount importance, and if a separation is required, the supervisory may make housing decisions, later reviewed by classification staff, as necessary when inmates are subject to risk of danger including sexual abuse. The Resident Handbook confirms for residents that procedures are in place to address complaints deemed an emergency (i.e., situations that place an inmate in a substantial risk of imminent harm of sexual abuse). Random inmates reported that they were confident that staff would take necessary steps to protect inmates who were at imminent risk of sexual abuse or any other safety concern. Based on this information, Jail Central is in full compliance with standard 115.62.

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.

The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Central Policy 6.18 "Sexual Misconduct/PREA" (eff. 10/19) b. Completed Pre-Audit Questionnaire c. Memorandum to PREA File dated 8/21/19 d. Report of Findings and Conclusion dated 4/17/18 Interviews: a. PREA Coordinator b. Agency head Findings by Provision: 115.63(a-c): CP 6.18 "Sexual Misconduct/PREA" mandates that when MCSO staff receives an allegation that an inmate was sexually abused/assaulted while confined at another facility, they will notify the head of that agency where the alleged incident occurred and will notify the appropriate investigative agency. In an interview with the PREA coordinator and agency head, it was determined that such information would be reported to the agency head once reported. The same procedure also requires this notification occur as soon as possible, but no later than 72 hours after receiving the allegation. Documentation provided by the agency included a memorandum indicating that there were no notifications of inmates reporting incidents in PREA Cycle 3 (referring to 2019). A separate memorandum was provided outlining circumstances of a notification of an incident occurring in another institution in 4/18. The incident was reported by an inmate, and the PREA coordinator contacted the agency of the report three days later. An investigation was conducted, and the findings were reported to the inmate. 115.63(d): CP 6.18, Sexual Misconduct, outlines the procedures regarding

receiving notification of an allegation from another agency of misconduct in the Jail Central is investigated in accordance with policy 6.18. The PREA coordinator and the PCM confirmed that an investigation would be conducted anytime there is an allegation of misconduct, regardless of whether the accuser was still confined in the facility. Based on this information, Jail Central is in compliance with standard 115.63.

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.

The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Central Policy 6.18 “Sexual Misconduct/PREA” (eff. 10/19) b. Completed Pre-Audit Questionnaire c. Wellpath HCD-100-F-06 Policy “Response to Sexual Abuse-Mecklenburg, NC” (rev. 6/1/19) d. MCSO Employee PREA Training Curriculum (7/2015) Interviews: a. PREA Compliance Manager-Jail Central b. PREA Coordinator c. Random Staff d. Health Services Director e. Supervisory staff Findings by Provision: 115.64 (a): Agency policy 6.18 “Sexual Misconduct/PREA” directs that “upon learning of an allegation that an inmate was sexually abused/assaulted, the first security staff member to respond to the report will be required to separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; request that the alleged victim 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; and 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.” Random staff and supervisory staff reported being aware of these requirements from their policy and their training. Staff reported no barriers to separating inmates suspected of being involved in a PREA issue (stated they would temporarily move them to another housing unit while they initiated PREA protocols or would take them directly to the medical unit if necessary). They and also reported that they would take these actions upon receiving an allegation of a PREA incident, that there need not be “proof” of anything for them to act to maintain the safety of inmates involved or to preserve potential evidence. One random staff officer reported that even if the allegation was days old, they would still take these steps. Once appropriate immediate action is taken, all involved staff draft reports of the incident and forward the reports to the PCM and PREA coordinator. 115.64 (b): In an interview with the Wellpath Health Services Director, the AT learned that Wellpath HCD-100-F-06 Policy “Response to Sexual Abuse-Mecklenburg, NC” also instructs medical personnel to preserve evidence for the forensic examination and to immediately notify security staff. The director also reported that in addition to their medical policy, this information was covered in the required training that all medical staff receive from the agency on their PREA protocols. Based on this information, Jail Central is in full compliance with all provision of standard 115.64.

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.

The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Central Policy 6.18 “Sexual Misconduct/PREA” (eff. 10/19) b. Completed Pre-Audit Questionnaire c. MCSO Flowchart “Inmate on Inmate Sexual Assault Allegation” d. MCSO Flowchart “Staff on Inmate Sexual Assault Allegation” 2. Interviews: a. Random staff b. Office of Professional Compliance Investigator c. Charlotte-Mecklenburg Police Department Investigator Findings by Provision: 115.65(a): The Mecklenburg County Sheriff’s Office has a very robust response plan. As provided in the pre audit materials, the agency flow chart outlines the reporting flow to include chain of command, medical/mental health, office of professional compliance (if the allegation involves a staff member) and outside local police department if a sexual assault occurs. During interviews with random staff, the AT discovered that line officers and mid-level managers were not consistently able to identify the entire flowchart process, i.e., they did not know who the ultimate investigative authority was in an inmate on inmate or staff on inmate incident. However, without exception, all were aware that they were to report all incidents/allegations of sexual assault/sexual abuse to their immediate supervisors and complete an incident report. All staff were aware that all reports went to the PREA Coordinator, MAJ Youngblood and that she would be “in charge” of the process. Central Policy 6.18 “Sexual Misconduct/PREA” includes information on other entities of the coordinated response to include the SAFE/SANE staff, the OPC Investigator and the CMPD Investigator. Interviews with both investigators verified that they do receive allegations of PREA incidents from Jail Central and understand their response protocols. It should be noted the agency followed the same flow chart in their 2016 audit with the only change being personnel assigned to the various roles or positions. The audit team finds the agency to be in compliance of this standard based upon interviews, observations and supporting documentation.

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

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115.66(a): North Carolina General Statute §95-98 (1959) states that "any agreement, or contract, between the governing authority of any city, town, county, or other municipality, or between any agency, unit, or instrumentality thereof, or between any agency, instrumentality, or institution of the State of North Carolina, and any labor union, trade union, or labor organization, as bargaining agent for any public employees of such city, town, county or other municipality, or agency or instrumentality of government, is hereby declared to be against the public policy of the State, illegal, unlawful, void and of no effect." There is no agreement that MCSO has with any entity 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. Based on this information, Jail Central is in full compliance with standard 115.66.

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 inmates 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

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The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Central Policy 6.18 "Sexual Misconduct/PREA" (eff. 10/19) b. Completed Pre-Audit Questionnaire c. Safe Alliance Memorandum of Understanding (dated 8/5/19) d. MCSO General Order #18 "Sexual Harassment and Other Prohibited Employment Practices" (eff. 12/31/2008) 2. Interviews: a. PREA Compliance Manager (PCM) b. PREA Coordinator c. Random Staff Findings by Provision: 115.67(a): CP 6.18 "Sexual Misconduct/PREA" is the agency's 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. Interviews with random staff revealed that all were aware of the agency's philosophy of no retaliation through the actual policy as well as during PREA training that they received. MCSO General Order #18 "Sexual Harassment and Other Prohibited Employment Practices" states that "It is unlawful for an employer or any of its decision makers to take retaliatory action against any individual who reports employment practices that are prohibited by law. The Sheriff's Office complaint process provides every employee the right to present concerns and complaints free from interference, coercion, discrimination or reprisal." While the agency as an entity has two policies that prohibit retaliation and reprisal, it does not designate a specific staff member or team of members to monitor this. 115.67(b): CP6.18 "Sexual Misconduct/PREA" mandates that 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. A review of the Safe Alliance MOU revealed that counseling personnel are available to inmates who fear retaliation. The PCM monitors inmates and staff who have reported or were otherwise involved in incidents alleging sexual misconduct or harassment. The Lead Auditor was provided documentation of visits with an inmate who was being monitored for potential retaliation. The PCM reports, and documentation supported visits with the inmate Monday, Wednesday, and Friday of each week. While the PCM identified factors that may suggest retaliation (e.g., assignments, disciplinary action, etc.) there was not form or other specific means to make the documentation other than the verification of meeting with the inmate other than on the post log book. 115.67(c)(d)(e): 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, Central Policy 6.18 "Sexual Misconduct/PREA" contains directives for staff "to monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff; to act promptly to remedy any retaliation; to conduct periodic status checks of inmates; to monitor inmate disciplinary reports, housing or program changes, negative staff performance reviews or reassignments; and to continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need; and if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency will take appropriate measures to protect that individual against retaliation."

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

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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Central Policy 4.03 "Special Housing" (eff. 8/25/05) b. 4.04 Classification/Records Policy and Procedures "Inmate Housing Plan" (rev.9/29/2011) c. Central Policy 6.03 "Nondiscrimination toward Inmates/ Inmate Rights" (eff. 2/2/2007) d. Completed Pre-Audit Questionnaire e. Internal Memo "PREA Standard 115.58" undated 2. Interviews: a. Random staff b.

Classification Supervisor c. PREA Coordinator Findings by Provision: 115.68(a): The use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of § 115.43 “Protective Custody.” To determine compliance, the AT began with a review of the policies provided by the agency in the PAQ. Policy 4.04 Classification/Records Policy and Procedures “Inmate Housing Plan” states that “The facility administrator or designee can order immediate segregation when it is necessary to protect an inmate or others. This action is reviewed within 72 hours by the appropriate authority in Classification.” Central Policy 6.03 “Nondiscrimination toward Inmates/ Inmate Rights” states that “work assignments, housing assignments, and administrative decisions are made without regard to the inmates (sic) ...sexual orientation.” Finally, Central Policy 4.03 “Special Housing” states that “an inmate may be confined to protective custody if they request segregation for self-preservation and if classification staff determines protection is required to ensure the inmate’s safety.” In the internal memo concerning this standard, the classification supervisor notes that there were no inmates placed in segregation due to an allegation of sexual abuse “during this collection period.” Interviews with staff revealed they were aware of this provision and that they followed the agency’s policies on restrictive housing. However, it was not possible for the AT to determine compliance for this provision due to a lack of evidence of the practice. The internal memo did not annotate the dates of the collection period, nor was the AT able to discover evidence of what measures, if any the agency took to separate inmates/staff pursuant to an allegation of sexual abuse/sexual assault. Additionally, since the prevailing policies predated the agency’s implementation of PREA standards, it was impossible to draw the conclusion that the policies applied to standards 115.43 or 115.68. Based on the documentation and interviews, Jail Central substantially complies with standard 115.68. Recommendation(s) 1. Document actions taken to relocate an inmate or to reassign a staff member pursuant to a PREA issue. 2. Update relevant policies to more accurately reflect practices to address restrictive housing. 3. Develop a checklist for PREA incidents that includes the requirements of this audit instrument.

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

- 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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. Charlotte-Mecklenburg Police Department Memo "PREA Compliance" (dated 7/24/19) c. MCSO Policy CP 1.12 "Staff Training and Development Plan" (rev. October 2019) d. Flowcharts: Inmate on Inmate Sexual Assault Allegation; Staff on Inmate Sexual Assault Allegation e. MCSO G.O. 18 "Sexual Harassment and Other Prohibited Employment Practices" (eff. 12/31/2008) f. MCSO G.O. 4 "Discipline, Internal Investigations and Employee Rights" (eff. 12/31/2008) g. MCSO Investigator Training Certificates h. "Overview of PREA Cases from October 2018 through September 2019" i. Agency PREA investigations - OPC 2. Interviews: a. PREA Coordinator b. Investigative staff c. CMPD Investigator d. Intermediate or higher supervisor e. Random staff f. Random inmates Findings by Provision: 115.71(a): According to the two investigative flowcharts, MCSO investigates inmate on inmate allegations (either by the PCM or by the Office of Professional Compliance if the allegation could be criminal in nature) and refers all staff on

inmate allegations to the Charlotte Mecklenburg Police Department for investigation/prosecution. In interviews with the PREA Coordinator and an investigator with OPC revealed that both entities conduct prompt and objective interviews. Additionally, the AT reviewed the "Overview of PREA Cases from October 2018 through September 2019" that the agency provided. Contained in this document was information on the date the allegation was reported, the involved employee/contract staff member, the inmate, the specific allegation, the adjudication and date, and any additional comments. The summary of the investigations suggests that the agency conducts the investigations promptly, thoroughly, and objectively. MCSO G.O.4 "Discipline, Internal Investigations and Employee Rights," section "IV Procedure for Receiving and Processing Allegations of Employee Misconduct" states that complaints shall be "received from any source" and MCSO Policy CP 6.18 "Sexual Misconduct/PREA" states that the agency will investigate allegations from including third party and anonymous reports. Interviews with the PREA Coordinator and agency investigator verified this practice. Interviews with random staff and random inmates supports the awareness that there are numerous means to report alleged incidents.

115.71(b): CP 1.12 "Staff Training and Development Plan" outlines the training plan for MCSO. In addition to the training required of all staff, MCSO requires the agency's investigators be trained in conducting sexual abuse investigations in confinement settings. The policy further mandates that "specialized training will include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings (note: the agency does not conduct criminal investigations involving staff members), sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral." The agency's investigator verified this training during an interview with the AT. In a review of the training records provided in the PAQ, the AT discovered that one investigator attended "PREA Investigator Training for Allegations of Inmate Sexual Abuse," one investigator attended "Finding the Truth: Investigations of Sexual Abuse of Inmates in Confinement Settings," and three other investigators and the PREA Coordinator attended " Searching for the Truth: Conducting Sexual Abuse Investigations in Confinement for PREA." However, no documentation was presented to the AT which verified that the training topics received by the investigators complied with the provisions of 115.34. 115.71(c) The CMPD memorandum of agreement stipulates that CMPD is responsible for investigation all allegation of sexual assault within the jurisdiction boundaries of the City of Charlotte and the unincorporated areas of Mecklenburg County, including the detention facilities. The agreement confirms that CMPD collects physical evidence and affords all victims access to forensic medical examinations. The PREA coordinator confirmed that all available resources (e.g., video recordings, documents, etc.) are made available to CMPD to assist with the investigation. 115.71(d): Compelled interviews do not pertain to inmate on inmate allegations/investigations. Compelled interviews would only be necessary in the investigation of a staff on inmate allegation and MCSO has an agreement with CMPD to conduct these investigations. This is supported in the CMPD memo and in an interview with the PREA Coordinator and MCSO investigative personnel. 115.71(e): The CMPD Investigator clearly conveyed that the status of the individual who alleges sexual abuse does not have bearing on the credibility of the person as a witness or a complainant. The investigator repeatedly reminded me that the investigators deal with a variety of individuals outside of the jail, and their status, no more than an inmate's status influences the perception of credibility. The CMPD indicated that they do not use any form of polygraph examination as a condition for proceeding with the investigation. 115.71(f): Completed investigations are documented in written reports. Samples of the investigations and findings reviewed by the AT confirmed that each investigation includes a review of all evidence and statements, policies, procedures, post orders, to assist in determining if staff actions or failure to act contribute to the sexual abuse. This was confirmed by the agency head and the PREA coordinator. 115.71(g, h, i): The AT reviewed PREA investigation files from the Office of Professional Compliance. The investigator reported that they investigate serious PREA incidents. The flowcharts provided in the PAQ do not clearly state which entity and which agency is responsible for investigating PREA incidents, not could the AT locate this evidence in policies or other documents. It was clear however, that MCSO

investigates, or requests investigations from CMPD on all documented PREA allegations as evidenced by the “Overview of PREA Cases from October 2018 through September 2019” and by the Agency PREA investigations – OPC that were examined by the audit team. However, there was no information presented to the AT on the breadth of the investigations conducted externally by CMPD on PREA allegations involving MCSO staff. The MCPD investigator confirmed that when probable cause is determined, the case is forwarded to the prosecutor to determine if an indictment is warranted. The PREA coordinator and the line officer supervisor confirmed that every reasonable measure is taken to provide support to the CMPD investigator including providing copies of written reports and videos of the specific area if needed. 115.17(i): The findings of all PREA related investigations are maintained by the Office of Professional Compliance. The PCM also maintains a summary of all investigations for review by the Incident Review Committee and to provide for monitoring retaliation. 115.71(k): n/a Based on this information, Jail Central is in substantial compliance with standard 115.71.

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.

The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. MCSO G.O. 4 “Discipline, Internal Investigations and Employee Rights” (eff. 12/31/2008) Revised policy MCSO G.O. 4 dated 1/15/202. Interviews: a. PREA Coordinator b. Investigative staff Findings by Provision: 115.72(a); No information was presented to the AT that would lead to the finding 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. MCSO G.O. 4 “Discipline, Internal Investigations and Employee Rights” states that the general order “should not be construed to create a higher standard of care in any third party claims (sic).” The PCM and the PREA coordinator both indicated that a preponderance of the

evidence was sufficient in determining whether allegations of sexual abuse or sexual harassment are substantiated. Based on this information, Jail Central does not meet substantial compliance with standard 115.71. Corrective Action(s): 1. Revised policy and procedure to reflect that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegation of sexual abuse or sexual harassment are substantiated.

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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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.

The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. MCSO Policy CP 6.18 “Sexual Misconduct/PREA” (rev. October 2019) c. CP 6.06 “Inmate Grievances and Inmate Requests” (eff. 1/1/16) d. Agency Internal Memos “Notification of Investigative Outcomes” e. Charlotte-Mecklenburg Police Department Memo “PREA Compliance” (dated 7/24/19) 2. Interviews: a. PREA Coordinator b. Random Staff Findings by Provision: 115.73(a): As stated in CP 6.06 “Inmate Grievances and Inmate Requests,” following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, the agency informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded by “issuing a final agency decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing.” An interview with the PREA Coordinator verified that she is the person responsible for this notification and that she does this in a written “PREA Investigation Outcome” memorandum to the inmate who made, or about whom an allegation was made. In reviewing three final agency decision reports to inmates, the AT discovered that they were issued 10 days, 14 days, and 20 days after the initial filings, which is in

compliance with agency policy timeline. The notifications from the PREA Coordinator to the inmate read: "The Mecklenburg County Sheriff's Office received a PREA complaint dated -- -. We ensure (sic) you we take all allegations of Sexual Abuse and/or Sexual Harassment seriously. In accordance with the PREA Standards, residents are to be notified of the investigative outcome following a sexual abuse and/or sexual harassment investigation in which they were the alleged complainant. After a thorough investigation, the complaint was found to be substantiated/unsubstantiated/unfounded. If you have any questions regarding this notification, please advise." 115.73(b): As outlined in the Charlotte-Mecklenburg Police Department Memo "PREA Compliance," MCSO has an agreement with CMPD to conduct investigations on any allegation of staff on inmate sexual abuse/sexual assault. However, there was no information presented by the agency in the PAQ, nor contained in the agreement memo with CMPD that indicates that the agency requests the relevant information from the investigative agency in order to inform the inmate. 115.73(c): MCSO Policy CP 6.18 "Sexual Misconduct/PREA" states that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, the agency will subsequently inform the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility, and/or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PREA Coordinator substantiated this information in her interview and said she was aware of this policy and would notify an inmate of these provisions, but that she has not had an incident yet fall within these provisions. 115.73(d): MCSO Policy CP 6.18 "Sexual Misconduct/PREA" states that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency will subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Coordinator substantiated this information in her interview and said she was aware of this policy and would notify an inmate of these provisions, but that she has not had an incident yet fall within these provisions. 115.73(e): MCSO Policy CP 6.18 "Sexual Misconduct/PREA" states that all such notifications or attempted notifications will be documented. The PREA Coordinator substantiated this information in her interview and said she was aware of this policy and would notify an inmate of these provisions, but that she has not had an incident yet fall within these provisions. Based on this information, Jail Central is in compliance with standard 115.73.

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.

The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. MCSO G.O. 4 "Discipline, Internal Investigations and Employee Rights" (eff. 12/31/2008) c. MCSO G.O. 18 "Sexual Harassment and Other Prohibited Employment Practices" (eff. 12/31/2008) d. MCSO G.O. 2 "Rules of Conduct for Employees" (eff. 4/1/12) e. MCSO G.O. 13 "Ethics and Conduct with Inmates" (eff. 12/31/2008) f. CP 1.27 "Personnel Records" (eff. 11/09/04) g. 2016 Audit Report 2. Interviews: a. Random Staff Findings by Provision: 115.76(a-d): MCSO G.O. 18 "Sexual Harassment and Other Prohibited Employment Practices" states that "violators of the policy will be subject to appropriate disciplinary action up to and including termination." As there were no known allegations of staff sexual misconduct or harassment that were substantiated, there was no documentation to review for sanction verification. The G.O. predates the agency's efforts toward PREA compliance with their initial PREA audit in 2016, The 2016 audit resulted in a finding of compliance based on random staff interviews that agency takes sexual safety seriously. Random staff reported that the administration has no tolerance for sexual misconduct and staff would not be permitted to continue to work with the agency. Based on this information, Jail Central is in substantial compliance with standard 115.76. Recommendation(s): 1. Consider revising

MCSO G.O. 18, Sexual Harassment and Other Prohibited Employment Practices to be more consistent with provision that specify that termination would be the presumptive disciplinary sanction for staff who have engaged in sexual abuse; that the discipline would be 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; and that resignations by staff who have been terminated if not for their resignation, shall be reported to law enforcement agencies.

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

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The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Completed Pre-Audit Questionnaire b. Central Policy 10.01 "Volunteer Program" (eff. Oct. 2019) c. Internal memo "Prison Rape Elimination Act (PREA) Investigations" dated 3/20/19 d. Internal Memo "PREA 115.77" dated 8/26/19 2. Interviews: a. MCSO Volunteer Coordinator

Findings by Provision: 115.77(a): Central Policy 10.01 "Volunteer Program" mandates that any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates and will be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. In an interview with the MCSO Volunteer Coordinator, the AT learned that if a contractor or volunteer who violates this provision while in Jail Central, then the agency would take the appropriate actions. Additionally, if, during the employment background records check, it is discovered that a volunteer or contractor engaged in a violation of this provision and was convicted, the agency would take the appropriate actions. However, if a volunteer or contractor engages in sexual abuse prior to employment and is not convicted, or engages in sexual abuse while volunteering or contracting with MCSO but "off duty" or off premises, then the agency relies on the volunteer or contractor to "self-report" and thus can only take actions upon learning of the violation from the violator or other third party. 115.77(b): Central Policy 10.01 "Volunteer Program" mandates that in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility shall take appropriate remedial measures, and consider whether to prohibit further contact with inmates. Internal memo "PREA 115.77" reports that "During PREA Audit Cycle 3, there has been no reported incidents of Sexual Abuse/Sexual Harassment by any Contractors associated with the Mecklenburg County Sheriff's Office." The MCSO Volunteer Coordinator reported to the AT that she was aware of these provisions and knew also of the agency's zero-tolerance policy toward PREA violations. She also emphasized the belief that the agency took the responsibility of inmate sexual safety seriously, whether it was concerning other inmates, staff or volunteers/contractors.

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)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes 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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Central Policy 6.18 "Sexual Misconduct/PREA" (eff. 10/19) b. Central Policy 6.12 "Inmate Disciplinary Hearing Procedures" (eff. 11/9/04) c. Central Policy 6.01 "Inmate Rules and Sanctions" (rev. 7/25/14) d. Central Policy 4.03 "Special Housing" (eff. 8/25/05) e. Wellpath Policy HCD- 100_F-06 "Response to Sexual Abuse-Mecklenburg NC" (eff. 6/1/19) f. Internal Memos "PREA 115.78" dated 11/20/18 and 8/26/19 Revised Policy Central 6.01 Inmate, Rules and Sanctions 1/15/20 2. Interviews: a. PREA Coordinator b. PREA Compliance Manager c. Random Staff d. Random Inmates e. Disciplinary Officer Findings by Provision: 115.78(a, b): Section J of Central Policy 6.01 "Inmate Rules and Sanctions" covers rules infractions categories found in the Inmate Handbook that is issued to each inmate. Category "A" violations include "rape or sexual acts against staff or inmates" and "sexual harassment." Sanctions for these violations include "filing criminal charges, Disciplinary detention for up to sixty (60) days per incident, loss of privileges for up to sixty (60) days, and loss of programs or work assignments." 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, inmates subject to the disciplinary sanctions listed in Policy 6.01 and pursuant to a formal disciplinary process. The procedure provides consistency in the imposition of sanctions imposed for violations of rules related to sexual safety. The formal procedure for making the administrative finding is an incident report, notice of hearing, disciplinary report, prehearing action, disciplinary hearing, and a hearing record. In the internal memos, the AT noted that there were no reported incidents of sexual contact between inmates and staff, therefore there were no disciplinary sanctions imposed on any inmates for sexual contact with staff. An interview with the PREA Coordinator confirmed this report. 115.78(c-g): The CP procedures do not specify the provisions related to disciplinary action as outlined below: (c) consideration of whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining the type of sanction; (d) consideration of requiring an offending inmate to participate in intervention programs to correct the underlying reasons or motivations for abuse. (e) discipline of an inmate for sexual contact with staff upon a finding that the staff member did not consent to such contact; (f) consideration that allegations made in good faith do not constitute false reporting; and, (g) discipline for inmates who are not coerced to engage in sexual activity between inmates. Despite the lack policy and procedure related to the provisions outlined above, interviews with random staff, random inmates, the facility head, PCM, and education staff confirm that staff are consider the provision in managing the population despite the lack of policy and procedure specifying the requirements. The records reviewed as well as the documentation for the youthful offenders and developmentally disable confirmed that residents are managed in accordance with their abilities and in a manner consistent with a behavior management program. The lack of specific procedure related to this standard results in limited guidance that may not be continued with any change of staffing. Based on the information, Jail Central is not substantially compliance with standard 115.78 and corrective action is required. Corrective Action: 1. Revise policy and procedure to outline procedures for compliance with the provisions outlined below within standard 115.78: (c) consideration of whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining the type of sanction; (d) consideration of requiring an offending inmate to participate in intervention programs to correct the underlying reasons or motivations for abuse. (e) discipline of an inmate for sexual contact with staff upon a finding that the staff member did not consent to such contact; (f) consideration that allegations made in good faith do not constitute false reporting; and, (g) discipline for inmates who are not coerced to engage in sexual activity between inmates.

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? (N/A if the facility is not a prison.)
 Yes No NA

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

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 following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Pre-Audit Questionnaire b. Central Policy 1.24 "Confidentiality" (eff. 6/25/10) c. Central Policy 5.05 "Medical Screening" (eff. /1/16) d. Wellpath Policy HCD-100_F-06

“Response to Sexual Abuse-Mecklenburg NC” (eff. 6/1/19) e. MCSO “Sample Custody Records” f. MCSO “Sample Consent Form over 18” g. Wellpath “Sample Wellpath Secondary Information” 2. Interviews: a. Health Services Director b. Mental Health Director c. Classification Supervisor d. Intake staff Findings by Provision: 115.81(a - c): When an inmate is initially brought to Central Prison for processing, they will go through the booking process which includes the MCSO booking screening questions administered by an officer and the Wellpath “Receiving Screening” questions administered by medical staff. If the medical 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, the staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Wellpath’s form asks “Has the patient ever been the victim of sexual abuse? Yes/No” If the answer is yes, the form indicates to “notify classifications (sic) and refer to MH to be seen within 14 days. Yes/No.” Additionally, Wellpath Policy HCD-100_F-06 “Response to Sexual Abuse- Mecklenburg NC” states that “patients identified as being at-risk for sexual victimization or abusiveness with no identified, immediate medical and/or mental health needs will be referred for medical/mental health screening within 14 days of intake.” The date of the sample screening form provided by the agency was 7/4/19. There was no information on the form as to the date of the inmate’s entry into the facility. As not every inmate can be properly or legally screened immediately upon their entry to a facility, the AT was left to presume the entry date was the same as the “date of service.” On the sample Wellpath form “Behavioral Health Progress Note” form for the same sample inmate for whom the referral was made, the date of the MH follow-up was 7/11/19, which was within the 14-day requirement for contact with a mental health provider. However, there was no information on the form that indicated that the reason for referral was in response to the inmate indicating that he had previously been the victim of sexual abuse. Further, there was no information on this in the section “Assessment and Interventions Provided.” While the AT could conclude that the inmate had indeed had a follow-up with a mental health provider, the lack of information specifically regarding previous sexual abuse on the form from the MH provider was not sufficient for the AT to conclude that the agency is in full compliance with this provision. Intake staff, random staff, and the PCM verified that inmates are seen within the 14-day period. 115.81(d): Wellpath Policy HCD-100_F-06 “Response to Sexual Abuse-Mecklenburg NC” states that “All information related to sexual victimization or abusiveness that occurred in the institutional setting will be strictly limited to health care staff and other staff to inform treatment plans and security/ management decisions, as required by federal, state, and local law.” Agency policy Central Policy 1.24 “Confidentiality” states that “all clinical records will be stored in a manner that is accessible only to the relevant program clinical staff, and they will be stored in a secure room and/or locked file cabinet.” During the review of medical records during the on-site, that AT observed that this policy is the practice as the medical records were stored in a secured, limited access area. In interviews with the health services director and the mental health director, both reported to the AT that patient information is strictly protected and maintained between health care staff and appropriate security/administrative staff. Wellpath policy refers to “other staff” without specifying who that staff would be, leaving the AT to conclude the agency was complaint with this provision based on policy and the practices the AT observed. 115.81(e): 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. Wellpath Policy HCD-100_F-06 “Response to Sexual Abuse-Mecklenburg NC” states that “consent of the patient, 18 years or older, is required before reporting an incident of sexual abuse that occurred prior to incarceration, except when the incident occurred in another correctional institution or in the event that the patient is under 18 years of age, as permitted by law.” Agency policy Central Policy 1.24 “Confidentiality” states that Information protected by state or federal confidentiality regulations may be disclosed after the inmate has signed the proper consent form. If the inmate is a minor, parent or legal guardian consent must be obtained.” The AT reviewed a sample consent form from Correct Care Solutions “Informed Consent for Information Disclosure” and determined from the form, polices and interviews with the medical and mental health directors that the agency is in compliance with this provision. Based on the information

obtained, the Jail Central is in substantial compliance with standard 115.81. Recommendation(s): 1. Revise the booking screening form and mental health form to add the date and time of booking and provide the information required by provision (a).

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.

The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, etc.) a. Pre-Audit Questionnaire b. Wellpath Policy HCD-100_F-06 "Response to Sexual Abuse-Mecklenburg NC" (eff. 6/1/19) c. Wellpath Policy HCD-100_A-01 "Access to Care-Mecklenburg NC" (eff. 5/28/19) d. North Carolina Jail Standards 10A NCAC 14J .1001 e. North Carolina General Statute 153A-225 f. Memorandum 2. Interviews: a. Health Services Director b. Mental Health Director c. PREA Coordinator d. Random staff Findings by Provision: 115.82(a): Wellpath Policy HCD-100_F-06 "Response to Sexual Abuse-Mecklenburg NC" describes the process by which medical personnel respond to an incident of sexual abuse of an inmate. When health care staff are notified of an incident, they are to complete a history and assessment and stabilize the inmate for transport to the designated SART hospital. Additionally, Wellpath policy directs that treatment services are to be provided free of charge for every victim of sexual abuse, regardless of whether the victim discloses the name of the abuser or fails to cooperate with any investigation arising out of the incident. An interview with the mental and medical services providers verified that there are no costs or co-pays associated with treatment of a sexual abuse victim, nor are medical/mental health staff even aware of the status of any investigation when they make their medical determinations with regard to treatment, transport, etc. Based on this information, the AT could conclude that 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. 115.82(b): Wellpath medical staff are on duty 24 hours a day, 7 days a week to include holidays. They maintain an infirmary and staff around the clock. As such, there is never a time that there is not a qualified medical or mental health practitioner on duty at the time a report of a recent sexual abuse. However, the PREA Coordinator reported that, in the unlikely event that there is no medical staff member available, she and her staff are aware of their responsibility to take preliminary steps to protect the inmate victim pursuant to § 115.62 and then notify emergency medical services. Random staff reported that they have not known an occasion when medical staff are not available. 115.82(c): Wellpath Policy HCD-100_F-06 "Response to Sexual Abuse-Mecklenburg NC" provides for "prophylactic treatment and follow-up care for sexually-transmitted or other communicable diseases" and such treatment is available to "all victims, as appropriate." The policy allows for "emergency contraception for female victims of sexual abuse;" The health services administrator confirmed that that inmates receive prophylactic treatment for sexually transmitted diseases at no cost to the inmate. 115.82(d): Wellpath Policy HCD-100_F-06 "Response to Sexual Abuse-Mecklenburg NC" directs that treatment services are to be provided free of charge for every victim of sexual abuse, regardless of whether the victim discloses the name of the abuser or fails to cooperate with any investigation arising out of the incident. This practice is consistent with the North Carolina General Statute 153A-225 that directs that inmates are not to be denied medical care regardless of their ability to pay. An interview with the mental health and medical services providers verified that there are no costs or co-pays associated with treatment of a sexual abuse victim. Based on the documentation and interviews, Jail Central is in compliance with standard 115.82.

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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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.

The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, records, etc.) a. Wellpath Policy HCD-100_B-06 Contraception b. Wellpath Policy HCD-100_F-06 Response to Sexual Abuse c. Wellpath Policy HCD-100_G-04 Therapeutic Relationship, Forensic Information d. North Carolina Jail Standards 10A NCAC 14J .1001 e. North Carolina General Statute 153A-225 2. Interviews: a. Health Services Director b. Random inmates c. PREA Compliance Manager (PCM) Finding by Provision: 115.83 (a -c) Inmates are screened upon admission at Jail Central where all MDCD inmates are initially processed. Both intake staff and medical staff conduct a separate screening for previous victimization and predatory behavior. If an inmate responds positively to the questions regarding past victimization during the screening process, they are referred to medical/mental staff for treatment and evaluation as verified by intake staff and health care staff. Random inmates verified that they were screened during the intake process. Well Path policy F06, Response to Sexual Abuse, outlines that forensic evidence will be by the local emergency room, Atrium Health, for treatment and forensic evidence collection. When necessary and appropriate, post release information and instructions are provided for continuity of care. A copy of the discharge plan is provided to the inmate as outlined in policy and verified by health care staff. Well Path F06, Response to Sexual Abuse, outlines the procedures for continued evaluation and treatment of medical and mental health needs related to sexual abuse will be provided in accordance with the patient's desire for treatment and the community standard of care. Health care staff and the PCM verified that the provision of health care services is consistent with the community level of care. As noted by the PCM, inmates may not be able to access the same level of mental health care in the community as they are able to access in the facility. 115.83 (d-e): Jail Central houses both male and female inmates at this time as confirmed by population reports and observation by the AT. As such, Jail Central is compliant with the provisions regarding pregnancy testing and care. Wellpath policy B06, Contraception, is in place for when females are housed in the facility. 115.83 (f): Consistent with the provisions and findings of standard 115.82 (c), inmate victims are provided testing for sexually transmitted infections as medically appropriate. 115.83 (g): Consistent with the provisions and findings of standard 115.82 (d), treatment services are provided to the victim with financial cost. 115.83 (h): Jail Central is a jail facility, and therefore the provision is not applicable. Based on the information presented, Jail Central is in compliance with standard 115.83.

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

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The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, records, etc.) a. CP 6.18, Sexual Misconduct b. Sexual Abuse Incident Review meeting minutes dated 8/1/19 2. Interviews: a. PREA Compliance Manager (PCM) b. PREA Coordinator c. Member of review team Findings by Provision: 115.86 (a-c) Policy 6.18, Sexual Misconduct states that an incident review will occur at the conclusion of every sexual abuse/assault investigation unless the allegation is determined to be unfounded. The reviews ordinarily occur within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and health care practitioners. The AT reviewed the files of incident reviews sorted by year of incident. The PREA coordinator, PCM acknowledged that incident reviews are conducted for all substantiated and unsubstantiated investigations. Samples of incident reviews were reviewed during the site visit. The review of six investigations was conducted with the PREA coordinator, PCMs for Jail North and Jail Central, director of nursing and several other staff. In several cases the incidents reviewed occurred more than 30 days prior; however, the reviews typically occurred within 30 days of the completion of the investigation. Documentation of the findings of the incident review team are incorporated in meeting meetings and filed with the PREA accreditation files. 115.86 (d), (e): Policy 6.18, Sexual Misconduct, outlines the requirements of the review team to include: • Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse/assaults. • 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 was motivated or otherwise caused by other group dynamics at the facility. • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. • Assess whether adequacy of staffing levels in that area during different shifts. • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. • Prepare a report of its findings, including but necessarily limited to determinations pursuant to this section, and any recommendations for improvement, and submit this report to the Facility Commander and PCM. • The facility will implement the recommendations for improvement or will document its reasons for not doing so. The report of the team is prepared with recommendations if needed such as staffing levels, cameras, etc. as reported by the PREA Coordinator. As was reviewed while onsite the review team takes minutes of the

meetings and records them for later reference if needed. The most previous review was completed 8/1/19 and included cases from several months prior to identify any trends in the complaints and/or findings. The PREA coordinator verified that if any action is required, it is the PREA coordinator who tracks the status of the updates. The most recent incident review did not require follow up action. Based on the documentation and interviews, Jail Central is in compliance with standards 115.86.

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.

The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, records, etc.) a. CP 6.18 "Sexual Misconduct." b. Memorandum to PREA File re: Sexual Abuse Incident Reviews dated 8/29/19 c. Files of incident review summaries. d. 2018 and 2019 Annual Reports was found by the lead auditor at www.mecksheriff.com/pdf/mcsoannual18.pdf. 2. Interviews: a. PREA Coordinator b. PREA Compliance Manager (PCM) 3. Observation: a. File Storage of PREA related files. Findings by Provision: 115.87 (a - d): Agency policy 6.18, Sexual Misconduct, requires the collection of accurate, uniform data collection and will be maintained and reviewed. The data will be used to complete the necessary questions from the DOJ Survey of Sexual Violence. The PREA coordinator, policy coordinator and PCM reported that all data collected is a manner as to be able to answer the DOJ Survey of Sexual Victimization. A copy of the submitted DOJ Survey of Sexual Victimization was made available showing compliance with policy and practice and was found by the lead auditor at www.mecksheriff.com/pdf/mcsoannual18.pdf. Aggregate data was reviewed both onsite and web-based. 115.87 (e): The MCSO does not contract with any private facilities for the confinement of inmates. As such, Jail Central is compliant with provision (e). Based on this information, Jail Central is in compliance with standard 115.87.

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.

1. Documents: (Policies, directives, forms, files, records, etc.) a. Memorandum to File dated 08/29/19 re: Data Reviews for Corrective Action b. Policy CP 6.18, Sexual Misconduct c. 2018 Annual Report d. 2019 Annual Report 2. Interviews: a. PREA Coordinator b. Policy Manager c. Incident Review Team Member d. Agency Head 3. Observation: a. Sheriff's Office Website with 2018 Annual Report uploaded. 115.88 (a) Policy CP 6.18 requires that staff review aggregate data specific to incidents in order to assess the effectiveness of the sexual abuse prevention, detection, and response policies, practices and training. The 2018 Annual Report reflects aggregate data used to improve the effectiveness of the sexual assault. A member of the incident review team indicated that problem areas and correction actions are identified following each incident and upon the annual review of the aggregate data. This practice was also confirmed by the PREA coordinator. The memorandum issued by the PREA coordinator indicated that there were no corrective action plans identified or warranted. 115.88 (b) Policy CP 6.18 specifies that the annual report will include a comparison of the current year's data and corrective actions with those from prior years and will provide an assessment of the agency's progress in addressing sexual abuse. The PCMs, policy manager, and PREA coordinator indicated that they consider corrective actions from previous years, and the memorandum to file dates 8/29/19

indicated that there were no corrective actions from the previous year to serve as a comparison. 115.88 (c) Policy CP 6.18 requires that the annual report be approved by the sheriff and made available to the public via the website: www.mecksheriff.com/pdf/mcsoannual18.pdf. The agency head confirmed that the annual report is approved by the sheriff and the agency head prior to being published on the website. 115.88 (c) Policy CP 6.18 clarifies that specific material may be redacted when the publication would present a clear and specific threat to the safety and security of the facility, but must indicate the nature of the material redacted. There was no reference in the annual report to redacted information. The PREA coordinator indicated that the report focused on aggregate data specific information did not need to be redacted. Based upon the documentation, observations, and interviews the Jail Central facility is in compliance with this standard.

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.

1. Documents: (Policies, directives, forms, files, records, etc.) a. CP 6.18 "Sexual Misconduct b. 2018 Annual Report 2. Interviews: a. PREA Coordinator b. PCM – Jail Central 3. Observation: a. Sheriff's Office Website with 2018 Annual Report uploaded. 115.89(a, d) Policy CP 6.18, Sexual Misconduct outlines procedures for retaining collected data securely for a ten-year period. Through interview and observation of the PREA Managers office, the files related to any sexual assault or sexual harassment are kept secured under lock and key in a secured file cabinet within a secured office located at the central jail. The PREA Coordinator verified that persons other than those having a need to know, are not provided a key to the file cabinet nor given access to the information contained within. The Jail Central PCM also maintains files of inmates in the Jail Central who have active incidents (e.g., to check the inmate's status regularly, to check for retaliations, etc.). The PREA coordinator confirmed that all records have been maintained 115.89(b, c) Policy CP 6.18 outlines the procedures that MCSO will make all collected sexual data from facilities under its direct control available to the public at least annually through its websites. Further, MCSO will remove all personal identifiers. The 2018 Annual Report was found by the lead auditor at www.mecksheriff.com/pdf/mcsoannual18.pdf. There was no personal identifying information provided on the report. The PREA coordinator verified that the report is pulled together by the two PCMs and the final review is made by the PREA coordinator. Based on the policy requirements, interviews with the PREA Coordinator and PCMs, and verification of the 2018 annual report listed on the website, Jail Central is in full compliance with standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) Yes No NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

- Were 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.

The AT was provided with full access to any requested documents, records, and memoranda. The Audit Notice was posted in multiple areas of the facility. The Audit Notices, posted prior to 9/12/19, articulated that letters to the lead auditor would be confidential and not discussed unless required by law. The lead auditor did not receive any letters from inmates or others representing them prior to the onsite visit and as late as this writing. The facility was first audited in 2016, and the findings of the audit were posted on the agency website. It is notable that despite a change in agency leadership, and the current transition of the PREA coordinator, the resounding message of zero tolerance is still in practice.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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

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The PREA Coordinator and the PCM confirmed their awareness of the requirement to publicly post the finding of the audit upon completion of audit and issuance of final report. The Final Audit Report completed in 2016 was posted at the time of the audit initiation process as noted by the AT, and has remained posted on the website after the 2019 onsite audit was conducted.

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.³ Auditors are not permitted to submit audit reports that have been scanned.⁴ See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Timothy L. Fuss

2/21/2020

Auditor Signature

Date

³ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

⁴ See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.