

PREA Facility Audit Report: Final

Name of Facility: Mecklenburg County Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/14/2023

| Auditor Certification | |
|---|---|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Kenneth L. James | Date of Signature: 05/14/ 2023 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------------|
| Auditor name: | James, Kenneth |
| Email: | james.kennethl@doc.sc.gov |
| Start Date of On-Site Audit: | 03/27/2023 |
| End Date of On-Site Audit: | 03/30/2023 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Mecklenburg County Detention Center |
| Facility physical address: | 801 East Fourth Street, Charlotte, North Carolina - 28202 |
| Facility mailing address: | North Carolina |

| Primary Contact | |
|--------------------------|---|
| Name: | Alexis M. Leonard |
| Email Address: | Alexis.Leonard2@mecklenburgcountync.gov |
| Telephone Number: | 7045794622 |

| Warden/Jail Administrator/Sheriff/Director | |
|--|---------------------------------------|
| Name: | Sheray Deleon |
| Email Address: | Sheray.Deleon@mecklenburgcountync.gov |
| Telephone Number: | 7045914817 |

| Facility PREA Compliance Manager | |
|----------------------------------|---|
| Name: | Vontressa Davis |
| Email Address: | vontressa.davis@mecklenburgcountync.gov |
| Telephone Number: | |

| Facility Health Service Administrator On-site | |
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| Name: | Lakameachia Allen |
| Email Address: | lallen@wellpath.us |
| Telephone Number: | 9132085111 |

| Facility Characteristics | |
|--|------|
| Designed facility capacity: | 1791 |
| Current population of facility: | 1357 |
| Average daily population for the past 12 months: | 1304 |
| Has the facility been over capacity at any point in the past 12 months? | No |

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| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 18-87 |
| Facility security levels/inmate custody levels: | Min, Med, Max |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 673 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 406 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 208 |

| AGENCY INFORMATION | |
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| Name of agency: | Mecklenburg County Sheriff's Office |
| Governing authority or parent agency (if applicable): | Mecklenburg County |
| Physical Address: | 700 East 4th Street, Charlotte, North Carolina - 28202 |
| Mailing Address: | |
| Telephone number: | 7043362543 |

| Agency Chief Executive Officer Information: | |
|--|--|
| Name: | Garry McFadden |
| Email Address: | garry.mcfadden@mecklenburgcountync.gov |
| Telephone Number: | 980-314-5010 |

| Agency-Wide PREA Coordinator Information |
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|--------------|----------------|-----------------------|---|
| Name: | Alexis Leonard | Email Address: | alexis.leonard2@mecklenburgcountync.gov |
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

2

- 115.33 - Inmate education
- 115.86 - Sexual abuse incident reviews

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:

2023-03-27

2. End date of the onsite portion of the audit:

2023-03-30

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?

☒ Yes

☐ No

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| <p>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</p> | <p>The agency has an Memorandum of Understanding (MOU) with Safe Alliance [(704) 332-9034] in Charlotte, North Carolina. The victim advocate at Safe Alliance spoke with the auditor regarding the MOU and calls received from the facility. Additionally, the victim advocate, who also indicated that they are in a leadership position at the organization, provided additional responses via email. The victim advocate stated that Safe Alliance provides a 24/7 hotline number (Greater Charlotte Hope Line) to residents of the Mecklenburg County Detention Center Central and allows the residents to write the facility if need be. The victim advocate stated that staff from Safe Alliance received training from MCSO regarding the facilities safety and reporting protocols including what can be provided to residents and what is not allowed. During the interview, the advocate stated that they have not heard any negative reports regarding the facility involving sexual abuse or sexual harassment of residents. The advocate indicated that they were aware of two calls for emotional support from residents at the facility in the previous twelve months. The advocate discussed that Safe Alliance provides residents accompaniment during forensic medical exams, accompaniment during investigatory interviews and court proceedings, emotional support services, crisis intervention, and makes relevant referrals. These services were stated to be free of charge and confidential. The advocate added that they also have a language line for those residents who are non-English speaking. In additional, the auditor contacted Just Detention International who indicated that they did not receive any reports regarding the agency and suggested calling the local crisis support advocacy center.</p> |
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AUDITED FACILITY INFORMATION

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| <p>14. Designated facility capacity:</p> | <p>1791</p> |
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| 15. Average daily population for the past 12 months: | 1304 |
| 16. Number of inmate/resident/detainee housing units: | 38 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |
| Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit | |
| Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 1362 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 1 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |

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| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 2 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 6 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 2 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 1 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 1 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |

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| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | <p>The facility indicated that at the time of the onsite, the facility did not have any residents who were Deaf or Hard of Hearing, or Blind / Low Vision. The PC provided a email from medical staff indicating that there were no residents who were found to be blind, low vision, deaf, or hard of hearing during the past 12 months. The auditor spoke with two residents onsite who were limited English proficient (LEP) but was able to understand enough English to function at the facility. A translator was provided to speak with one of the residents who spoke Arabic, but the translator had trouble understanding the resident and provided that the residents dialect was broken and hard to understand. During discussions, the resident indicated that he understood what was being said to him in English, but he would prefer to speak in Arabic.</p> |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 96 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 65 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 406 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | No text provided. |

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

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

33

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

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

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| <p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>Residents were selected from each of the housing units, with the exception of three pods (4700, 2700, & G-unit) that were closed due to renovations. Residents were chosen by Pod, age, gender, race, and date of arrival. MCSO Detention Center Central is a County Jail that houses both male and female residents. The facility provided a list of residents prior to the onsite and another on day one of the onsite. A comparison of the two lists indicated that several residents left the facility between the date of the first roster being received and the first date of the onsite. The auditor randomly selected a least two residents from each pod to interview. During the onsite, several residents refused to be interviewed in the presence of the auditor. The rate of refusal caused the auditor to choose other residents randomly. Of the 33 residents randomly interviewed, nine were female and 24 were male. Of the 33 residents interviewed, five residents were age 18-25, nine were 26-35, seven were 36-45, seven were 46-55, and five were over 55 years of age. Interview demographics related to time in custody was represented in the following categories; 23 residents were in custody for 0-6 months, six residents were in custody six (6) months to a year, four residents were in custody between one year and two years, and seven residents were in custody more than two years. The race demographics represented 24 interviewed were Black, 10 were White, two Indian / Asian, and three unidentified.</p> |
| <p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> |
| <p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>Due to there only being two pods for female residents, female residents were oversampled.</p> |

Targeted Inmate/Resident/Detainee Interviews

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

7

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

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:

0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.

☒ The inmates/residents/detainees in this targeted category declined to be interviewed.

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:

0

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor attempted to interview two inmates who were identified by staff in the pod as limited English proficient. One resident refused to be interviewed, the other resident spoke Arabic, but the translator was not able to clearly communicate with the resident and contacted another interpreter via the language line. Both translators explained that the resident spoke broken Arabic with a deep accent that was hard to understand. The resident provided that he understood enough English and understood who he could report to if he needed to, but was not interested in continuing the interview in English.</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | <p>The auditor confirmed with the facility medical contractors that there were no residents who were blind housed at the facility. The facility indicated that blind or deaf arrestees are not brought to that facility, but could not identify where they are taken. A review of documented residents with disabilities confirmed that no residents on the list were identified as having a hearing or sight disability.</p> |
| 63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol: | <p>0</p> |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | <p>The auditor confirmed with the facility medical contractors that residents who are deaf are not housed at the facility. The facility indicated that blind or deaf arrestees are not brought to that facility, but could not identify where the are taken. A review of documented residents with disabilities confirmed that no residents on the list were identified as having a hearing or sight disability.</p> |
| 64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol: | <p>1</p> |

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| 65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 1 |
| 66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 2 |
| 67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol: | 1 |
| 68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol: | 2 |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | No text provided. |
| 69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol: | 0 |

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| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</div> <div><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</div> |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | The facility reported there were no inmates placed in isolation or segregation for risk of sexual victimization. A review of files provided that residents were not placed in isolation or segregation for risk of sexual victimization. |

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

On 3/27/2023 through 3/29/2023, seven inmates were interviewed using targeted interview protocols. Targeted inmates were identified from a listing of residents provided by the facility during the onsite phase of the audit. The Interview Protocols required 20 targeted residents be interviewed. This was not possible due to the facility not confining youthful inmates, did not have any residents who were blind, deaf, or hard of hearing, provided a list of disabled residents of which only one remained at the facility and refused to be interviewed, only two residents were identified as limited English proficient, only one inmate identified as having a cognitive disability, of 12 residents who identified as Lesbian, Gay, or Bi-Sexual (LGB), only one agreed to be interviewed, only two inmates identified as transgender and one resident reported sexual abuse remained at the facility. The auditor selected inmates from each identified target category and made selections that were geographically diverse across as many housing units as possible. The facility indicated they do not segregate residents for high risk of victimization. As such, there were none to be interviewed from these categories. This assertion was verified by policy and probing random staff and residents during interviews. To supplement these targeted interviews, the auditor attempted to interview additional residents in other targeted categories; Residents refused to be interviewed, or for LGB, several identified stated they were not LGB and stated they were misidentified. The audit team used the contracted language services vendor, to communicate effectively and confidentially with one limited English proficient resident of two identified. All residents' interviews were conducted using the Interview Guide for Inmates developed by the Department of Justice.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

13

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- ☒ Length of tenure in the facility
- ☒ Shift assignment
- ☒ Work assignment
- ☒ Rank (or equivalent)
- ☒ Other (e.g., gender, race, ethnicity, languages spoken)
- ☐ None

If "Other," describe:

Staff for the random interviews varied across gender, race, rank, length of tenure, post assignments and shift. The facility has six shifts; four staff were interviewed from the 0640-1900 A shift; One from the 1840 - 0700 B shift, three were from the 0640-1900 C shift, two from the 1840-0700 D shift, one from the 1200-0000 E/F Shift, and two who work 9am-5pm, Monday through Friday. With regard to the demographics of the random staff interviewed; six were male and seven were female; nine were black, four (including one who was Hispanic) were white and zero were another race. The ranks of those detention staff interviewed, eight were Detention Officers, three were Sergeants, one was a Captain and one was the Director of Detention Programming.

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- ☒ Yes
- ☐ No

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| 74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | <p>Staff for the random interviews varied across gender, race, rank, length of tenure, post assignments and shift. The facility has six shifts; four staff were interviewed from the 0640-1900 A shift; One from the 1840 - 0700 B shift, three were from the 0640-1900 C shift, two from the 1840-0700 D shift, one from the 1200-0000 E/F Shift, and two who work 9am-5pm, Monday through Friday. With regard to the demographics of the random staff interviewed; six were male and seven were female; nine were black, four (including one who was Hispanic) were white and zero were another race. The ranks of those detention staff interviewed, eight were Detention Officers, three were Sergeants, one was a Captain and one was the Director of Detention Programming.</p> |
| Specialized Staff, Volunteers, and Contractor Interviews | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | <p>27</p> |
| 76. Were you able to interview the Agency Head? | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| 78. Were you able to interview the PREA Coordinator? | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

79. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

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| | <input checked="" type="checkbox"/> Other |
| If "Other," provide additional specialized staff roles interviewed: | <ul style="list-style-type: none"> • Classification Staff • Director of Training • Mailroom Staff • Food Services Staff • Disciplinary Hearing Staff • Community Advocate • Grievance Staff |
| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of VOLUNTEERS who were interviewed: | 3 |
| b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 5 |

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| <p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p> | <div> <input type="checkbox"/> Security/detention </div> <div> <input type="checkbox"/> Education/programming </div> <div> <input checked="" type="checkbox"/> Medical/dental </div> <div> <input checked="" type="checkbox"/> Food service </div> <div> <input type="checkbox"/> Maintenance/construction </div> <div> <input checked="" type="checkbox"/> Other </div> |
| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>Specialized staff were identified from a listing provided by the facility during the pre-onsite phase of the audit. The auditor randomly selected staff from each identified specialized category. Specialized interviews were conducted using the Interview Guide for Specialized Staff . Twenty-three specialized staff interviews. 27 specialized staff interviews were conducted using 21 interview protocols. In addition, five contractors and three volunteers were interviewed. The auditor did not interview security staff who supervise youthful inmates, education and program staff who work with youthful inmates, or non-medical staff who conduct cross-gender strip searches. As documented in the applicable standard discussions, MCSO does not house youthful offenders nor does the facility perform non-medical cross-gender strip searches.</p> |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

88. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The on-site review of the facility was conducted on March 27, 2023 through March 30, 2023. The auditor began the audit by facilitating an initial briefing with Agency and facility leaders to discuss the logistics of the audit. In attendance for the initial briefing was Sheriff McFadden, Chief Collins, Chief White, the PREA Coordinator, the PREA Compliance Manager, and 26 members of the agency's leadership team. The auditor was then escorted to a conference room in the administrative section of the facility where the facility had documents and files prepared for review. The auditor discussed and selected residents and staff for interview and prepared for the on-site review. The auditor conducted the onsite review of the facility on March 27, 2023. The onsite review began at the Arrest Processing Center of the facility and included all areas associated with Mecklenburg County Sheriff's Office Detention Center Central. The review included the Arrest Processing, Intake, Classification, Food Services (Kitchen), Laundry, Visitation, Religious Services/Education/Programming, Recreation, Maintenances, Health Services/Medical, Property, Records, Central Control, and Administration. Throughout the onsite review, the auditor observed the positioning and posting of detention staff and supervisors, camera placement, signage and posters (PREA education), locations of restrooms and lines of sight, lines of sight for staff (blind spots), positioning and conditions of phones, availability for written materials and utensils, and other factors appropriate to the findings of the standards.

The auditor observed that PREA educational posters and signage, including the agency's zero-tolerance policy and numbers for third-party reporters, advocacy centers (local and national), and outside reporting methods were available throughout the facility, including in arrest processing, where arrestees, who are not yet adjudicated are presented with the materials and the educational videos. The facility has six floors and 38 housing units.

On the outside of the housing units were signs that serve as a reminder and instructions for staff of the opposite gender to announce their presence as they enter the housing unit. Inside of the unit, on the cork board behind the officers desk, there were PREA informational signs in every pod, in English and Spanish, that provided the hotline numbers, *1000 for making reports for sexual abuse, and *25 for the local rape crisis center. Additionally, there were Posters that provided the agencies zero-tolerance policy and provided additional numbers to the Charlotte-Mecklenburg Police Department, The MCSO Office of Professional Compliance, and national and local advocacy organizations. There were a minimum of six phones in each unit which the auditor used to verify that the phones worked and did not require a personal identifying number (PIN) to contact any of the numbers. The placement of the phones provided allows for conversations at a normal tone not to be heard by others or by staff. Information regarding third-party reporting methods were noticed on large posters in areas that were available to the public and arrestees. During the onsite review, the auditor had several informal conversations with residents and staff of the facility. The auditor was able to have a resident on each floor of the facility to demonstrate how they access the PREA related education and information on both the Kiosk and the resident tablets. The auditor tested the capability of the tablet/kiosk to send grievances to staff. While in the presence of the PREA Coordinator (PC) and PREA Compliance Manager (PCM), the auditor was able to have a test message sent that the PCM was able to access and show the auditor that it was received. Informal interviews indicated that residents receive responses from grievance and PREA staff promptly. Informal interviews with residents also provided that the resident population knew who the PC and PCM was and knew the purpose of the visit from the auditor.

Residents were not overwhelming able to discuss what Safe Alliance (Local Rape Crisis Center) was able to provide as services to victims, but all indicated the position and location of the posters on the boards and indicated that if they needed the information, they knew where to get it. During the site review, supervisors on every floor during the duration of the review entered and exited the pods conducting various tasks, including health and safety checks, unannounced rounds, delivering meals, picking up mail, interacting with staff (providing breaks), and communicating. This indicated that supervisors assigned to each floor were active and available to the population.

The auditor was able to confirm that the facility is following the provided staff plan. There was at least one officer on each pod (two in the female pods) with supervisors entering and exiting the pods routinely throughout the day. While observing one housing unit, the auditor observed two supervisory level staff (Sergeant and Captain) enter the pod, walk through and speak with residents and the assigned Detention Officer and exit. The two supervisory level staff entered and exited at different times and within 20 minutes of each other. As the auditor and MCSO staff exited the pod, the auditor observed multiple supervisory staff entering other housing units on the floor throughout the site review. In the Disciplinary Detention Units (DDU) there were two officers observed in each. While in the DDU, the T.R.U (Tactical Response Unit) was observed on each floor entering the unit and having conversations with residents who were in segregation. An informal conversation with a member of the TRU team indicated that they routinely conduct rounds in units with historically disruptive residents to ensure they are supporting staff. Informal conversations with supervisory staff indicated that supervisors assigned to each floor conduct rounds throughout the day. This may be longer depending on events happening each

day. Residents confirmed that supervisors, Sergeants and higher, enter the unit several times per day. Each of the housing units had multiple cameras. The auditor was able to observe the Central Control Room and confirm that no cameras provided a view of an area where a resident could be viewed showering, performing bodily functions, or changing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. While observing the kitchen and laundry areas of the facility, the auditor observed and was informed that residents were not allowed in those areas and the facility utilized contracted staff for food services (Aramark) and laundry (The Keith Company /TKC). The auditor did not observe any overcrowding or evidence of security management concerns.

In the female housing units, the auditor confirmed that only female staff were assigned to the housing unit as described by the facility. The auditor observed each room within all of the pods and confirmed that each room was equipped with a window, a place to write, a bed and those that were equipped with a toilet, was not able to be viewed directly through the door window. A review of the restroom confirmed that all showers had a covering that ensured that residents were able to shower without being completely seen, other than their head and feet. The shower stalls were observed to have enough space for residents to shower and change in the same area. Toilets in the restroom were all observed to have doors that covered the stalls and allowed for detention staff to see the feet of the resident in the stall while outside of the stall. In the medical/health services area, cells have a large window that allows for medical staff to view the resident and monitor of health/safety purposes. Males and Females are served on opposite sides of the unit in a position where they cannot be seen by the opposite gender. The Detention Officer on duty during the walkthrough provided that safety and security checks are

done within every thirty-minutes, or more if there is a resident with serious health or mental health concerns. There were no residents assigned or present in the medical/ health services area during the walkthrough. Throughout the onsite review, staff was observed making cross-gender/opposite-gender announcements when entering the living units. The announcements were made by the entering staff member and repeated by the assigned staff inside of the housing unit, and on several occasions, by the residents. Informal conversations with residents provided that Detention Officers of the opposite-gender consistently make announcements when entering the unit. Resident records (hardcopy files) are held in the Classification/Records. The facility uses an Offender Management System (OMS) which is used to access resident files by employees with access. Medical and Mental Health additionally utilize an electronic healthcare records program that is username and password protected. The Classification Manager indicated that anyone requesting documentation would have to have a need-to-know and go through a formal process for requesting protected documentation. Through informal conversations with Detention Staff, the auditor confirmed that not all staff have access to residents intake, medical, or mental health records. Through observation, questioning, and informal conversations, the auditor was able to ascertain and view the mail process. While observing the housing units, the auditor observed a supervisor entering the unit and the Detention Officer make a call for mail. The PREA Compliance Manager indicated that mail is collected by the pod supervisors or escorting staff members at various times, but mainly during meal times and takes the mail to mailroom where all mail is collected then taken off site to be mailed out. Incoming mail is collected by the Mailroom Operator, scanned for contraband or illegal activity off site and brought over the facility to be

distributed.

The auditor was not able to observe an actual intake due to no arrestees going through the process during the time periods available for the observation. The facility provided the auditor with a demonstration and documented the process in writing to provide the auditor with a thorough description and observation of the process. Residents are provided PREA related question specific to the requirements listed in Standard 115.41 (a)-(g) during arrest processing, again after adjudication or if staying overnight, and again within 14 days of intake. Classification and Medical staff conduct the intake/PREA questionnaires in an area of the Arrest Processing Center that is confidential but is visible by Detention Staff. Resident education on the agency's zero-tolerance policies also begins in the Arrest Processing Center. Upon entry, the agency's zero-tolerance policy and additional information is posted in English and Spanish in large font on large signs. Pamphlets describing PREA, reporting methods, residents rights, and victim support services are provide in the seating areas. Monitors play PREA: What you need to know videos on two large monitors in both English and Spanish and closed captioned. Once the resident is placed into a housing unit, the resident is provide a PIN for the tablet and kiosk which provides access to the inmate handbook that further discusses reporting methods, resident rights, definitions of sexual abuse, and other required information. Additionally, the facility provides an orientation to all residents in every dorm twice per day, once on each shift. This is in addition to the multiple posters and signs located throughout the facility. While in the Arrest Processing Center, it was observed that Arrestees were not held in a holding cell, but instead was seated in a seating area. There were available holding rooms, but staff indicated that no arrestees were going to placed in the holding cells unless they were combative or provided the Detention Staff a

security concern that required them to place the person in the cell. The auditor was able to review the intake forms used during intake and confirmed they ask the required questions provided by Standard 115.41. The auditor tested the PREA hotline during the onsite review in numerous housing units to ensure operability of the phones and reporting method. The auditor was able to reach a live person on each call using the *1000 and *25 numbers, without entering a PIN. Upon contacting *1000, the number contacts the United States Department of Justice. The auditor was able to speak with a live person who stated that MCSO holds residents for the US Marshalls Service and has a MOU that allows residents to call. The individual from the DOJ stated they would forward the information to the institution after the call. The following day, the PREA Compliance Manager stated that she received a call from the DOJ regarding the test call made by the auditor the day prior. Upon calling the *25 number, the call was answered by a live person for the Rape, Abuse & Incest National Network. The advocate questioned the auditor on the nature of the call and advised that the call will be transferred to the local advocacy center, Safe Alliance. The call was transferred to the Safe Alliance where a live advocate was available. The advocate advised that the call was confidential unless information was provided that would put others in harms way or if the caller intended to do self-harm. While in the housing units, the auditor had informal conversations with Detention Officers regarding verbal reports by residents. Detention Officers repeatedly provided that if notified, they would immediately notify their supervisor, separate the victim from the perpetrator, protect the scene, advise residents not to destroy potential evidence, and document the report and actions taken. Residents provided that they are able to make reports via the kiosk and/or tablet. Residents were able to show the auditor how the system works as the the

PREA Coordinator took and provided pictures of the residents accessing and the system. The PREA Compliance Manager provided the auditor a visual of the system and copies of grievances sent showing that allegations are responded to promptly. The auditor contacted the Charlotte-Mecklenburg Police Department (CMPD) via the numbers provided on the signs and posters (704-336-7600) to confirm that residents and third-parties can make reports of sexual abuse from MCSO or for residents who are confined at MCSO. The call was answered a Police Officer who confirmed that CMPD has an agreement with MCSO and would report calls made to the institution if reports were received.

The auditor viewed the agency's PREA Website at www.mecksheriff.com and confirmed that the agency provides their annual report and reporting information. The website does not provide the agency's PREA or investigations policies. The PREA Coordinator expressed that policies are available to the public upon request. The auditor verified with the Sheriff that policies would be provided if requested to include the investigation policies utilized by CMPD. The website provides that third party reports can be made by calling the Agency PREA Compliance Manager's mailbox at (980) 314-5192. The website advises that calls can be made anonymously. The website also provides an address for reports to be mailed and the phone number to CMPD, (704) 336-7600. The auditor left a message on the Agency's PREA Compliance Manager's mailbox requesting that a call be returned once the message was received, the auditor received a call from the PREA Compliance Manager advising the my call was received.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

- ☒ Yes
- ☐ No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the audit, the auditor requested background information to include personnel files, background investigations, staff training files, resident files, medical and mental health documentation, grievances, incident reports, and all investigative files.

The facility provided that there were 96 employees assigned to the facility. The auditor provided the facility with an employee file review form with randomly selected employees and contractors for the facility to provide background information. The auditor selected 60 employees (46 detention staff / 14 contractors). The Employee Data Sheet provides the employees hire date, initial background check date, 5-year background check date, initial PREA training date, PREA acknowledgement of training date, PREA Refresher date, and checked whether they were asked questions specific to 115.15(a). On the first day of the audit, the auditor selected 10 of the 60 employees/contractors at random to review background files to compare with the information provided. A review of the documentation provided indicated that all files reviewed confirmed the dates provided on the Employee Data Sheet and provided dates for the dates that were missing on the form. The facility indicated that they no longer keep employee files at the facility. The facility indicated that all employee files are digitally filed and there is a cost to have information downloaded and sent via hard copy. The facility was able to provide missing information onsite by allowing the auditor to view background check dates (NCIC) that were not provided. The facility also provided the training records for 10 detention officers, selected at random. Additionally, the facility provided signature pages for acknowledgment and understand of refresher training signed by over 300 employees and contractors.

The auditor requested inmate file information on 100 residents chosen at random, including their race, arrival dates, intake date, PREA Orientation date, Acknowledgement of

education date, Initial Risk Screening date, and 30-day Reassessment date. The facility provided the information for 100 residents but did not provide the initial PREA screening dates for 40 residents, and no 30 day reassessment dates. A conversation with the PREA Coordinator indicated that the facility does several assessments and was not confident on which assessment would be considered the reassessment. During the onsite, the auditor selected 20 files, at random, from the 100 residents provided by the institution. A review of the files and observation of the intake process provided that residents are provided an assessment within the first 72 hours of entry and within 30 days of the initial assessment. Assessments were confirmed through document reviews and interviews with Classification and Medical staff. The auditor reviewed over 100 reports of sexual abuse and/or sexual harassment, that included incident reports, grievances, and third-party reports. The review of the report indicated that the facility responds to reports promptly and investigates thoroughly and objectively. A review of the files indicated that residents who reported sexual abuse was provided assistance from medical and mental health practitioners when appropriate.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 6 | 0 | 6 | 0 |
| Staff-on-inmate sexual abuse | 12 | 0 | 12 | 0 |
| Total | 18 | 0 | 18 | 0 |

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|------------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual harassment | 11 | 0 | 11 | 0 |
| Staff-on-inmate sexual harassment | 19 | 0 | 19 | 0 |
| Total | 30 | 0 | 30 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|-------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 3 | 3 | 0 |
| Staff-on-inmate sexual abuse | 0 | 5 | 5 | 2 |
| Total | 0 | 8 | 8 | 2 |

Sexual Harassment Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 9 | 5 | 2 |
| Staff-on-inmate sexual harassment | 0 | 10 | 4 | 0 |
| Total | 0 | 19 | 9 | 2 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

18

| | |
|--|--|
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |
| Inmate-on-inmate sexual abuse investigation files | |
| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 6 |
| 101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| 102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| Staff-on-inmate sexual abuse investigation files | |
| 103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 12 |
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |

| | |
|--|---|
| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| Sexual Harassment Investigation Files Selected for Review | |
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 30 |
| 107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) |
| Inmate-on-inmate sexual harassment investigation files | |
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 16 |
| 109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| 110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

Staff-on-inmate sexual harassment investigation files

| | |
|---|---|
| 111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 14 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | <p>The facility indicated that they had 48 reports of sexual abuse and/or sexual harassment in the previous twelve months. While on site, the facility provided 83 report of sexual abuse and/or sexual harassment from multiple sources (grievances, third-party, and reports to staff). After review of all files, the auditor determined that only 11 files met the definition of sexual abuse and/or sexual harassment. The review indicated that all reports were accepted and responded to by facility staff and/or investigators. The review of the 83 files provided that none of the 83 reports were allegations of sexual abuse that involved penetration. Of the 48 investigations, none reached the threshold of requiring a criminal investigation or submission to a prosecutor for review. There were no open cases.</p> |

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☒ Yes

☐ No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

2

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

| Standards | |
|--|--|
| Auditor Overall Determination Definitions | |
| <ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) | |
| Auditor Discussion Instructions | |
| <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> | |

| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|--------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> Pre-Audit Questionnaire MCSO Policy 6.18 Sexual Misconduct MCSO Policy 1.12 Staff Training and Development MCSO Policy 6.01 Resident Rules and Sanctions MCSO General Order #02 Rules of Conduct MCSO Facility Development Chart MCSO Organizational Chart – Executive <p>Interviews:</p> <ul style="list-style-type: none"> PREA Coordinator PREA Compliance Manager |

Findings (By Provision):

115.11(a): The PAQ indicated the facility has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. The facility's PREA policy, Policy 6.18, Sexual Misconduct, states that the Department has set procedures for prevention and zero-tolerance for any form of sexual abuse and/or sexual harassment. The policy outlines in the subsequent pages (3-8) the procedures of how it will implement the practice of prevention, protection, and response. In addition to Policy 6.18, Policy 6.01, Resident Rules and Sanctions, and General Order 02, Rules of Conduct, provide definitions of prohibited behaviors and sanctions for participating in prohibited behaviors. These policies are consistent with the PREA Standards and outlines the agency's approach to sexual safety.

115.11(b): The Pre-Audit Questionnaire indicated that the facility employs or designates an upper-level, agency-wide PREA Coordinator that has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in its facility. The PAQ also indicates the position of the PC reports directly to the Sheriff's Major and has the responsibility of ensuring PREA Compliance. The MCSO Facility Development Chart confirms that the PC is an upper-level position which has a PREA Compliance Manager. The interview with the PREA Coordinator indicated that the facility has a PREA Team that includes an Administrative Support Assistant, six PREA Administrative Investigators (at least one for each floor of the facility that houses residents), and multiple other support staff assigned to the PREA Team. The PC has been in the position of one year and has traveled to receive training from PREA Coordinator's from other states and other facilities. The PC has also attended correctional specific conferences with the intention of bringing back and implementing national best practices taught by practitioners. The PC's knowledge, efforts, and practices demonstrates that the she has the sufficient time for overseeing PREA and is dedicated to the incorporation of PREA implementation throughout the facility.

115.11(c): The Pre-Audit Questionnaire indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. The MCSO Facility Development Chart confirms that the position of the PREA Compliance Manager is in the facility's organizational structure and reports directly to the facility PREA Coordinator. The interview with the PREA Compliance Manager indicated that the PCM has the time and authority to coordinate the facility's efforts to comply with the PREA Standards. The facility was well prepared for the audit as demonstrated through incorporation of the standards, knowledge of the employees, contractors, volunteers, and residents, and practices observed through the site review. The PAQ provides that the PCM has the sufficient time and authority, along with the resources necessary to accomplish her responsibilities as the PCM of the facility.

Based on a review and analysis of all the available documents and evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring a zero-tolerance policy and the designation of a PC and PCM. No corrective action is needed.

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|---------------|---|
| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Contract Administrator <p>Findings (By Provision):</p> <p>115.12(a): The Pre-Audit Questionnaire indicated that the facility has a contract for the confinement of its residents with private agencies or other entities including other government agencies. Upon discussion with the facility's PREA Coordinator, PREA Compliance Manager, and the Contract Administrator, there is not a contract for confinement of residents with private agencies or other entities. The Mecklenburg County Sheriff's Office has an agreement with Safe Alliance to provide crisis intervention and emotional support services to inmates of sexual abuse in MCSO custody.</p> <p>115.12(b): Upon review of the Pre-Audit Questionnaire, Safe-Alliance Memo, CMPD Memo, and interviews with the MCSO Contract Administrator, the Mecklenburg County Sheriff's Office does not have a contract for confinement of its residents with private agencies or other government agencies that require the agency to monitor the contractor's compliance with PREA standards</p> <p>Based on a review and analysis of the evidence and documents provided, the auditor has determined that the facility is fully compliant with this standard. No corrective action is required</p> |

| | |
|---------------|--|
| 115.13 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Documentation: |

- Pre-Audit Questionnaire
- MCSO Policy 6.18 Sexual Misconduct
- MCSO Policy 8.28 Supervisory Rounds
- MCSO FY 2023 Staffing Workbook
- MCSO Employee Detail Report
- MCSO PREA Supervisory Rounds (67)
- MCSO PREA Officer Rounds (67)
- MCSO Shift Logs (379)
- MCSO Staffing Memo
- MCSO Facility Layout

Interviews:

- Warden or Designee
- PREA Compliance Manager
- Intermediate or Higher Level Staff

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires the facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. MCSO FY 2023 Staffing Workbook describes the calculations of staffing needed based on operating and managing Direct Supervision Detention Facilities. Under, Methodology for Calculating Coverage, the report states that calculation were based on the National Institute of Corrections (NIC) recommended methods for staffing analysis (Staffing Analysis Workbook for Jails).

The writer of this document (Chief of Detention) indicated on page 8 that there is not adequate staff to fully operate all of the housing units located within Jail Central without the continued use of mandatory/voluntary overtime. The document provides that there were currently 305 Detention Officers, 41 Detention Sergeants, 10 Detention Captains, 20 Field Training Officers (FTO), 2 Administrative Support Staff, and 1 Major. Additionally, the document states that there are 84 unfunded Detention Officer positions. Page 11 of the Staff Workbook indicates that the MCSO utilizes private security to compensate for shortages in staffing in some areas of the facility. The facility provided memo, dated January 1, 2023, which indicated that the facility operations have been modified to account for housing units at the Central Detention Center that have been closed. A discussion with the PREA Coordinator and PREA Compliance Manager indicated that the G-Unit, which consists of 4 pods, Pod 4700, and Pod 3800 have all been closed. Additionally, according to the memo and verified through the PC and PCM, mandatory overtime has been implemented for the Detention Center to occupy the necessary positions. The PAQ indicated that the current staffing plan is based on 1304 inmates, which is the average daily population over the previous twelve months. A review of the Staffing Workbook, Staffing Memo, and Employee Detail Report indicate that each shift has at least two Captains (Managers), 6-10 Sergeants (First Line Supervisors), 4 Field Training Officers, and

between 50-60 Detention Officers; for a daily averages of approximately 76 employees/staff per shift. Additional staff are assigned to programing and auxiliary areas like the library, education, programs, etc. The interview with the Warden (Chief of Detention) indicated that all pods have at least one (1) officer assigned to each pod and in some cases two (2) officers are assigned to each post. Officers conduct rounds on a regular basis, not to exceed thirty minutes. The Chief indicated that video monitoring is a part of the staffing plan and that a video monitoring system is implemented throughout the facility, except in resident cells, restrooms, and showers. The Chief further explains that the staffing plan is developed with all members of the executive team as well as the the PREA Team to ensure the plan provides adequate staffing staffing for safety and security, operations, and preventing sexual abuse and harassment incidents. She reviewed that there are no findings of inadequacy from judicial, internal or external bodies, to include federal or local entities, and discussed the breakdown of supervisors and officers. Monitoring of the Staffing Plan is done electronically through the "U" drive where all staffing movement is conducted. The Chief explained that the use of mandatory overtime is in effect so there has not been or will not be a time where they will not be out of compliance, and if so, they (the executive staff) would take a post themselves. The PREA Compliance Manager and the PREA Coordinator acknowledged that they are a part of the Staffing Plan process.

The Staffing Memo also discusses the availability of 24-hour video surveillance provided in every housing unit to monitor all blind spots. The memo further discusses the staffing plan by providing the shift breakdown, indicating that there are 4 shifts, 2 day shifts and 2-night shifts. The Staffing Workbook, along with the memo, indicates that general accepted detention practices, all components of the facility's physical plant, the need for video monitoring, the composition of the inmate population, the number and placement of supervisory staff, the institutions programs occurring on a particular shift, and other relevant factors. According to the PC and PCM, there were no judicial findings of inadequacy, no Federal investigative findings of inadequacy, no internal or external oversight body findings of inadequacy or any applicable State or local laws, regulations, or standards that were out of compliance based on the staffing. The auditor did not find any laws, regulations, standards, or judicial findings of inadequacy during research for this audit. The PC and PCM indicated that information on the prevalence of substantiated and unsubstantiated incidents of abuse is discussed and taking into consideration when preparing for the annual staffing analysis.

During the site review, all housing units were observed. Each housing unit observed had at least 1 detention officer posted with 3 of the 36 functioning housing units having 2. The auditor observed supervisors entering and exiting various units throughout the site review of the housing units. There was one program being conducting at the time of the site review being conducted by a contracted programs manager for which a detention supervisor was monitoring to escort the residents back to their housing unit once completed. Based on the design of the housing units, there were no line of sight issues noted or any blind spots indicated. Each living unit did have large mirrors within the housing units that provided additional views for the

posted officer. Each housing unit facility is equipped with video monitoring equipment which is viewed by a central monitoring team. The auditor conducted several informal conversations with line staff, supervisors, and residents whom all stated that they do not recall a period of time where there was not at least one staff member or two in the housing, programming, or any other part of the facility and security staff was not monitoring through direct supervision. Additionally, the auditor did not find any residents who mentioned they did not feel safe in MCSO custody due to staffing shortages or overcrowding.

115.13 (b): The PAQ indicated that the facility never deviates from the staffing plan and there have been zero deviations from the staffing plan occurring in the previous 12 months. The Staffing Memo indicated that the facility operations have been modified to account for housing unit at the Central Detention Center that have been closed. According to the PC and the PCM, the G-Unit, Pod 4700, and Pod 3800 have all been closed. According to the PC, these measures have been taken to remain in compliance with the stated staffing plan. When interviewed, the Chief stated that if the the facility were to be non-compliant with the facility Staffing Plan, it would be documented on the MCSO "U" drive and the MCSO "M" drive where the supervisor would explain the reasoning for the noncompliance and rectify the staffing issue in a timely manner by utilizing administrative staff and other departments whose officers are detention officer certified.

115.13 (c): The PAQ indicated that at least once a year the facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility resources to commit to the staffing plan to ensure compliance with the staffing plan. The MCSO Staffing Memo is provided from the Chief of Detention to the PREA Coordinator. The PREA Coordinator indicated that she reviews the staffing plan in coordination with facility leadership to see whether adjustments are needed. Additionally, the PREA Coordinator indicated that the Major is notified of the monthly PREA meetings where staffing is discussed in order to assess whether the staffing plan needs to be adjusted. The facility appears to be organized and documentation is well kept, therefore, it appears if there were non-compliance of the standard, deviation of the staffing plan, there would be documentation to prove it.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further indicates that unannounced rounds are documented, cover all shifts, and staff are prohibited from alerting other staff of the conduct of such rounds. MCSO Policy 8.28, Supervisory Rounds, requires the Facility Commander to conduct weekly visits to the living and activity areas of the facility, Shift Commanders to make a minimum of one visit each tour of duty (including holidays and weekends of occupied and unoccupied areas by inmates, and for Shift Commanders to conduct and document unannounced rounds for the purpose to identify and deter staff sexual abuse and sexual harassment. Additionally, Policy 8.28 requires Sergeants to conduct a minimum of two visits each tour to all areas of the facility, to document unannounced rounds, and that staff will be prohibited from

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| | <p>alerting other staff members that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. Three Detention Supervisors who conduct unannounced rounds were interviewed and provided that they do conduct unannounced rounds and document them on shift logs. They are also documented in the logbooks. The supervisors indicated that staff are prevented by policy not to alert other staff regarding unannounced rounds and that it doesn't happen. A review of recorded video provided by the institution shows supervisors conducting unannounced rounds in various housing units. The videos depict the supervisors entering the unit, speaking with the officer shortly, then walking slowly throughout the unit, looking in each residents window, and speaking with various residents who appear to be speaking with the supervisor. The unannounced rounds appear in writing and through recorded video to happen routinely and on every shift as per the standard.</p> |
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| 115.14 | Youthful inmates |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 4.04 Resident Housing Plan • MCSO Media Alert <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Compliance Manager • PREA Coordinator <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ indicates that the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The MCSO Policy 4.04, Resident Housing Plan, provides that the Mecklenburg County Detention Center will provide the separate management of residents based on gender as well as other classifications including civil residents, witnesses, community custody residents, residents with special needs, residents requiring disciplinary detention, administrative segregation/protective custody, and youthful residents. The policy additionally indicates that Male Youthful Residents are housed at Juvenile Detention Center North. The PREA Coordinator indicated that the Juvenile Detention Center North facility is closed, and juveniles are now housed with at another Juvenile Detention Facility and not brought to MSCO. A</p> |

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| | <p>review of current residents confirmed that does not house an individual age 17 or younger at MSCO Detention Center Central. The PREA Compliance Manager provided a memo from the Sheriff's Office that indicates the closing of the Juvenile Detention Center on December 1, 2022, and instructs that all juveniles be transferred to the North Carolina Department of Public Safety (NCDPS) Juvenile Detention Facilities.</p> <p>115.14(b): The PAQ indicated the facility maintains sight, sound, and physical separation between youthful inmates and adult inmates in areas outside housing units. The facility no longer houses youthful offenders. The PREA Coordinator and PREA Compliance Manager confirmed that the facility no longer houses youthful offenders.</p> <p>115.14 (c): The PAQ indicated the facility documents the exigent circumstances for each instance in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied. The facility no longer houses youthful offenders. The PREA Coordinator and PREA Compliance Manager confirmed that the facility no longer houses youthful offenders.</p> <p>Based on a review of the PAQ, discussions with the facility PREA Coordinator and PREA Compliance Manager, and review of MCSO Policy 4.04, Resident Housing Plan, this standard appears to be not applicable to the Mecklenburg County Sheriff's Offices and as such, compliant. No corrective action is required.</p> |
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| 115.15 Limits to cross-gender viewing and searches | |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 3.03 Searches • MCSO General Order #32, Lesbian, Bisexual, Gay, Transgender, Queer, Intersex and Asexual Encounters • MCSO Policy 1.12 Staff Training and Development • MCSO Sign-in Roster – Fundamentals of Working in a Detention Center/General Orders/PREA <p>Interviews:</p> <ul style="list-style-type: none"> • Random Staff • Random Inmates • Non-Medical Staff who conduct cross gender strip searches • PREA Compliance Manager • PREA Coordinator |

Findings (By Provision)

115.15 (a): The facility PAQ indicated that the facility conducts cross-gender strip or cross-gender visual body cavity searches of inmates. The facility PREA Coordinator and PREA Compliance Manager indicated that this was a mistake, and that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. MCSO Policy 3.03, Searches, requires that strip searches be conducted by an officer of the same sex as the inmate, and that the "Officer must take all reasonable steps to protect the inmate's privacy, such as conducting the search out of the view of other inmates and opposite-sex employees." The PAQ indicated the facility has not completed a cross-gender visual body cavity search in the past 12 months. During the site review, the auditor spoke with multiple staff members and residents whom all stated that the facility does not conduct cross-gender strip searches. The auditor observed the shakedown/search area in the Arrest Processing area of the facility where arrestees are brought in and searched. During this process, it was explained that the arresting officer searches the arrestee and not the detention staff of MCDC. The Detention Officer only searches the inmate once the inmate has been processed and made it through the booking process and it has been determined that the arrestee will be housed at the detention center over night. The auditor was not able to observe the practice, so a mock demonstration was provided by the AP staff who also wrote out the process and provided to the auditor. No arrestees were brought in during times when the auditor was available to review the search procedure process during in arrest processing. The auditor attempted to interview any staff who conducted a cross-gender or opposite gender search, but there were no staff who reported they have ever conducted such a search. This is consistent with MCSO policy and practice as observed and presented.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. MCSO Policy 3.03, Searches, provides that all female residents are to be frisk searched by female officers, only. Female officers may frisk male residents. The PAQ indicated that the facility does not restrict female inmates access to regularly available programming or other out-of-cell opportunities in order to comply with this provision and provides that the facility has not conducted any cross-gender pat down searches. The auditor conducted interviews of 13 random staff members. All interviews indicated that female residents are the only staff members who will conduct pat-down searches of female residents, but if a female officer is not available, there is other options available, like metal detectors or wands to replace a physical pat-down search by a male officer. Inmates interview consistently stated that they were strip-searched by an officer consistent with their gender. Male inmate over-whelming indicated that they are pat-down searched by both male and female officers, but all female inmates stated they have only been either pat-down or strip-searched by a female officer. This is consistent with MCSO policy and practices that was reviewed and witnessed by the auditor.

115.15 (c): The PAQ indicated that the facility policy requires all cross-gender strip searches and cross-gender visual body cavity searches be documented along with cross-gender pat-down searches of female residents. MCSO Policy 3.03, Searches,

provides that "all cross-gender pat-down/frisk-searches of females will be documented in OMS." MCSO Policy 3.03 (J) all requires staff to document all occurrences of cross-gender strip searches. All female residents interviewed both informally and formally indicated that they were only ever strip searched by a female officer. There was no documentation available providing that a cross-gender stirp search or cross-gender visual body cavity search was ever conducted.

115.15 (d): The PAQ indicated that the facility has policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, these policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. MCSO Policy 3.03, Searches, (J) Limits to Cross-Gender Viewing and Searches, addresses the requirement of prohibition of cross-gender visual body cavity searches, documentation of all cross-gender stirp searches and cross-gender body cavity searches, and enabling residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, section (J) requires staff of the opposite gender to announce their presence when entering a resident's housing unit at Jails North/Central and in Arrest Processing. The auditor interviewed 33 random residents who indicated that staff of the opposite gender announce their presence when entering their housing area. The residents indicated that they have not been naked in full view of staff of the opposite gender while showing, changing clothing, or on the toilet, other than when staff are doing rounds and look inside of their rooms. The auditor interviewed 13 random staff who indicated that they announce their presence when entering a housing unit that houses residents of the opposite gender. The auditor observed staff stating "female entering the unit or males entering the unit" as the auditor and staff traveled throughout the facility. The auditor also observed signs on the entry doors that indicated staff must announce their presence when entering a housing unit of the opposite gender, and signs showing what gender of staff was currently working in the housing unit.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. MCSO Policy 3.03, Searches, section J, requires that the facility will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Additionally, MCSO General Order #32, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual (LGBTQIA) Encounters, provides the same instructions to staff. If a residents genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by medical staff. The auditor interviewed 13 random staff who all indicated that searching or physically examining a transgender or intersex inmate for the sole purpose of determining the resident's genital status was prohibited by policy and was not

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| | <p>conducted at the facility. The auditor interviewed two residents who identified as transgender females who both stated that they did not feel they were searched for sole purpose of finding out the genital status. The residents indicated that staff are respectful of them.</p> <p>115.15 (f): MCSO Policy 1.12, Staff Training and Development, indicates that all employees and contractors who have contact with inmates will receive 40 hours of Basic Detention Training and an additional 40 hours subsequent each year. Included in the list of required training is PREA. MCSO Policy 3.03, Searches, states that the agency will train detention staff and deputies on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. MCSO General Order #32, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual (LGBTQIA) Encounters, provides that MCSO Training Academy shall develop and deliver LGBTQIA related training to MCSO employees will receive as part of annual in-service training on PREA related issues. The facility provided several sign-in rosters of employees and contractors completing Fundamentals of Working in a Detention Center / General Orders / PREA training for multiple months. The PAQ indicated that 100 percent of all security staff received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The auditor interviewed 13 random staff who all indicated that they received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner in Detention Officer Certification Course, POST, MCDC Orientation- Fundamentals, and Annual Training.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring limits to cross-gender viewing and searches. No corrective action is required.</p> |
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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.15 Americans with Disabilities Act (ADA) • MCSO Policy 1.34 Arrest of Deaf or Hearing-Impaired Persons • MCSO Policy 6.18A Resident PREA Education • MCSO Policy 1.35 Limited English-Speaking Residents • MCSO General Order #18 – Sexual Harassment |

- MCSO Resident Handbook – English
- MCSO Resident Handbook - Spanish
- MCSO English Inmate Brochure
- MCSO Spanish Inmate Brochure
- MCSO Zero Tolerance Poster- English
- MCSO Zero Tolerance Poster – Spanish
- MCSO Bilingual Staff List
- MCSO Language Line memo
- Photos of Braille handbooks

Interviews:

- Agency Head
- Inmates w/ Disabilities
- Inmates who are limited English Proficient

Findings (By Provision):

115.16 (a): The PAQ indicated the facility has established procedures to provide disabled inmates 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. MCSO Policy 6.15, Americans with Disabilities Act, provides that consideration will be given to the special needs of people with disabilities in the Arrest Processing Center and assistance will be given for accommodations of needs. The policy continues to require that staff will ensure all residents with disabilities are afforded all rights, privileges and access to services and programs afforded to those without disabilities. It also provides the procedures that will be taken for its facilities to ensure disabled residents have equal opportunity. MCSO Policy 6.18A, Resident PREA Education, section G, provides that the Mecklenburg County Detention Center will provide resident education in formats accessible to all residents including residents who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as residents who have limited reading skills. An interview with the Agency Head indicated that the agency established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Agency Head discussed an ESL program that is offered to Spanish speaking residents who are interested in learning English. The auditor interviewed a resident who is limited English proficient and who indicated that the facility provides information about sexual abuse and sexual harassment that they were able to understand. The resident also indicated that there were plenty of staff available who were able to speak his language if needed that would be able to assist.

115.16 (b): The PAQ indicated the facility has established procedures to provide inmates with limited English proficiency 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. MCSO Policy 6.18A, Resident PREA Education, section

G, provides that the Mecklenburg County Detention Center will provide resident education in formats accessible to all residents including residents who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as residents who have limited reading skills. The facility provided a list of over twenty bilingual staff members, copies of the Resident Handbook in English and Spanish, and a copy of the Language Line usage memo. MCSO Policy 1.35, Limited English-Speaking Residents requires that the facility will ensure residents are not discriminated or denied any access to services or programs based on national origin, due to their inability to speak, read, or understand the English language, and provides procedures for staff to follow. Interviews with residents who are limited English proficient indicated that the facility does provide education to those residents. The facility provided a list of residents who were disabled, but no disabled residents were available for interview. The facility's medical and classification staff provided that there were no deaf, blind, or visually impaired residents currently being held at the facility. One Resident was interviewed who was identified as cognitively disabled. The resident provided that the facility did provide information about sexual abuse and sexual harassment that they were able to understand.

115.16 (c): The PAQ indicated that Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants 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. MCSO Policy 6.18A, Resident PREA Education, section G, prohibits the Mecklenburg County Detention Center from relying on resident interpreters, readers, or other types of resident assistance, except in exigent circumstances. The PAQ indicated that the facility has had no usage of resident interpreters, readers, or other types of inmate assistants for interpretation purposes over the past 12 months. The auditor interviewed a resident who was limited English proficient who indicated that the facility has multiple staff members who speak Spanish and would be able to speak with him if need be. The auditor also identified a resident who spoke Arabic who indicated that they are able to use the language line when they request. The auditor spoke with the resident through the use of the language line. The translator on the language line indicated that the inmate has a dialect that is hard to translate and therefore another on-site translator is sent over to assist. The on-site translator was informally interviewed and indicated that the inmates dialect is hard to understand, but the inmate is able to understand what the translator was stating. The auditor interviewed 13 random staff who all indicated that there are multiple staff that are bilingual and the agency does not allow the use of inmate interpreters, inmate readers, or other types of inmate assistants to assist inmates with disabilities or inmates who are limited English proficient. The staff also discussed the use of on-site language translators. This process demonstrates the agency has incorporated a practice of ensuring disabled and limited English proficient residents are able to take full advantage of the agency's efforts to prevent, detect, and respond to allegations of sexual abuse and sexual harassment.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring the agency

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| | shall 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. No corrective action is required. |
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| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 1.13 Recruiting, Hiring, & Personnel Issues • MCSO General Order #16 – MCSO Promotional Process • MCSO Employee Roster • MCSO County Application • The Keith Corporation (TKC) Application for Employment • MCSO Service Providers - Background Screening Form • MCSO Detention Staff Background Checks for past 3 years • MCSO Background Screenings for Contractors • MCSO PREA Acknowledgement Form • MCSO PREA Memorandum 115.17(a) <p>Interviews:</p> <ul style="list-style-type: none"> • Human Resources Staff <p>Findings (By Provision)</p> <p>115.17 (a): The PAQ indicated the Agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. MCSO Policy 1.13, Recruiting, Hiring, & Personnel Issues describes the agency's hiring and promotion decisions. A review of the policy, specifically section IV (A)-(K), addresses each of the elements included in this provision. A review of personnel files for staff, to include contracted staff members, indicated that persons hired or promoted in the past 12 months had criminal record background checks conducted.</p> |

115.17 (b): The PAQ indicated the Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. MCSO Policy 1.13, Recruiting, Hiring & Personnel Issue, section IV, subsection D, provides that the agency will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with residents or arrestees. An interview with the Human Resources staff member confirmed that sexual harassment is considered when hiring or promoting staff or enlisting the services of any contractors.

115.17 (c): The PAQ indicated the policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. MCSO Policy 1.13, Recruiting, Hiring, & Personnel Issues, section IV, subsections (E)-(I), requires that the agency will conduct a criminal background record check prior to hiring all new employees and will contact previous employers for information on allegations of sexual abuse as required by the standards. The PAQ indicated that 673 people were hired in the previous twelve months who had a criminal background records check. This information was verified through communication with the PREA Coordinator and the Human Resources staff member as to 673 staff personnel who work for the Mecklenburg County Sheriff's Office and not just the Detention Center. The Human Resources staff member indicated that all staff have a records background check conducted and this number was provided. The agency reviewed files for the previous twelve months which indicated that all employees hired within the previous twelve months had received a background records check, and previous employers were contacted regarding information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

115.17 (d): The PAQ indicted the agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. MCSO Policy 1.13, Recruiting, Hiring & Personnel Issue, section IV, subsections (E)-(I), requires that the agency will conduct a criminal background record check prior to hiring all new employees or contractors and will contact previous employers for information on allegations of sexual abuse as required by the standards. The PAQ indicated that the Agency had 358 contracts for services where criminal background checks were conducted on all staff covered in the contract. A review was conducted of files selected by the auditor at random which indicated that background checks were provided for each of the contractors hired. An interview with HR staff indicated that the facility performs criminal record background checks for all newly hired contractors who may have contact with residents.

115.17 (e): The PAQ indicted the agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is

in place for otherwise capturing such information for current employees. MCSO Policy 1.13, Recruiting, Hiring, & Personnel Issues, section IV, subsection H, requires the agency to conduct background record checks at least every five (5) years on current employees and contractors. A review of contractor applications and criminal background records checks and several detention staff background checks from 2022 - 2023 indicted that background checks are performed every five years. The interview with the Human Resource staff member indicated that a criminal background records check is completed by MCSO Human Resources of all employees and it is completed at least once every five years.

115.17 (f): MCSO Policy 1.13, Recruiting, Hiring, & Personnel Issues, Section, IV, Subsection I, provides that the agency will ask all applicants and employees about previous misconduct described in previous provisions, in written applications or interviews, for hiring or promotions, and in any interviews or written interviews or written self-evaluations conducted as part of reviews of current employees. The interview with the Human Resources staff indicated that it is a part of the hiring background process, utilizing the DCI Division of Criminal Investigation process to verify all I background situations, also, utilizing Sterling Background Systems to run background checks for our hiring process. There is no documentation of this process and no questions listed in the background check information provided, nor on the initial application. The Human Resources staff indicated that this information may be with the Office of Professional Compliance (OPC), but no information or documentation was provided from OPC. This provision will require corrective action to be corrected.

115.17 (g): The PAQ Indicated the agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. MCSO Policy 1.13, Recruiting, Hiring, & Personnel Issues, section IV, subsection J, requires that material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination. A review of the application of employment indicates that the applicants signature indicates that they understand that any misstatement, misrepresentation or omission of fact may be cause for the application not to be considered, or if employed, may be cause for immediate dismissal.

115.17 (h): MCSO Policy 1.13, Recruiting, Hiring, & Personnel Issues, Section, IV, Subsection K, indicates that unless prohibited by law, the agency shall 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. The Human Resources staff member interviewed indicated that the Human Resource department does not provide this information when requested, but it may be provided through the office of Professional Compliance by way of a release of information signed by the former employee. The HR staff indicated that NC GS 153-A-98 prohibits them from providing the information. A review of NC GS 153-A-98 section (b) provides that (10) the date and type of each dismissal, suspension, or demotion of disciplinary reasons taken by the county is a matter of public record, therefore, this information can be shared with other correctional or law enforcement information by the agency under the law. This

provision will require corrective action.

Corrective Action:

1. The agency must 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees.
2. The agency must 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.

During the post onsite phase of the audit, the facility provided a memorandum dated April 5, 2023 acknowledging the facility did not ask the required questions provided by Standard 115.17(a) and (f) on the agency's application. The memorandum specifies the corrective actions taken to rectify the compliance issues and began providing the auditor signed MCSO PREA Acknowledgment Forms on April 7, 2023 which ask the questions provided by Standard 115.17(a) to applicants and existing staff, to include, detention officers, deputy sheriffs, and civilian support staff. The form also includes whether the form is completed by a current MCSO Employee, for a promotion, or for transfer purposes.

The facility provided a signed memo from the Chief Deputy of the Administrative Services Bureau that advised that the information provided during interviews regarding 115.17(h) was incorrect. The memo provides that if a law enforcement agency calls MCSO inquiring about a previous employee and whether that previous employee has substantiated cases of sexual abuse or sexual harassment cases in his file, do you provide that information to that agency and document that you did? MCSO would simply answer yes or no to this question if asked. If the law enforcement agency has a signed waiver from the previous employee, we could open the entire investigative file so that the potential hiring agency can see the details and review the entire investigative file. We document this and attach it to the employee's record in our case management system IAPro. It should also be noted that MCSO has not received any such inquiries from law enforcement agencies that were specific to just sexual abuse or sexual harassment. When MCSO hires a new employee who has previous experience working in a jail, detention center, prison, or juvenile facility, do we call and ask that facility has this employee have any substantiated cases of sexual abuse or was he/she terminated or resigned during or as a result of an investigation? MCSO requires applicants that previously worked for a law enforcement agency, jail, detention center, prison, or juvenile facility to sign a personnel records release to give us complete access to their personnel and disciplinary records from not only their most recent previous employer, but any public safety agency they have been employed by. MCSO will look at the applicant's entire work history and disciplinary record to make the most informed hiring decision. MCSO does ask the specific reason that an applicant was separated and if the applicant resigned under investigation or

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| | <p>has been terminated from a law enforcement organization then the applicant is not eligible for hire by MCSO standards.</p> <p>Based upon the review and analysis of all available data, the auditor finds this standard and corrective action requiring hiring and promotion decisions to be fully compliant. No additional corrective action is needed.</p> |
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| 115.18 | Upgrades to facilities and technologies |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Warden <p>Findings (By Provision):</p> <p>115.18 (a): The PAQ indicated that the facility has not made a substantial expansion or modification to existing facilities since the last PREA Audit, whichever is later. During the site review, the auditor confirmed that provided facility physical plant map was accurate and no additional buildings, structures, or additions were missing from the provided documentation. The auditor observed each floor of the structure starting from Arrest Processing up to the sixth floor and each area within the facility. The facility appeared to be in good condition, clean, and well kept. The interview with the Agency Head indicated that the facility was opened in 1996 and the last upgrade to its video monitoring system was in 2017 with the addition of more cameras for the recreation yard, dayroom, and hallways. The Agency Head indicated the purpose of the additional cameras was for the safety and security of staff, residents, and contract workers. An interview with the Warden indicated there were no expansions or modifications to the facility since 2012 or since the last PREA audit (2019).</p> <p>115.18 (b): The PAQ indicated that the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA Audit. The Agency Head indicated that the agency updated the jails monitoring system about six years ago to enhance the safety and security for both inmates and staff. Video footage can only be access by staff with provided access. The facility has a master control room which is staffed 24/7 and has a visual of all 400 plus camera throughout the facility. All video footage reviewed and associated with PREA is handled accordingly and communicated with the proper</p> |

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| | <p>personnel if deemed necessary. An interview with the Warden corroborated the Agency Head's statements and provided that all incidents that look suspicious are reported to the shift commander (captain) immediately from the master control room.</p> <p>Based on a review of the PAQ and all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p> |
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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO General Order #04 – Discipline, Internal Investigations and Employee Rights • Wellpath Policy HCD-100_F-06 Response to Sexual Abuse – Mecklenburg NC • Wellpath Policy HCD-100_A-01- Access to Care – Mecklenburg NC • CMPD Memo • CMPD SOP – Sexual Assault Unit • MCSO PREA Investigations Memo • A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents • Safe Alliance Memo • MCSO Media Alert • MCSO Flow Chart • Atrium Facilities SANE/SAFE Staff list • CMPD PREA Investigators Training Certificates <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Compliance Manager • Inmates who Reported a Sexual Abuse Allegation • Advocate from Safe Alliance • Random Staff • SAFE/SANE Staff <p>Findings (By Provision):</p> <p>115.21 (a): The PAQ indicated that the facility is responsible for conducting</p> |

administrative sexual abuse investigations and another agency is responsible for criminal sexual abuse investigations. MCSO General Order #04, Discipline, Internal Investigations and Employee Rights provides that the MCSO Office of Professional Compliance serves as the investigative entity responsible for investigating allegations of employee misconduct. The facility provided a memo dated January 30, 2023, addressed to MCSO Central Staff, that categorizes investigations into three types and provides procedures for how each category or allegation would be handled (Criminally or Administratively). This memo provides that all allegations of sexual abuse and sexual harassments must be forwarded to the PREA Compliance Manager. This process provides that the institution has a method of ensuring that administrative sexual abuse investigations are processed in a prompt, thorough, and objective manner. The Charlotte-Mecklenburg Police Department (CMPD) is responsible for investigations of all criminal sexual abuse investigations. The facility provides an MOU between MCSO and CMPD, dated 8/12/2022, which provides that CMPD agrees to be responsible for investigating all allegations of sexual abuse within the jurisdictional boundaries of the City of Charlotte and the unincorporated areas of Mecklenburg County. In the Memo, CMPD states that it complies with PREA and have completed PREA training offered by MCSO. The PREA Compliance Manager indicated that the MCSO and CMPD utilizes an evidence protocol based on the latest version 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". The PCM also provided a flow chart that provides guidance on the flow of allegations to investigations for each type of allegation. The auditor interviewed 13 random MCSO staff who all indicated that they know and understand the agency's protocol for obtaining useable physical evidence if a resident alleges sexual abuse. The detention officers stated that they are not responsible for gathering the evidence, they are responsible for protecting and preserving the evidence until the investigators arrive. The staff interviewed were well aware that OPC was responsible for administrative investigations along with the PREA Team, and CMPD was responsible for criminal investigations.

115.21 (b): The PAQ Indicated that the facility's evidence protocol is developmentally appropriate for you and adapted or 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. The PREA Compliance Manager provided a memo from the Sheriff's Office that indicates the closing of the Juvenile Detention Center on December 1, 2022 and instructs that all juveniles be transferred to the North Carolina Department of Public Safety (NCDPS) Juvenile Detention Facilities. Wellpath Policy HCD-100_F-06, Response to Sexual Abuse, Mecklenburg, NC, provides in section 6.11.4 that a QHP will maximize the preservation of evidence by instructing the patient not to take any of the following actions: showering or washing, brushing teeth, urinating, defecating, changing or removing clothes, or drinking or eating until the exam has ben completed. The policy continues to provide further instructions that outline the protocol for preservation of evidence and treatment consistent with the provision. The facility utilizes Wellpath for all medical and mental health needs for the residents, so consideration is taken

that Wellpath has developed the protocol for collection of physical evidence presented through health examinations that would maximize the potential for administrative proceedings and criminal prosecutions. The policy indicates that evidence collected along with any documentation and actions will be provided to the Sexual Assault Response Team (SART)

115.21 (c): The PAQ indicated that the facility offers all residents who experience sexual abuse forensic medical examinations, without cost, where evidentiarily or medically appropriate. Such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.

Wellpath Policy HCD-100_F-06 Response to Sexual Abuse – Mecklenburg, NC, addresses the agencies response to sexual abuse, sexual harassment, and sexual misconduct. The policy provides that QMP staff are responsible for assessing the patient and preparing the patient for transport to a facility (Carolina Medical Center) where the forensic exam will be performed. Wellpath Policy HCD-100_A-01 Access to Care – Mecklenburg, NC, provides that a no fees are assessed for a patient for treatment arising from sexual abuse or when health care staff initiate care. An interview with an advocate from Safe Alliance indicated that Atrium Health is responsible for SANE examinations. The PREA Coordinator provided a list of SANE nurses from Atrium Health along with contact information. The auditor attempted to speak with a member of Atrium Health for an interview but was not successful. No interview was conducted with a SAFE/SANE staff member. An interview with the PREA Compliance Manager indicated that no inmates have been sent out for a SAFE/SANE forensic exam in the previous 12 months. Interviews with Medical staff indicated that no inmate have been sent out for a SAFE/SANE due to the previous 12 months or longer.

115.21 (d): The PAQ indicated that the facility has a Memorandum of Understanding (MOU) with a rape crisis center available to provide victim advocate services from a qualified staff member from a community-based organization. The facility provided a written MOU between Safe Alliance and MCSO which provides that it will provide independent crisis intervention and emotional support services, confidentially, to residents at the MCSO Central Detention Center. The auditor interviewed an advocate from Safe Alliance who indicated that there is an agreement between Safe Alliance and MCSO, there has been only two phone calls from residents to Safe Alliance in the previous 12 months, and she has not received any negative reports from current or previous residents of the Mecklenburg County Detention Center Central regarding sexual abuse or sexual harassment occurring at the facility. The advocate provided that the facility has a 24- hour hotline operated by trained staff and volunteers. The facility provides additional services to inmates based on the needs of the victim and is 100% confidential. The advocate advised that the service is free to residents by dialing *25 from the resident phones within the facilities. During the onsite review, the auditor observed several posters/fliers providing information for the Safe Alliance Rape Crisis Center. An interview with the PREA Compliance Manager indicated that if the victim requests a victim advocate, the facility will provided a qualified community based or staff member to accompany them and provide emotional support, crisis intervention, information, and referrals during the forensic medical exam. The PCM

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| | <p>advised that the facility would notify Safe Alliance or request that someone from Wellpath accompany the inmate if requested by the resident. The interview with a resident who reported sexual abuse in the facility indicated that when they reported sexual abuse, the facility allowed the resident to contact someone for emotional support.</p> <p>115.21 (e): The PAQ indicated that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The MOU between Safe Alliance and MCSO provides that Safe Alliance provides hospital accompaniment and support for alleged victims of sexual assault through the forensic medical examination and investigation. An interview with the PREA Compliance Manager indicated that, as part of the Memorandum of Understanding, all of the Rape Crisis Center advocates are trained and the MOU provides the detention center the information of services provided. The interview with the victim who reported the sexual abuse while in incarceration provided that the facility provided a mental health professional. The resident was aware of the *25 function and acknowledged the posters with the address and phone numbers around the facility, but stated he did not call and did not know what Safe Alliance does.</p> <p>115.21 (f): The facility provided a memorandum of agreement between the Charlotte-Mecklenburg Police Department (CMPD) and the Mecklenburg County Sheriff's Office (MCSO) that indicates that CMPD is responsible for investigating all criminal investigations of sexual abuse at the Mecklenburg County Detention Center. The Memo indicates that the CMPD investigators have been provided/attended PREA training provided by MCSO and the facility has also provided training certificates provided from the National Institute of Corrections (NIC) for investigating sexual abuse cases in a correctional setting. The training provided by the NIC has been reviewed by the auditor and is compliant with the requirements of the standard.</p> <p>115.21 (g): The auditor is not required to audit this provision</p> <p>115.21 (h): The facility has a contract with Safe Alliance to provide all advocacy services. Additionally, the agency contracts with Wellpath for mental health services. The interview with the advocate from Safe Alliance confirmed that Safe Alliance staff are trained in counseling as mandated by North Carolina Law.</p> <p>Based on a review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring an evidence protocol and forensic medical examinations. No corrective action is required.</p> |
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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

Documentation:

- Pre-Audit Questionnaire
- MCSO Policy 6.18 Sexual Misconduct / PREA
- MCSO General Order #04 – Discipline, Internal Investigations and Employee Rights
- MCSO General Order #02 – Rules of Conduct
- MCSO PREA Investigations Memo
- CMPD Memo
- CMPD SOP – Sexual Assault Unit
- MCSO Investigation Flow Chart
- Review of Agency Website
- Review of Investigations of sexual abuse and sexual harassment
- Review of Grievances
- MCSO Annual Report 2020

Interviews:

- Agency Head
- Investigative Staff
- Random Staff

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. MCSO Policy 6.18, Sexual Misconduct/PREA indicates that residents who alleged to have been sexually assaulted or harassed during incarceration allegations are required to be reported and investigated. MCSO General Order #04, Discipline, Internal investigations and Employee Rights indicates that staff who sexually abuse or harass residents will be investigated and disciplined for misconduct. MCSO and CMPD have a memorandum of agreement that indicates that CMPD is responsible for investigating all criminal sexual abuse and sexual harassment of residents at MCSO. MCSO Standard Operating Procedure, Sexual Assault Unit, indicates that the MCSO Office of Professional Compliance will investigate administrative allegations of sexual abuse and sexual harassment. The facility PREA Compliance Manager provided an investigative flow chart which describes the direction for each type of allegation to ensure it is investigated by the proper authority. The PREA Coordinator indicated that the facility investigated 48 allegations of sexual abuse and sexual harassment received in the past 12 months, which were all completed. The interview with the Agency Head confirmed that all allegations are investigated by either MCSO administratively, then, if needed, by CMPD, depending on if the administrative investigation leads to a criminal investigation. No cases were referred for criminal prosecution.

115.22 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. MCSO Investigations Flow Chart for PREA allegations provides guidance on how allegations are referred for investigation. CMPD and MCSO MOU provides that CMPD will conduct criminal investigations for sexual abuse and sexual harassment allegations which are potentially criminal. MCSO General Order #04, Discipline, Internal Investigations and Employee Rights, indicates that any allegations of employee misconduct serious enough to require immediate action, such as immediate suspension from duty, shall be referred promptly to the sheriff or his designee. MCSO public website indicates that MCSO will fully investigate and respond to allegations of sexual abuse and sexual harassment. In addition, the PREA Compliance Manager completed and provided an allegation overview document which provides allegation information for the previous 12 months in multiple categories. The auditor reviewed 25 investigations of allegations/complaints submitted for the previous twelve months. All of the documented allegations/complaints were submitted to the PREA Coordinator and/or PREA Compliance Manager for review, response, and investigation. Interviews with investigators confirmed that policy requires that allegations of sexual abuse and sexual harassment be referred to an agency with the legal authority to conduct criminal investigations, unless the allegation is clearly not criminal. Facility investigators indicated that CMPD is responsible for investigating allegations of a criminal nature. The investigators indicated that they would start the investigation administratively then provide the information to the PCM who would then send the investigation to CMPD if warranted.

115.22 (c): The CMPD and MCSO have a Memorandum of Agreement that indicates that the CMPD is responsible for conducting criminal investigations of sexual abuse and sexual harassment. The document describes the responsibilities of both entities. MCSO Policies 6.18, Sexual Misconduct/PREA, General Order #04, Discipline, Internal Investigations and Employee Rights, and the MCSO PREA Investigations Memo provides guidance on the investigations process and the responsibilities and duties of investigators and staff. A review of the MCSO website (www.mecksheriff.com) indicated that the policy for investigations is not posted online. The auditor discussed the process of providing the policy to the public with the PREA Coordinator and was provided that it is given as requested. This was confirmed onsite by the Chief of Detention who stated that if a person requests, they will receive a hardcopy of the policy, but it is not posted on the website.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring policies to ensure referrals of allegations for investigations. No corrective actions needed.

| 115.31 | Employee training |
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| | <p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 488 376">Documentation:</p> <ul data-bbox="331 443 1437 768" style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 1.12 Staff Training and Development • MCSO Policy 6.18 Sexual Misconduct/ PREA • MCSO PREA Refresher Training Sign-in Rosters • MCSO PREA Fundamentals Training Sign-in Rosters • MCSO DOCC PREA Training 2022-2023 Training Rosters • Well-Path Policy HCD-100_F-06 Response to Sexual Abuse—Mecklenburg NC • MCSO Fundamentals of Working in a Detention Facility Training PowerPoint <p data-bbox="256 813 416 846">Interviews:</p> <ul data-bbox="331 913 600 947" style="list-style-type: none"> • Training Director <p data-bbox="256 992 576 1025">Findings (By Provision)</p> <p data-bbox="256 1059 1477 2056">115.31 (a): The PAQ indicated that the agency trains all employees who may have contact with inmates on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates’ rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The auditor review MCSO Policy 1.12, Staff Training and Development, the policy covers the requirements of the provision by following the provision as it is written. The PREA Coordinator provided training records for multiple months, along with PREA acknowledgment forms for both employees and volunteers. In addition, Wellpath Policy 100-F_06-Response to Sexual Abuse – Mecklenburg, NC, provides guidance to all Wellpath medical personnel on the training requirement of Wellpath that comports with that of MCSO. The auditor reviewed the MCSO Fundamentals of Working in a Detention Facility Training PowerPoint and PREA PowerPoint and found the two meet the requirements of the provision. Furthermore, the auditor reviewed the training records of 122 employees who completed the Detention Officers Certification Course (DOCC) in the last 12 months. A review of ten staff training</p> |

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| | <p>records indicated that all ten staff members received PREA training and completed PREA refresher training within the previous twelve months. Staff confirmed during interviews that they receive yearly annual in-service training both online and in person. Staff discussed that the training reviews the agency policy, how to avoid traps with residents, how to report, who to report to, the opposite gender announcement protocol, and goes through examples on how to handle allegations of sexual abuse and sexual harassment. The staff interviewed appeared to be confident in the training they received.</p> <p>115.31 (b): The Mecklenburg County Detention Center houses both male and female residents. The PREA Coordinator indicated that all staff are trained to work with both male and female residents at the facility. A discussion with the Training Director indicated that training is purposely designed to be unisex so that staff maybe equipped to work with both genders and know the unique attributes of working with both. Since staff are not permanently assigned to work in a specific pod, dorm, or housing unit, they are trained to work wherever they are assigned, and therefore, have to know how to work with both genders equally. In interviews with staff, male staff confirmed that they do not work within the female housing units, but females work both in the female and male housing units. This was observed during the onsite review process.</p> <p>115.31 (c): MCSO Policy 1.12, Staff Training and Development indicated that all Detention Officers must complete the Detention Officer Certification Course and attend POST Jail School during their first year of employment. The 160-hour Post Jail school consists of several courses, to include PREA. Upon conclusion, successful completion requires passing of an exam at the end of the course. The PAQ indicated that the facility provides employees with PREA refresher training on a year basis. The PREA Compliance Manager provided sign-in rosters of staff completing refresher training. A review of documentation confirmed that all MCDC staff received refresher training every year. A review of training files of ten staff chosen at random revealed that all ten staff received training at DOCC and each year thereafter.</p> <p>115.31 (d): The PREA Compliance Manager provided sign-in rosters with accompanying signatures acknowledging understanding of the PREA education provided by the facility. A review of the sign-in rosters and training records indicated that staff have completed refresher training and have acknowledged their understanding of the information provided. This was verified by the knowledge and understanding presented during interviews of the thirteen staff members.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring employee training. No corrective action needed.</p> |
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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

Documentation:

- Pre-Audit Questionnaire
- MCSO Fundamentals of working in a Detention Facility PowerPoint
- MCSO Fundamentals of working in a Detention Facility Sign-in roster
- Training Records for Contractors and Volunteers

Interviews:

- Volunteers
- Contractors

Findings (By Provision):

115.32 (a): The PAQ indicated that all 358 volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The PREA Coordinator provided the MCSO Fundamental of working in a Detention Facility PowerPoint and the Sign-in roster which has the section, name, signature, and supervisor of the individuals signing. Additionally, the PCM provided the auditor with a training acknowledgement form which provides the initials and signature of both employees and volunteers. The acknowledgement form asks for the respondent to initial that they certify they have received training on the agency's sexual abuse prevention, detection and response policies and procedures. The interviews with five contractors and three volunteers confirmed that they all have received PREA Training upon hiring and annually on their responsibilities under the agency's sexual abuse and sexual harassment policies. A review of 10 contractor training files revealed that documentation of training was in each of the 10 files provided. The interviews with the five contractors indicated that each contractor recalled what they were trained on and the format they were trained in.

115.32 (b): The MCSO Detention Center Central provides both contractors and volunteers with the MCSO Fundamentals of working in a Detention Facility training as provided to all employees. The training provides all who have contact with residents of any kind with the same level of training on the agency's zero-tolerance policy, how to report, and proper conduct within the facility. The PCM provided the sign-in rosters and acknowledgement forms for both the volunteers and contractors. Interviews with five contractors and three volunteers indicated that they were all provided training annually. The contractors and volunteers indicated the trainings discussed their responsibility to report, who to report to, and how to recognize signs. Training records were examined along with sign-in rosters to confirm that a list of randomly selected contractors and volunteers attended annual training. After a careful review of the files, discussions with both contractors and volunteers, and a review of the curriculum provided, the facility is providing adequate training to ensure the sexual safety of residents.

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| | <p>115.32 (c): The PAQ provided that the agency maintains documentation confirming that volunteers and contractors understand the training they received. The PREA Compliance Manager provided initialed and signed acknowledgement forms providing that the individuals understood the training being provided to them. Interviews with contractors and volunteers indicated that once hired, contractors and volunteers are required to sit with a training staff and go over PREA training. Training is then provided annually through refresher training. Documentation of the training is kept via sign-in rosters and PREA acknowledgement forms. The facility also provided evidence of contractors acknowledgement of notification of requirement for training and policy for which contractors responded with their acknowledgement of understanding via email.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring volunteer and contractor training. No corrective action needed.</p> |
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| 115.33 | Inmate education |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.18A Resident PREA Education • MCSO Policy 6.03 Nondiscrimination towards Residents/Residents Rights • MCSO Policy 4.02 Initial Classification of Residents • MCSO Policy 1.34 Arrest of Deaf or Hard of Hearing Persons • MCSO Policy 1.35 Limited English-Speaking Residents • MCSO Resident Handbook – English • MCSO Resident Handbook – Spanish • MCSO PREA Brochure – English • MCSO PREA Brochure - Spanish • MCSO PREA Posters • MCSO General Housing Pod Orientation • MCSO Resident Acceptance Report for Inmate Handbook & PREA Acknowledgement <p>Interviews:</p> <ul style="list-style-type: none"> • Intake Staff • Inmate Interview <p>Findings (By Provision):</p> |

115.33 (a): The PAQ indicated that during the intake process, residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. MCSO Policy 6.18A, section IV, outlines the procedures regarding the education and documentation provided to all residents upon intake and within the first 30 days of intake. The facility reported there were 12,369 residents admitted during the past 12 months for which all residents were provided education in accordance with agency policy. The facility provided the resident handbook in both English and Spanish, a copy of the PREA posters, a copy of the General Housing Pod Orientation that is provided to residents once per shift (twice per day), and copies of the PREA brochures in both English and Spanish. Pages 5, section 2, Sexual Abuse and Sexual Assault, provides residents with the definitions, how to report sexual abuse, who to report to, who can report on the residents behalf, and provides the names, addresses and phone numbers to the local rape crisis center, national rape crisis center, and National organization for victim assistance. During the site review, the auditor observed the intake process through a demonstration. Residents are provided PREA information via the "What you need to know about PREA" video, which is played on a loop, in the Arrest Processing Center. As the arrestee is brought up to the front to begin there processing, an initial PREA screening is conducted. When asked, the AP staff indicated that the video is initially played in English unless there is anyone that they suspects speaks Spanish, then they will rotate the Spanish version of the video. If the arrestee is sent up to intake or will be spending the night at the facility, the resident is then provided the resident handbook and brochure. The PREA brochures were available freely and located throughout the Arrest Processing center, along with several PREA posters indicating how to report, the agency's zero-tolerance policy, the Consular Notification and Access information, and the US Marshall's Service posters. During informal interviews, AP staff stated that the residents are no longer allowed to take the paper handbooks to the Orientation housing units because the handbooks are now on the tablets. Additionally, staff provided that the facility does accept blind or deaf arrestees or residents, but they did not have one currently, or during the time period reviewed. If they were to receive a blind arrestee, there is information in Braille and an interpreter available through the Language Line service for a deaf resident. The interview with intake staff confirmed that residents are provided information on the agency's sexual abuse and sexual harassment policies during intake. The staff stated that everyone (arrestee/residents) are provided documents notifying them of the PREA policies along with them having access to the PREA video being played in the booking area. Interviews with 33 residents indicated that they recalled seeing the video during intake, received information during intake, and are given a pod orientation that discusses PREA twice per day, everyday.

115.33 (b): The PAQ indicated that during the past 12 months, 1,450 residents were admitted whose length of stay was for 30 days or more. Of those 1,450 residents, all were provided comprehensive educations on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting within 30 days of intake. As observed, the facility provides arrestees and residents with access to orientation

within the first day of arrival at the facility. New arrestees entering the facility are provided access to "PREA: What You Need to Know" video, which is played on a loop in the booking area. The Arrest Processing Center/Booking Area has PREA posters on every wall and brochures available throughout the area. Once an arrestee is processed and determined to become a resident, they are given a PREA handbook, a given a brochure, and shown how to access the information on the Kiosk and on the tablets. The residents acceptance of the handbook and PREA information is electronically documented in the Kiosk system. MCSO is a singular facility, so therefore, residents to not transfer to another MCSO facility and is not required to provide additional comprehensive education upon transfer. The facility provided that 1,450 residents received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of residents who arrived in the last 12 months. The interview with intake staff indicated that residents are provided education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding through handouts, tablets, videos. and daily briefings provided by staff. This process happens immediately during the intake process. Interviews with random residents indicated that all residents recalled being provided information or being told about their rights to not be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, their right not to be punished for reporting sexual abuse or sexual harassment, and stated they received the information upon intake.

115.33 (c): The PAQ indicated that all residents were educated within 30 days of intake. The facility utilizes the kiosk and tablet system for residents to acknowledge receipt of the resident handbook. During the onsite review, the auditor observed that residents are provided access to the PREA video, PREA brochures, and information on how to access the handbook on the kiosk and tablet within the first few hours of arrival. The residents are provided a pod orientation twice per day by detention staff that discusses sexual abuse and sexual harassment and how to report. The Mecklenburg County Detention Center Central is a singular facility; therefore, residents are not transferred from one facility to another.

115.33 (d): The PAQ indicated that the agency provides education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. MCSO Policy 6.18A, Resident PREA Education, section G, directs the agency to provide residents with education in formats accessible to all residents, in accordance with the provision. The policy covers those residents who are limited English proficient, deaf, visually impaired, have limited reading skills, or otherwise disabled. MCSO Policy 6.03, Nondiscrimination towards Residents/Residents Rights, provides guidelines for the rights of residents and procedures which prevent unlawful discrimination, while MCSO Policy 1.34 Arrest of Deaf or Hard of Hearing Persons, covers the treatment of those who are deaf or hard of hearing, and MCSO Policy 1.35 Limited English-Speaking Residents, provides guidelines to ensure residents are not discriminated or denied access to services or programs based on national origin, due to their inability to speak, read, or understand the English language. During the site

review, the auditor observed posters and fliers with PREA information in both English and Spanish. Additionally, during informal interviews with staff, it was indicated that there is PREA information available in Braille and there are language interpreters for those who are limited English proficient or deaf. The PREA video that was being played in the booking area was played with audio, but also provided closed caption for the hearing impaired. Staff in the Arrest Processing Center/Booking Area, stated that the PREA video is normally played in English, but will be rotated in Spanish if someone is suspected of limited English proficient.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. MCSO Policy 6.18A, Resident PREA Education, section E, states MCSO will maintain documentation of resident participation in these educational sessions. The facility provides inmate handbooks, brochures, pod orientation twice per day, provides a PREA video, and has posters posted throughout the institution. The PCM provided the auditor with over 100 resident reception of PREA education on a printed document indicating that the documents were provided.

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. A review of the documentation indicated that the facility has PREA information in the Resident handbook, posters, and brochures in English, Spanish, and Braille. During the onsite review, the auditor observed PREA signage, posters, and fliers posted in each area of the facility and in all housing units. There were several posters, to include, the agency's zero tolerance policy, how to report, who to report to, who can report, names, numbers, and addresses to local and national advocacy centers for emotional support, Notification for Consular Notification and Access, and US Marshall Service numbers. This information was posted in both English and Spanish. Interviews, both formal and informal, confirmed that residents were provided information on PREA starting at booking, almost immediately upon entering the facility. Staff in the Arrest Processing Center indicated that the PREA video "PREA: What You Need to Know" is played on a loop throughout the day in English and closed captioned for those who are hearing impaired. The video is played in Spanish if the staff believes there is an arrestee who maybe limited English proficient, on a rotation. AP staff also indicated that there is PREA information available in Braille for blind arrestees and a language line for those inmates who do not speak English or Spanish or if there is a need for a sign language provider. Throughout the site review, the auditor was able to access residents access to the resident handbook by having multiple residents show the auditor how to access the handbook on the kiosk or the tablet. Informal interviews with residents confirmed that residents overwhelmingly knew how and where to access the handbook and the information on the posters and fliers on the walls. The facility goes above and beyond by providing residents with the available information in an oral pod orientation twice per day, specifying on the agency's zero tolerance policy, how to report, who to report to, and where additional information is available.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant and exceeds this standard requiring

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| | <p>resident education. The facility not only provides the baseline requirements of the standards, the facility additionally provides orientation twice per day to all residents to ensure that new residents are provide the education needed to be successful, safe, and healthy while in the facility. Based on interviews with 33 random residents, residents were able to articulate how to report, who they could report to, and other factors specific around PREA education given by the facility. The facility begins its education process with arrestees in the Arrest Processing area with the PREA: What you need to know video in closed caption, English and Spanish, along with at least three different styled zero-tolerance posters placed throughout the area and PREA brochures strategically placed in the seating areas of Arrest Processing. Individuals entering the facility through Arrest Processing are put in a overwhelmingly PREA publicized area which continues into the intake and housing areas of the facility. Based on these factors, the auditor finds this facility exceeds this standard.</p> |
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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 1.12 Staff Training and Development • MCSO General Order #04 - Discipline, Internal Investigations and Employee Rights • National Institute of Corrections (NIC) Training Certificates for investigative staff (6) • Staff Training Records <p>Interviews:</p> <ul style="list-style-type: none"> • Investigative Staff <p>Findings (By Provision):</p> <p>115.34 (a): The PAQ indicated that the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. MCSO Policy 1.12, Staff Training and Development, page 9, states that specialized training will include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. A review of staff training records provided that the facility investigative staff completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting training. Additionally, five</p> |

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| | <p>criminal investigators from the CMPD provided NIC PREA specialized training certificates. An interview with an agency investigator indicated that they received training specific to conducting sexual abuse investigations in confinement settings through the National Institute of Corrections (NIC). The investigator discussed the PREA: Investigating Sexual Abuse in a Confinement Setting and Advanced Investigations. The training covers investigative techniques, Maranda Rights and Garrity Warnings, interviewing techniques, and other specifics regarding investigations.</p> <p>115.34 (b): A review of the NIC PREA: Investigating Sexual Abuse in a Confinement Setting training indicated that it includes the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. An interview with an agency investigator indicated that the NIC's PREA: Investigating Sexual Abuse in a Confinement Setting covered techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.</p> <p>115.34 (c): The PAQ indicated that the agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. MCSO Policy 1.12, Staff Training and Development, states MCSO will maintain documentation that agency investigations have completed the required specialized training in conducting sexual abuse investigations. A review of the training certificates shows that criminal and administrative investigators completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting training.</p> <p>115.34 (d): The auditor is not required to audit this provision</p> <p>Based on a review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring specialized training for investigators. No corrective action is required.</p> |
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| 115.35 | Specialized training: Medical and mental health care |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 1.12 Staff Training and Development • Wellpath Policy HCD-100_F-06 Response to Sexual Abuse – Mecklenburg NC • National Institute of Corrections (NIC) Training Certificates for Medical and Mental Health Staff |

- MCSO Fundamentals of working in a Detention Facility PowerPoint
- MCSO Fundamentals of working in a Detention Facility Sign-in roster
- Staff Training Records

Interviews:

Medical Staff

- Mental Health Practitioners

Findings (By Provision):

115.35 (a): The PAQ indicated that the agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility reported that the number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy was 5. A review of MCSO Policy 1.12, Staff Training and Development, page 8, indicates that training as it relates to PREA, MSCO shall train all employees who have contact with residents on (b) how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, and (g) how to detect and respond to signs of threatened and actual sexual abuse. Wellpath Policy HCD_F-06 Response to Sexual Abuse – Mecklenburg NC, page 3, provides that upon hire, and annually thereafter, Wellpath employees receive training and instruction that relates to the prevention, detection, response, and investigation of staff-on-patient and patient-on-patient sexual abuse, as well as how to preserve physical evidence of sexual abuse. The policy specifically includes training on, effective and professional response to victims and abusers, preservation of physical evidence, how to elicit, receive, and forward reports of allegations or suspicions of sexual abuse, and reporting/duty to report. The auditor reviewed training certificates from medical and mental health practitioners who completed the National Institute of Corrections (NIC) PREA 201 for Medical and Mental Health Practitioners. An interview with a medical practitioner and a qualified mental health practitioner indicated that medical and mental health staff have received specialized training regarding sexual abuse and sexual harassment via the National Institute of Corrections (NIC) which covers how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how to and whom to report allegations or suspicions of sexual abuse and sexual harassment. The evidence shows that the medical and mental health staff have completed comprehensive specialized training consistent with the requirements of the agency's policy.

115.35 (b): MSCO utilizes Carolina Medical Center and Atrium Health to conduct

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| | <p>forensic examinations. Forensic examinations are not conducted at the facility or by contracted Wellpath medical practitioners. Wellpath Policy HCD-100_F-06 Response to Sexual Abuse – Mecklenburg NC, provides that when health care staff are notified of an incident occurring within the last 72 hours, the QHP will prepare the patient for the 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. Interviews with contracted medical staff confirmed that forensic exams are performed by a SAFE/SANE trained practitioner at Carolina Medical Center and not by Wellpath medical personnel at MCSO.</p> <p>115.35 (c): The PAQ indicated that the agency maintains documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The auditor reviewed staff training files and nine NIC PREA 201 for Medical and Mental Health training certificates for medical and mental health practitioners.</p> <p>115.35 (d): The PAQ indicated that medical and mental health care practitioners receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. The auditor reviewed staff training files and NIC PREA 201 for Medical and Mental Health training certificates for medical and mental health practitioners NIC Practitioners which includes the PowerPoint and sign-in rosters to Fundamentals of working in a Detention Center.</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the agency is fully compliant with this standard requiring specialized training for medical and mental health practitioners. No corrective action is required.</p> |
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| 115.41 | Screening for risk of victimization and abusiveness |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 5.05 Medical Screening • MCSO Policy 4.02 Initial Classification of Residents • MCSO Policy 3.02 Resident Admissions Procedures • MCSO Policy 4.35 PREA Classification • MCSO PREA Screening Form CR 4.35 Attachment 1 • MCSO Primary JICS Classification Tree • MCSO Reassessment of Inmates in Admin. Detention or Protective Custody Form |

- MCSO Receiving Screening with Mental Health Form

Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Staff who Conduct Intake Screening
- Inmate interview

Findings (By Provision):

115.41 (a): The PAQ indicated that all residents are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. A review of MCSO Policy 5.05, Medical Screening, page 2, provides that all arrestees will be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other arrestees or sexually abusive toward other arrestees. MCSO Policy 3.02, Resident Admissions Procedures, provides that intakes screening will ordinarily take place within seventy-two (72) hours of arrival at the facility. The auditor reviewed the Receiving Screening with Mental Health form which has eight questions specific to PREA, the Primary JICS Classification Tree, which provides the decision matrix for housing based on risk, and the Initial Classification, Initial Assessment Questionnaire, which is used as the objective screening tool. Interviews with staff responsible for the risk screening indicated that residents are first screened at arrest processing, again by classification, then again by medical staff. During the site review, the auditor was provided a demonstration of the initial risk assessment due to the lack of arrestees entering the facility during the time of the site review. The initial risk screening was conducted in the arrest processing center. The arrestee is brought into a classification area where visible by staff through a clear glass, but not audible, where they are provided the initial screening questions. The initial PREA screening questions are provided by medical personnel assigned to arrest processing and provided PREA information for reference. The arrestees wait in the waiting area until either a hearing in the court or to be brought to the booking area if ordered to remain. If the resident is brought to booking, the resident is then seen by the arrest processing medical staff again where an assessment is done and classification is notified if any specialized housing assignments are needed. Residents are initially placed in an Orientation Pod to await arraignment. After arraignment, which is usually within one to two weeks, residents are assigned to a housing unit dependent on the residents classification or programming needs. Interviews with inmates indicated that the facility is completing risk assessments as required.

115.41 (b): The auditor reviewed documentation that intake screening ordinarily takes place within 72 hours of arrival at the facility. A review of MCSO Policy 3.02, Resident Admissions Procedures, provides that intakes screening will ordinarily take place within seventy-two (72) hours of arrival at the facility. The facility indicated that

two residents entered the facility within the past twelve months whose stay was for 72 hours or more who was screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. The auditor discussed the number indicated with the PREA Coordinator and the PREA Compliance Manager whom both indicated that it was a mistake and that the correct number should have been 6108, which is equal to 100%. A review of 20 resident files, chosen at random, indicated that all 20 residents had an initial risk assessment completed, a secondary assessment by Classification, and a reassessment conducted within the first 30 days, conducted by medical staff. An interview with staff who perform the risk screening indicated that the initial risk screening is provided to every resident during arrest processing, which confirmed the process being conducted within the first 72 hours by the initial assessment team. The initial assessment assesses for gender identity & prior victimization and is sent to supervisors in housing to make custody level decisions. Interviews with 33 random residents indicated that 27 remembered being asked questions regarding being sexually abused, LGBTI status, or whether they believed they might be in danger of sexual abuse, four stated they did not, and two did not remember. When further questioned, eight residents stated they were asked the questions during processing, 15 stated during intake, two stated during orientation, four did not remember, and four did not know when they were asked. As a caveat, multiple residents stated that they were worried about other things, were intoxicated, or were otherwise concerned and have been questioned several times, so therefore, they could not recall or remember exactly when something was asked.

115.41 (c): The auditor reviewed documentation to ensure that risk assessments are conducted using an objective screening instrument. MCSO Policy 3.02, Resident Admissions Procedures, page 2, indicates that assessments will be conducted using an objective screening instrument. The auditor reviewed the MCSO Receiving Screening with Mental Health Form and the PREA Screening Form which assesses the risk of vulnerability and risk of sexually abusing other inmates. A review of the Risk Screening Assessment indicates that the assessment includes 10 questions related to sexual victimization and 8 questions related to sexual abuse factors. The assessment provides instructions for indicating sexually vulnerable designation and possible predator factors; providing that answers to specific questions provides a score which leads to the designation of "Known Victim", "Potential Victim", "Non-Victim", "Known Predator", "Potential Predator", & "Non-Predator".

115.41 (d): The auditor reviewed documentation to ensure that the facility considers (1) whether the resident has a mental, physical, or developmental disability; (2) the age of the resident; (3) the physical build of the resident; (4) whether the resident has previously been incarcerated; (5) whether the resident's criminal history is exclusively nonviolent; (6) whether the resident has prior convictions for sex offenses against an adult or child; (7) whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) whether the resident has previously experienced sexual victimization; (9) the resident's own perception of vulnerability; and (10) whether the resident is detained solely for civil immigration purposes. MCSO Policy 3.02, Resident Admissions Procedures, page 2, indicates that

assessments will be conducted using an objective screening instrument and the intake screening will consider, at a minimum, the following criteria to assess arrestee for risk of sexual victimization: (1) Whether the arrestee has a mental, physical, or development disability; (2) The age of the arrestee; (3) The physical build of the arrestee; (4) Whether the arrestee has previously been incarcerated; (5) Whether the arrestee's criminal history is exclusively nonviolent; (6) Whether the arrestee has prior convictions for sex offenses against an adult or child; (7) Whether the arrestee has or is perceived to be gay, lesbian, transgender, intersex, or gender non-conforming; (8) Whether the arrestee has previously experienced sexual victimization; (9) The arrestee's own perception of vulnerability; (10) Whether the arrestee is detained solely for civil immigration purposes. A review of the initial sexual predator/vulnerability PREA Screening Checklist provides that the assessment includes questions related to sexual victimization factors including prior victimization, physical disability, mental disability, developmental disability, perception of vulnerability, LGBTI factors, age, physical stature, prior incarcerations, non-violent history, effeminate presentation and history of protective custody. An interview with the staff who performs the risk screening indicated that the initial risk screening consists of yes or no questions that is compiled and viewed for charges, prior convictions, and prior behaviors to assist housing managers make custody level and bedding decisions based on the residents responses. The MCSO risk assessment process is broken into multiple processes, the arrest processing staff has a medical staff member conduct an AP initial interview with each arrestee which includes PREA related questions, the resident is then given an initial assessment questionnaire and a Sexual Predator / Vulnerability PREA Screening with Classification staff who reviews the initial assessment within 72 hours of arrival, and then the resident is given a third assessment with medical staff who ask eight PREA Questions within 14 days of arrival at the facility.

115.41 (e): A review of the AP Initial Classification Record, Initial Assessment Questionnaire, Sexual Predator / Vulnerability PREA Screening Checklist, and the Medical History and Physical Assessment with Mental Health confirms that the screening tools considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence and/or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. An interview with staff who conduct the risk assessment indicated that the initial risk screening consists of eight questions that are received mainly from the Offender Management System (OMS) or DCI and include institutional predatory sexual behavior, current or prior convictions of sexual abuse of a child, current or prior convictions of sexual abuse of an adult, gang affiliation, institutional aggressive behavior, institutional sexual behavior, and perceived masculine stature (biological female).

115.41 (f): The PAQ indicated that within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. MSCO Policy 3.02, Resident Admissions Procedures, page 2, states, within a set time period, not to exceed thirty (30) days from the arrestee's arrival at the facility, the facility will reassess the arrestee's risk of

victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. An arrestee's risk level will be reassessed when warranted due to referral, a request, incident of sexual abuse, or receipt of additional information that bears on the arrestee's risk of sexual victimization or abusiveness. The facility indicated that two residents entered the facility within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake. The auditor discussed the number indicated with the PREA Coordinator and the PREA Compliance Manager whom both indicated that it was a mistake and that the correct number should have been 1450, which is equal to 100%. A review of 20 resident files, chosen at random, indicated that all 20 residents had an initial risk assessment completed, a secondary assessment by Classification, and a reassessment conducted within the first 30 days conducted by Medical staff. An interview with staff who perform the risk screening indicated that the initial risk screening is provided to every resident during arrest processing, which confirmed the process being conducted within the first 72 hours by the initial assessment team and multiple times afterwards including within 14 days by medical staff. Interviews with 33 random residents and multiple informal conversations with residents indicated that residents recalled being asked multiple times questions regarding their criminal and sexual history. Several resident files were reviewed, but 20 resident files were selected at random, onsite, to be reviewed and confirmed that the process of risk screenings were happening multiple times and within the 72 hour and 30 day time frames mandated. The auditor was able to confirm that the process appeared to be happening as MCSO policy and procedures describe while onsite.

115.41 (g): The PAQ indicated that the agency policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. MSCO Policy 3.02, Resident Admissions Procedures, page 2, states that an arrestee's risk level will be reassessed when warranted due to referral, a request, incident of sexual abuse, or receipt of additional information that bears on the arrestee's risk of sexual victimization or abusiveness. An interview with the staff responsible for the risk assessment confirmed that residents are reassessed when warranted due to request, referral, incident of sexual abuse or receipt of additional information. The staff member stated that Classification has more access to information about the residents than the shift captains, but confirmed that reassessment for cause can happen for the reasons described. Interviews with 33 random residents indicated that 14 remember being asked questions multiple times about their criminal and sexual history, 16 stated they did not, and three did not remember.

115.41 (h): The PAQ indicated that residents are not 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. MSCO Policy 3.02, Resident Admissions Procedures, page 2, states arrestees may not be disciplined for refusing to answer or for not disclosing complete information in

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| | <p>response to questions pursuant to paragraphs (c)(1), (c)(7), (c)(8), or (c)(9) of this section. The interview with the staff responsible for risk screening indicated that residents are not disciplined for refusing to answer information or for not disclosing information on the risk assessment.</p> <p>115.41 (i): MCSO Policy 3.02 indicated that the agency has 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 arrestee's detriment by staff or other arrestees. An interview with the PREA Coordinator indicated that the agency has implemented appropriate controls on information from the risk assessment to ensure sensitive information is not exploited, the PC explained that Classification staff, the PC, and PCM have access to risk assessment information after it is completed, which is in locked file cabinets with limited access to need to know. Additionally, the PCM confirmed that Classification staff, the PC, and the PCM are the only staff with access to the risk assessment. During the site review, the auditor spoke with the Director of Classification who indicated that residents classification files are in a locked area of the facility with limited access to staff who do not have a need to know. During the tour, the auditor viewed and confirmed that the classification file area of facility is locked and that all file cabinets were locked. MCSO does have electronic classification and medical files that is also access controlled. During the onsite, the auditor asked detention staff to access residents files to see who was in the facility for what reasons and was advised that detention staff do not have that access.</p> <p>Based on upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring screening for risk of victimization and abusiveness. No corrective action is required.</p> |
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| 115.42 | Use of screening information |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 4.04 Resident Housing Plan • MCSO Policy 6.03 Nondiscrimination • MCSO Policy 4.35 PREA Classification • MCSO General Order #32 – LGBTQIA Encounters • MCSO Policy 4.02 Initial Classification • MCSO Policy 4.04 Resident Housing Plan • MCSO Policy 5.05 Medical Screening • MCSO Policy 4.03 Review of Resident Classifications |

- MCSO Policy 3.05 Inmate Hygiene
- MCSO PREA Screening Form CR 4.35 Attachment 1
- MCSO Primary JICS Classification Tree
- MCSO Reassessment of Inmates in Admin. Detention or Protective Custody Form

Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Staff Responsible for Risk Assessment
- Transgender and Intersex Inmates
- Gay, Lesbian, and Bisexual Inmates

Findings (By Provision)

115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening 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. MCSO Policy 4.35, PREA-Classification, states in its purpose and policy that the Mecklenburg County Detention Center Classification staff will make appropriate designations regarding identified residents with vulnerability or predatory tendencies during the housing and classification process. The procedures indicate that within 72 hours of incarceration, excluding holiday and weekends, the Initial Assessment Team (IAT) will review all collected information provided from the Intake and booking process; and provided by the resident(s). Additionally, the Initial Classification Questionnaire (ICQ) shall be completed to further substantiate determinations made on identified LGBTI residents. Moreover, the residents' current charges, DCI, and past or present institutional behaviors, past or present history of Sexual Assaultive offenses will be considered as part of the housing process. MCSO Policy 5.05, Medical Screening, provides under section IV (7)(8) that all arrestees will be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other arrestees or sexually abusive toward other arrestees. The agency will use information from the risk screening 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. MCSO Policy 4.02, Initial Classification of Residents, indicates on page 7, section B that the Initial Assessment Team (IAT) will determine a resident's initial classification by reviewing the Northpointe Classification System and/or Initial Assessment Questionnaire. The policy continues to breakdown the process and includes reviewing the questions a resident answered yes to relating to sexual abuse, whether the resident has a present charge of a sexual assaultive offense or a history of sexual assaultive behavior/conviction, and gang affiliation. MCSO Policy 4.04 Resident Housing Plan, provides guidelines for identifying residents housing assignments and the criteria for assigning residents to each housing unit. The procedures written provides how the

assignments are provided and are designated by Records staff upon initiation into the Offender Management System (OMS). The Primary JICS Classification Tree provides the Classification breakdown of the primary security level assignment based on charges and known behavior. An interview with the PREA Compliance Manager indicated that information from the risk assessment is completed and reviewed by Classification staff to ensure that residents are placed in appropriate housing assignments. The staff member responsible for conducting the risk assessment stated that the information is used to house residents appropriately. If a resident asks, they can shower separately if they feel uncomfortable or unsafe showering around other residents. A review of inmate files show that the facility does identify whether inmates maybe at risk for vulnerability or risk of being sexually abusive and forwards that information to Classification and Mental Health. The facility did not have any known victims or known perpetrators to review for appropriateness of housing at the time of the onsite.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. MCSO Policy 5.05, Medical Screening, provides under section IV (7)(8) that all arrestees will be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other arrestees or sexually abusive toward other arrestees. The agency will use information from the risk screening 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. MCSO Policy 4.02, Initial Classification of Residents, indicates on page 7, section B that the Initial Assessment Team (IAT) will determine a resident's initial classification by reviewing the Northpointe Classification System and/or Initial Assessment Questionnaire. The policy continues to breakdown the process and includes reviewing the questions a resident answered yes to relating to sexual abuse, whether the resident has a present charge of a sexual assaultive offense or a history of sexual assaultive behavior/conviction, and gang affiliation. MCSO Policy 4.04 Resident Housing Plan, provides guidelines for identifying residents housing assignments and the criteria for assigning residents to each housing unit. The procedures written provides how the assignments are provided and are designated by Records staff upon initiation into the Offender Management System (OMS). The MCSO policy and forms indicate that each individual inmate is assessed on a individual basis. The interview with the staff responsible for the risk assessment indicated that the information from the risk assessment is utilized to house residents appropriately. The PREA Compliance Manager stated that no known victims would be placed in any housing units with any known or potential predators. The risk assessments and housing determinations are both conducted by Classification staff which provides them with overall knowledge of where residents are.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case basis. MCSO Policy 4.35, PREA-Classification states, The Mecklenburg County Detention Center Classification staff will make appropriate designations regarding identified residents with vulnerability or predatory tendencies during the housing and

classification process. Additionally, the policy states that within The Gender Committee shall conduct a hearing, which is to be documented in the Offender Management System (OMS). The Committee shall consider all available information and records when determining gender and appropriate housing. Identified LGBTI residents shall not be placed in segregated or protective custody based solely on their gender and physical characteristics. The identified LGBTI resident shall be present for the hearing regarding both gender designation, classification level, and housing; and has the right to speak and present information. MCSO General Order #32, LGBTQIA Encounters, section (H) states, (1) housing decisions of LGBTQIA residents will be based on the resident's safety and well-being and not the gender identity of the individual. (2) MCSO will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. (3) All programming and required services will be determined on a case by case basis when residents transitioning (male to female or female to male) are classified to a facility. (4) The MCSO Gender Review Committee will conduct a comprehensive review of transgender or gender variety persons in custody to ensure an appropriate level of services and care. The PREA Compliance Manager stated that the agency houses residents by the gender/sex, but does consider the safety, health, and mental health of all residents for their housing needs. When asked further, the PCM elaborated that in general, the agency houses by biological sex, unless someone identifies as transgender, in those cases, the Gender Review Committee gets involved and decides where a resident is housed based on the resident. The PCM stated that there was several transgender male and transgender female residents who came through the facility in the previous twelve months but indicated there were only two currently. One resident stated that they were asked questions about their safety and another stated they were not. Additionally, when asked, both residents stated they were not placed in a housing area identified for only transgender or intersex inmates. The residents indicated that staff were very respectful

115.42 (d): MCSO Policy 4.03, Review of Resident Classifications provides that MCSO will conduct a structured, objective classification review process that will be used to update and review a resident's initial custody level appropriately based on their needs and the safety and security of the facilities. The policy defines the process of reassessment as reviewing one's custody level and or housing. This is done within 60 days of a primary assessment or previous reassessment and in response to changes in resident behavior or circumstances. The policy indicates that Housing Managers will complete reassessments for their housing units on a daily basis by completing a reclassification tree for each reassessment. This process will occur for all general housing residents within 60 days and residents placed on ADU or Protective Custody status will be reassessed as to their ADU or Protective Custody status every seven (7) days for the first sixty days. The resident will be reclassified or reassessed every thirty (30) days thereafter. The PREA Compliance Manager indicated that transgender and intersex residents are reassessed at least every six months related to their safety; a reassessment is conducted every 30 days. The staff responsible for the risk

assessment stated that residents are reassessed primarily by Classification. A review of residents files confirms that residents are assessed and reassessed several times while incarcerated at MCSO.

115.42 (e): MCSO policy 4.35, PREA-Classification, section V (C) states, The HMR shall also consider each LGBTI resident's own views with respect to his or her safety while incarcerated. The interview with the PCM indicated that transgender and intersex residents views, with respect to their safety, are given serious consideration. An interview with the staff who conducts risk assessments confirmed that residents who identify as transgender and intersex views of safety are taken seriously. The interviews with two transgender residents indicated that one was asked and the other stated they were not. A review of documentation indicated that both inmates were asked about their perception of their own safety during the assessment.

115.42 (f): MCSO Policy 3.05, Inmate Hygiene, section IV (D) indicates that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. During the onsite review, it was confirmed that the housing units all have individual stalls for showers that allows for a single individual to shower and change in a stall with a door that does not provide a visual of their buttocks, breast, or genitalia. The shower doors do not go all the way to the ground, so that it provides security staff an opportunity to see that there are one set of feet in the shower, and does not go too high up, so to allow staff to see that there is one individual's head in the shower, but covers the remainder of the torso. Interviews with the PREA Compliance Manager and staff responsible for the risk assessment confirmed that transgender and intersex residents can shower separately once all other residents are secured in their cells or before activities begin for the day. Interviews with transgender residents confirmed that both agreed to being allowed to shower separately from other residents. One transgender resident advised that staff are very respectful and accommodating.

115.42 (g): MCSO General Order #32, LBGTQIA Encounters, section H (2) states, MCSO will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. MCSO Policy 4.02, Initial Classification of Residents, page 2 states, Initial Assessment Team (IAT) assign housing based on levels of security. The Northpointe Classification Tree system is used to assess residents using the following criteria: 1. Maximum Custody Level: Residents assigned to this custody level are those with the highest security level, 2. Medium Custody Level: Residents awaiting trial or sentencing; and 3. Minimum Custody Level. Interviews with the PREA Compliance Manager and the staff responsible for conducting the risk assessment confirmed that the facility does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. A review of housing documentation and residents files confirmed that residents are housed using a Classification matrix through use of the

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| | <p>assessment information collected and are reassessed on a consistent basis.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring the use of screening information. No corrective action is required.</p> |
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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 4.02 Initial Classification • MCSO Policy 4.03 Special Housing • MCSO Policy 4.04 Resident Housing Plan • MCSO Policy 6.18 Sexual Misconduct • MCSO Policy 4.03 Special Housing • MCSO Initial PREA Questionnaire • MCSO PREA Screening Form CR 4.35 Attachment 1 • MCSO Primary JICS Classification Tree • MCSO Reassessment of Inmates in Admin. Detention or Protective Custody Form <p>Interviews:</p> <ul style="list-style-type: none"> • Warden • Staff who supervise inmates in segregated housing • Inmates in segregated housing for PREA allegation <p>Findings (By Provision):</p> <p>115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation 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. MCSO Policy 4.04, Resident Housing Plan, page 2 states, (D) The facility administrator or designee can order immediate segregation when it is necessary to protect a resident or others. This action is reviewed within 72 hours by the appropriate authority in Classification. MCSO Policy 4.35, PREA Classification, section V states, Any identified LGBTI resident the HMR feels may be high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted</p> |

immediately, the resident may be held in involuntary segregated housing for no more than, but less than 24 hours while completing the assessment. Notification to the Gender Committee shall be made as soon as possible. MCSO Policy 4.02, Initial Classification of Residents, states that protective custody is the custody status imposed on those residents requesting or requiring protection from other residents to ensure safety. Often these residents will not need to be housed in a "Protective Custody Unit", but only in a separate housing unit from the individual(s) they need to be separate from. The PAQ indicated that the facility did not place any residents in the previous twelve months in involuntary segregation while awaiting an assessment for risk for safety from likely abusers. Interviews with the Warden confirmed that the facility does not place residents in involuntary segregation. The auditor reviewed files for two residents who reported sexual abuse during the risk screening which confirmed that those residents were not placed in involuntary segregation.

115.43 (b): The PAQ indicated that residents placed in segregated housing at high risk of victimization shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations. MCSO Policy 4.35 PREA Classification, section V states, when a LGBTI resident is placed in "involuntary segregated housing" for more than 24 hours for assessment, the resident shall have access to programs, privileges, education, and work opportunities to the extent possible. If restrictions are applied denying access to programs, privileges, education, or work opportunities, the HMR shall document: 1. The opportunities that have been limited, 2. The duration of the limitation, 3. The reasons for such, limitations, and 4. Notification made to the Gender Committee. MCSO Policy 4.02, Initial Classification of Residents, states that protective custody is the custody status imposed on those residents requesting or requiring protection from other residents to ensure safety. Often these residents will not need to be housed in a "Protective Custody Unit", but only in a separate housing unit from the individual(s) they need to be separate from. The PAQ indicated that the facility did not place any residents in the previous twelve months in involuntary segregation while awaiting an assessment for risk for safety from likely abusers. MCSO policy 4.03, Review of Resident Classifications states that Housing Managers will complete reassessments for their housing units on a daily basis by completing a reclassification tree for each reassessment. This process will occur for all general housing residents within 60 days and residents placed on ADU or Protective Custody status will be reassessed as to their ADU or Protective Custody status every seven (7) days for the first sixty days. The resident will be reclassified or reassessed every thirty (30) days thereafter. Interviews with staff who interview residents in segregation indicated that residents would have access to programs, privileges, education, and work opportunities, if placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse. Additionally, if the facility were to restrict any access to programs, privileges, education, or work opportunities, the facility would document it in the Offender Management System (OMS). The facility indicated that there were no resident placed in involuntary segregation in the previous twelve months. A review of documentation and resident files provided that no residents

were placed in Administrative Detention or Protective Custody for reporting sexual abuse during the risk screening or after reporting sexual abuse while in incarcerated in the previous twelve months.

115.43 (c): The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. During the site review, the auditor visited each Specialize Housing Unit (SHU), which consists of the Disciplinary Detention Unit (DDU), Administrative Detention Unit (ADU), and Protective Custody Unit (PCU) on each floor of the facility. As the auditor walked through the units, there were a minimum of two detention staff in the unit. In informal conversations with staff, the auditor confirmed that there were no residents in any of the segregation units for the purpose of being at high risk of victimization for sexual victimization or separated due to a report of sexual abuse or sexual harassment. Interviews with the Warden and staff who supervise residents in segregated housing if residents are placed in involuntary segregated housing, it would only be until an alternative means of separation from likely abusers can be arranged and no longer than 24 hours. The facility indicated that there were no residents placed in involuntary segregation in the previous twelve months. A review of documentation and resident files provided that no residents were placed in Administrative Detention or Protective Custody for reporting sexual abuse during the risk screening or after reporting sexual abuse while in incarcerated in the previous twelve months.

115.43 (d): The PAQ indicated there have been zero instances where residents have been placed in involuntary segregated housing due to their risk of sexual victimization and as such no files had documentation related to this provision. A review of housing assignments for residents at high risk of victimization indicated that none were housed in the segregated housing unit.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. MCSO Policy 4.04, Resident Housing Plan, page 2 states, (D) The facility administrator or designee can order immediate segregation when it is necessary to protect a resident or others. This action is reviewed within 72 hours by the appropriate authority in Classification. MCSO Policy 4.35, PREA Classification, section V states, Any identified LGBTI resident the HMR feels may be high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the resident may be held in involuntary segregated housing for no more than, but less than 24 hours while completing the assessment. Notification to the Gender Committee shall be made as soon as possible. MCSO Policy 4.02, Initial Classification of Residents, states that protective custody is the custody status imposed on those residents requesting or requiring protection from other residents to ensure safety. Often these residents will not need to be housed in a "Protective Custody Unit", but only in a separate housing unit from the individual(s) they need to be separate from. MCSO Policy 4.03(C)(4), Special Housing states, Classification staff will review the

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| | <p>status of residents confined in protective custody every seven (7) days for the first two (2) months and every thirty (30) days thereafter. Interviews with staff who supervise residents in segregated housing indicated that once a resident is assigned to involuntary segregation, the facility reviews the resident within 72 hours and continues to look for a safe location to relocate the resident. A review of housing assignments for residents at high risk of victimization indicated that none were housed in the segregated housing unit.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring inmates at high risk for sexual victimization not be placed in involuntary segregated housing unless an assessment of available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. No corrective action is required.</p> |
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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 4.02 Initial Classification • MCSO Policy 4.03 Special Housing • MCSO Policy 4.04 Resident Housing Plan • MCSO Policy 6.18 Sexual Misconduct • MCSO Initial PREA Questionnaire • MCSO PREA Screening Form CR 4.35 Attachment 1 • MCSO Primary JICS Classification Tree • MCSO Reassessment of Inmates in Admin. Detention or Protective Custody Form <p>Interviews:</p> <ul style="list-style-type: none"> • Warden • Staff who supervise inmates in segregated housing • Inmates in segregated housing for PREA allegation <p>Findings (By Provision):</p> <p>115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of</p> |

responsibilities that may have contributed to such incidents. MCSO Policy 06.18, Sexual Misconduct/PREA indicated on page 3 that residents may report a sexual assault/abuse to any staff member they trust or to their pod supervisor, Field Training Officer (FTO), Sergeant, Captain, or the Office of Professional Compliance. Page 3 states, MCSO will 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. During the site review, the auditor observed posted signage throughout the facility (e.g., posters, pamphlets, and brochures,). Signage included audit notices, civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The auditor observed signage and posters in both English and Spanish. Interviews with 33 random residents indicated that all could identify the locations of the posters and PREA information, although not all could identify what the purpose of the numbers were for or what they provided. When questioned further, those residents who responded they did not know any information about the numbers have not reported any sexual abuse or sexual harassment. Upon review, all relevant information is available. The Department hotline number (704) 336-7600 is posted throughout the facility on posters which state, "If you are not comfortable making a report to MCSO directly, you can call CMPD at (704) 336-7600". Additionally, the facility has "Zero-Tolerance" posters throughout the facility that provides the right to report, how to report, and victim support services availability (*25 from the resident phones). The auditor tested phones on each floor of the facility and in each Pod. Calls to the reporting line and advocacy services were answered without entering a pin number. When asked, the advocacy advisor (Safe Alliance) indicated the call was not recorded by them and stated that she the facility should not be recording. Interviews with 13 random staff members indicated that residents can report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may contributed to an incident of sexual abuse or sexual harassment through the phone, in writing on the Kiosk, reporting to a family member, or to a staff member. A review of the resident handbook provides to residents ways to report sexual abuse and sexual harassment and includes phone numbers and addresses for advocacy purposes. MCSO utilizes the meal cart as a mail receiving carrier. Per an interview with the Mail Director, staff couriers are used to bring meals around to the Pods three times per day, at that time, mail is collected by the courier and brought to the mail room. The mail from all pods are placed together and taken over to the central mail department and is mailed out. All incoming mail, except legal mail, is received at the central mail department and scanned for contraband. Additionally, reports can be made through the Kiosk and tablet system. During the onsite, the PCM utilized the tablet system to provide the auditor with a visual of how the system works. The PCM sent a test message through the Kiosk System which was received on her Agency cellular phone and verified by the auditor. The auditor verified that the system does not require a name, pin, or PII for an allegation to be sent. Informal conversations with residents and staff confirmed that residents are able to send mail, make calls, and send reports through the kiosk anonymously.

115.51 (b): The PAQ indicated the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. MCSO provides posters throughout the facility which contains contact information for Charlotte-Mecklenburg Police Department (CMPD) at (704) 336-7400 as an outside reporting agency. The posters are both in English and Spanish and are in large print. MCSO and CMPD has an MOU which provides that CMPD are responsible for investigating allegations of sexual abuse within the jurisdictional boundaries of the City of Charlotte. The PAQ also indicated the agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. MCSO indicated that they do not hold residents solely for civil immigration purposes, but did have posters specifically notifying residents of their Consular Notification and Access posted throughout the facility. When requested, the PCM provided the auditor a copy of the CNA manual provided for residents if requested. MCSO policy 06.18, Sexual Misconduct, states on page 4, MCSO will also provide at least one way for inmates to report abuse/assaults or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse/assaults and sexual harassment to MCSO officials, allowing the resident to remain anonymous upon request. Residents 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. Interviews with the PREA Compliance Manager indicated that the facility provides at least one for residents to report to an outside agency and these procedures enable receipt and transmission of reports of sexual abuse and sexual harassment to the agency. The PCM explained that calls to CMPD are directed back to the agency and is investigated by institutional investigators unless there is criminal intent identified, then it is sent back to CMPD to investigate. Interviews with 33 random residents indicated that residents would report sexual abuse or sexual harassment by calling the numbers on the posters or tell a family member. Of the 33 residents who responded, one indicated they did not know if they could remain anonymous.

115.51(c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The PAQ also indicated that staff document verbal reports promptly. MCSO Policy 06.18, Sexual Misconduct/PREA, page 4 states, Staff will accept reports made verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports. Interviews with 13 random staff indicated that staff are required to accept reports made verbally, in writing, and from third parties and document all reports immediately. Interviews with random residents indicated that residents can make reports of sexual abuse or sexual harassment either in person or in writing and could have others make a report for them so they do not have to be named. Of the 33 residents interviewed, two stated they could not make a report in person or in writing, and one refused to answer. The MCSO Resident Handbook, page 5, provides guidance to residents of the importance of reporting immediately, who to report to, confidentiality requirement of staff, how to protect themselves from possible abuse, and all allegations of sexual abuse will

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| | <p>include a full investigation with a final decision issued within 90 days. The facility also has brochures and multiple zero-tolerance posters posted throughout the facility that provides further guidance on reporting and reporting methods. During the tour, the auditor had informal conversations with staff on how they would report a residents allegation of sexual abuse or sexual harassment. The staff indicated they would notify the PCM, but would document on a report at the end of the shift. This is consistent with what has been reviewed in files of investigations.</p> <p>115.31 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. MCSO Policy 6.18, Sexual Misconduct, page 5 states, All allegations of sexual abuse/assault and sexual harassment, including third-party and anonymous reports, will be reported to the facility's designated PREA Compliance Managers and investigators. Interviews with random staff indicated that staff understood that they could report anonymously to their supervisor, the PREA Sgt., through email, call the hotline number (CMPD), or send a note to the PREA Compliance Manager. During the onsite review, informal interviews with staff indicated an understanding of the location of the posters and the reporting numbers to the outside reporting line which was mentioned of several occasions.</p> <p>Based upon a review and analysis of all available evidence presented, MCSO policy, Resident Handbooks, Posters, Brochures, and interviews with residents and staff, the auditor has determined that the agency is fully compliant with this standard requiring resident reporting mechanisms. No corrective action needed.</p> |
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| 115.52 | Exhaustion of administrative remedies |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.06 Resident Grievances and Resident Requests • MCSO Policy 6.18 Sexual Misconduct/PREA • MCSO Policy 6.18A Resident PREA Education • MCSO PREA Flow Chart • MCSO Resident Handbook (English/Spanish) • MCSO 2022-2023 Resident Grievances <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator |

- PREA Compliance Manager
- Grievance Coordinator

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency is not exempt from this standard. MCSO policy 6.06, Resident Grievances, page 6, section 15 states, that complaints against other inmates (protection from harm, being threatened and/or sexually harassed) are reasons that will be identified on the Grievance Log. Section, A through D provides procedures for submitting a grievance of sexual abuse. Based on a review of MCSO policy, the agency is exempt for this standard.

115.52 (b): The PAQ indicated that agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Additionally, it indicated that the policy does not require the inmate to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. MCSO Policy 6.06, Resident Grievances, page 5, states, the agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Section B (2) states, The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Interviews with the PREA Coordinator indicated that any allegations regarding sexual abuse or sexual harassment is immediately diverted from grievance to the PREA Compliance Manager and investigated. Allegations of sexual abuse and sexual harassment does not go through the administrative grievance process, but instead goes through the investigative process for sexual abuse and sexual harassment administrative and criminal procedural process. The auditor requested and received 82 investigations of reports of sexual abuse or sexual harassment and received and 20 grievances of sexual abuse and sexual harassment that did not have an investigation. Of the 82, 11 of the 82 investigations had merit and met the definitions of sexual abuse or sexual harassment as defined by Standard 115.6, Definitions related to sexual abuse. Interviews with the PREA Compliance Manager indicated that of the 20 grievances received, all were immediately reviewed for merit and responded to within 30 days of receipt. Based on a review of MCSO policy, the agency is exempt from this standard.

115.52 (c): The PAQ indicated that the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Additionally, the PAQ indicated the agency's policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. MCSO Policy 6.06, Resident Grievances, page 5, states, An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance is not referred to a staff member who is the subject of the complaint. MCSO provides residents Orientation twice per day, in person, and provides inmates handbooks available through the kiosk and tablet. The PREA Coordinator indicated that any allegations regarding sexual abuse or sexual

harassment is immediately diverted from grievance to the PREA Coordinator and PREA Compliance Manager to be investigated. Allegations of sexual abuse and sexual harassment does not go through the administrative grievance process, but instead goes through the investigative process for sexual abuse and sexual harassment administrative and criminal procedural process. A review of grievance documentation showed that although grievance of sexual abuse or sexual harassment was submitted, the grievance was intercepted by the PREA Compliance Manager and answered. Based on a review of MCSO policy, the agency is exempt for this standard.

115.52 (d): The PAQ indicated that agency policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. MCSO Policy 6.06, Resident Grievances, page 5, states, the agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance. The PAQ indicated that In the past 12 months, there were 75 grievances filed that alleged sexual abuse. The auditor requested and received 82 of reports of sexual abuse or sexual harassment and received 20 grievances of sexual abuse and sexual harassment that did not have an investigation. Of the 82, 11 of the 82 reports had merit and met the definitions of sexual abuse or sexual harassment as defined by Standard 115.6, Definitions related to sexual abuse. Interviews with the PREA Compliance Manager indicated that of the 20 grievances received, all were immediately reviewed for merit and responded to within 30 days of receipt. A review of the grievances provided shows that a response is provided within 30 days. Interviews with residents who reported sexual abuse indicated that residents were provided, in writing, decisions regarding their reports within 30 days. Residents were not sure if the facility was required to tell them of the decision within 90 days or if it took longer than 90 days, the facility should tell them it would take longer. Based on a review of MCSO policy, the agency is exempt from this standard.

115.52 (e): The PAQ indicated that the agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. The MCSO Resident Handbook, page 5, states if a third-party files a request of sexual abuse, the agency shall require that the alleged victim agree to have the incident investigated as well as pursue subsequent steps in the administrative remedy process of the complaint. Based on a review of MCSO policy, the agency is exempt from this standard.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. MCSO Policy 6.06, Resident Grievances, page 5, states, After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency will 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, shall provide an initial response within 48 hours, and will issue a final agency decision

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| | <p>within 5 calendar days. The initial response and final agency decision will document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Based on the PAQ, the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months were zero. Additionally, the PAQ indicated there were 75 grievances in 115.52(e)-3 that had an initial response within 48 hours. Based on a review of MSCO policies and practice, the agency is exempt from this standard.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is exempt from the standard requiring exhaustion of administrative remedies and therefore is fully compliant with this standard. The auditor reviewed the agency policies involving investigating and response to allegations of sexual abuse and sexual harassment along with all resident education and has determined that staff are educated to report all resident reports of sexual abuse and sexual harassment for immediate investigation. Resident education provides that residents can report in multiple ways, but are not educated to report sexual abuse or sexual harassment allegations through the grievance process. During the onsite review and document review process, the auditor observed grievances being diverted from the grievance process to the investigation process promptly, and in most cases, within one day. No corrective action is required.</p> |
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| 115.53 | Inmate access to outside confidential support services |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Resident Handbook (English/Spanish) • MCSO Zero Tolerance Poster (English/Spanish) • MCSO Resident Brochure (English/Spanish) • Safe Alliance Memo <p>Interviews:</p> <ul style="list-style-type: none"> • Safe Alliance • Random Inmates • Inmates who Reported Sexual Abuse <p>Findings (By Provision):</p> |

115.53 (a): The PAQ indicated that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. MCSO Resident Handbook, page 6, provides a list of victim assistance numbers and addresses from Safe Alliance, the Rape, Abuse, and Incest National Network (RAINN), and the National Organization for Victim Assistance. General Pod Orientation is provided to residents twice per day. Orientation provides that sexual misconduct is illegal and residents have the option of reporting such activities through one of the many listed individual staff members or by calling the numbers provided on the bulletin board in the pod; residents and third parties can also report anonymously via housing telephones by dialing *25 which calls the Charlotte-Mecklenburg Police Department. The facility also provides the number to the Charlotte-Mecklenburg Police Department and the MCSO Office of Professional Compliance on the posters and brochures provided throughout the facility. During interviews with 33 random inmates, two of the 33 stated they did not know if there were services available outside of the facility for dealing with sexual abuse. The majority of the inmates were not aware of the specifics of what kind of services that Safe Alliance provided but all stated that the availability of a service was explained to them. Interviews with residents who reported sexual abuse indicated that facility provided mailing addresses and telephone numbers for outside services but they did not know that the number was free or under what circumstances they were able to talk with people who provided the services. It was apparent to the auditor by the overwhelming amount of education provided and limited calls taken by the rape crisis center, that the residents of this facility was not utilizing the services of the advocacy center. The residents were aware of the posters and aware of there being numbers on the posters, but was not able to confidently discuss what the advocacy center does. During the onsite review, the auditor observed posters with information from the advocacy center, Safe Alliance, posted in every pod and throughout the facility with information. The information is not specific to sexual abuse and/or sexual harassment and does not specify what is available to residents. The auditor ensure that Safe Alliance was available through the inmate phone system free of charge. The auditor dialed #25 in each Pod and reached RAINN who transferred the call to Safe Alliance without the use of a PIN or any other identifying code or number. Informal interviews with staff indicated that calls with the advocacy center were not recorded. Interviews with Safe Alliance indicated that they believe that calls from MCSO is not recorded. During the onsite, the auditor had informal conversations with staff in each pod who indicated that residents are allowed to have paper and pencils, and can request on through a staff member if needed. The auditor was able to verify this with several residents, and visually saw residents with paper and writing utensils in their cells. The auditor recommends the facility provides posters from the advocacy center, Safe Alliance, which provides in detail the services available to residents at no charge.

115.53 (b): The PAQ indicated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. An interview with the advocate from Safe Alliance indicated that they notify residents that the call is not recorded. The facility advised that residents are told that calls are not recorded, but the auditor did not see this information in the

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| | <p>handbook or on the signs. The auditor advised that residents are to be notified prior to giving them access. The facility advised that the Pod Orientation and Resident Handbook will be updated.</p> <p>115.53 (c):The PAQ indicated that the agency or facility maintains MOUs or other agreements with community service providers that are able to provide inmates with emotional services related to sexual abuse. It also states that the agency or facility maintains copies of the MOU. The agency has a contract with Safe Alliance, Inc., and maintains a copy of the contract.</p> <p>Based upon the review of analysis of all available evidence, the auditor finds this standard requiring exhaustion of inmate access to outside confidential support services to be fully compliant. No corrective action needed.</p> |
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| 115.54 | Third-party reporting |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Website (www.mecksheriff.com) • PREA Poster throughout the facility <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated the facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment and publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. The PAQ indicated the method is through the agency's website, www.mecksheriff.com. MCSO policy 6.18, Sexual Misconduct/PREA, page 6, states, MCSO will establish a method to receive third-party reports of sexual abuse/assaults and sexual harassment and will distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. Additionally, page 5 states, All allegations of sexual abuse/assault and sexual harassment, including third-party and anonymous reports, will be reported to the facility's designated PREA Compliance Manager and investigators. The facility has multiple zero-tolerance posters that provide residents with information on the right to report, how to report and victim support services. These posters also provides the phone number to Charlotte-Mecklenburg Police Department (704-336-7600) for third party advocates to call if they would like to make a report on behalf of a arrestee or resident of the facility. Included on one of the posters is the phone number (980-314-5192) for MSCO's Office of Professional Compliance and MCSO's PREA Compliance Manager (980-314-5192). On the agency's</p> |

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| | <p>website, www.mecksheriff.com/index.php/prea/, the "How to report sexual abuse at the Mecklenburg County Sheriff's Office" section provides that, "Residents are encouraged to report all allegations of sexual abuse and/or sexual harassment immediately by: Informing any MCSO employee or volunteer, including medical staff; Writing to the Office of Professional Compliance, 900 Elizabeth Ave. Charlotte, NC 28202; or, Contacting the PREA Compliance Manager via a resident grievance form. Additionally, the website provides the following statement, "If you have any information regarding a resident who has been sexually abused in the Mecklenburg County Detention Center, you may report on behalf of a resident by contacting the MCSO PREA Compliance Manager's confidential mailbox where messages may be left anonymously at (980) 314-5192 (adults), (980) 314-5335 (juveniles) or CMPD at (704) 336-7600." The auditor called the number provided for the Charlotte Mecklenburg Police Department which stated it was "311" and to press 2 for the Charlotte-Mecklenburg Police Department. The automated system then directed for non-emergencies to press 2. Once a staff member from CMPD was on the line, the Officer verified that if a third-party reporter called to make a report of sexual abuse at MCSO, they would immediately transfer the caller over to 911 and that MCSO Detention Center Central would be immediately notified of the report. The auditor also left messages with at the 980-314-5192 and received a return call from the PCM the following day stating my call was received.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring the agency to establish a method to receive third-party reports of sexual abuse and sexual harassment. No corrective action is required.</p> |
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| 115.61 | Staff and agency reporting duties |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.18 Sexual Misconduct/PREA • MCSO Investigative Reports • MCSO Flow Charts • CMPD Memo • MCSO Policy 6.06 Resident Grievances • Wellpath Policy 100_F-06-Response to Sexual Abuse |

Interviews:

- Random Staff
- Medical Staff
- Mental Health Practitioners

Findings (By Provision):

115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any 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. MCSO policy 6.18, Sexual Misconduct/PREA, page 5, states, MCSO will require all 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. Interviews with thirteen random staff indicated that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff interviewed indicated that they are required to report immediately to a supervisor or the PREA Coordinator [Sgt], or no later than by the end of the shift. During the onsite review, the auditor conducted informal interviews with staff on the pod and questioned the process of reporting allegations of sexual abuse and sexual harassment. Staff overwhelmingly acknowledged that reports would be directed to supervisors or the PREA Coordinator as soon as possible. Throughout the onsite review process, supervisors routinely entered and exited the pods after conducting welfare checks and unannounced rounds. It appeared that staff would have an opportunity to meet with a supervisor at least once per hour and therefore would be able to report in person to a supervisor. The PREA Coordinator and PREA Compliance Manager both carry facility radios and are available via the radio or agency cellular phones if needed. During the site review, the Agency PREA Coordinator was contacted by institutional staff on several occasions confirming that they are available to staff for immediate response.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. MCSO policy 6.18, Sexual Misconduct/PREA, page 5, states, apart from reporting to designated supervisors or managers, staff will not reveal any information related to a sexual abuse/assault report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. Interviews with thirteen random staff

members confirmed that staff are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with random staff indicated that they would immediately report to their supervisor or the PREA Coordinator.

115.61 (c): MCSO Policy 6.18, Sexual Misconduct states, Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners will be required to report sexual abuse/assault pursuant to paragraph 4 of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Wellpath policy HCD-100_F-06, Response to Sexual Abuse Mecklenburg, NC, page 1 states, all allegations of sexual abuse, sexual harassment, sexual misconduct with or without consent, or staff voyeurism will be promptly and thoroughly reported to the facility administration and will be handled in compliance with state and federal law. Section 6.6 states, Consent of the patient, 18 years of age 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. Interviews with medical and mental health staff indicated that staff does disclose the limitations of confidentiality and their duty to report and that staff understand they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. Of the two staff interview, one staff had become aware and reported an incident of abuse to a supervisor and one had not. Upon speaking with the PCM, the incident the medical personnel reported was already reported by the resident and had already been investigated.

115.61 (d): MCSO Policy 6.18 states, If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency will report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Wellpath policy HCD-100_F-06, Response to Sexual Abuse Mecklenburg, NC, states, consent of the patient, 18 years of age 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. Interviews with the Warden indicated that the facility does not house individuals under the age of 18. Interviews with the PREA Coordinator indicated that the facility does not house individuals under the age of 18, they are held by the North Carolina Department of Juvenile Justice.

115.61 (e): MCSO policy 6.18, Sexual Misconduct/PREA, states, All allegations of sexual abuse/assault and sexual harassment, including third-party and anonymous reports, will be reported to the facility's designated PREA Compliance Managers and investigators. The MCSO PREA Investigations Flow Chart shows that all allegations provided to an officer is to be submitted to a supervisor or the PREA Compliance Manager for investigation. Wellpath policy HCD -100_F-06, Response to Sexual Abuse Mecklenburg, NC, states employees, regardless of title, have a duty to report any sexual contact, sexual abuse, sexual threat, staff voyeurism, or information regarding

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| | <p>inappropriate relationships between staff and a patient. such duty to report will include any allegations, knowledge, or reasonable belief regarding such conduct. Whether an employee knows, suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the Responsible Health Authority (RHA)/Health Services Administrator (HSA), and Facility Administrator. The facility provide 82 investigations that occurred in the previous twelve months. Upon review of the eighty-two investigations, only eleven of the eighty-two investigations had merit or met the definitions of sexual abuse or sexual harassment as provided by the Prison Rape Elimination Act National Standards, Standard 115.6.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring staff and agency reporting duties. The facility has policies and procedures that requires all of its employees and contractors to report any knowledge, suspicion or information regarding sexual abuse or sexual harassment to a supervisor or the PREA Compliance Manager immediately. It is apparent to this auditor through the onsite observation and documentation review that the facility quickly reviews and investigates all allegations of sexual abuse and sexual harassment and responds to residents promptly. No corrective action needed.</p> |
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| 115.62 | Agency protection duties |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 4.35 PREA Classification • MCSO Policy 6.18 Sexual Misconduct/PREA • MCSO Policy 4.03 Special Housing • MCSO Resident Handbook • Review of segregation documentation <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Warden • Random Staff <p>Findings (By Provision):</p> <p>115.62 (a): The PAQ indicated that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to</p> |

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| | <p>protect the resident. MCSO policy 6.18, Sexual Misconduct, states, jail staff will verify an alleged victim without jeopardizing the inmate's safety identity and confidence by: removing the alleged victim/inmate from the area and referring the inmate to the appropriate personnel for treatment. The policy requires staff to report immediately, not to reveal any information related to the sexual abuse/assault report to anyone other than to the extent necessary, separation of the alleged victim from the alleged assailant, and to protect the victim by ensuring medical and mental health care. Interviews with the Agency Head indicated that the facility shift PREA Investigator is responsible for investigating and reporting their findings to the PREA Compliance Manager. The investigation is conducted immediately, and everyone involved are responsible for documenting any occurrences. The Agency Head indicated that the resident receives priority on where they are housed base on their classification status and other factors that would keep them separate from the alleged perpetrator. An Interview with the Warden indicated that facility would take immediate action when they learned that a resident is subject to a substantial risk of imminent sexual abuse. Interviews with thirteen random staff confirmed that all thirteen would take immediate action and notify their supervisor. Several staff members mentioned they would keep the resident separated from whomever they felt was the threat until classification could have them housed in another pod.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring agency protection duties. Not correction action plan required.</p> |
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| 115.63 Reporting to other confinement facilities | |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <p>Pre-Audit Questionnaire MCSO Policy 6.18 Sexual Misconduct/PREA MCSO PREA Flow Chart MSCO PREA Investigations Memo MSCO Resident Handbook</p> <p>Interviews:</p> <p>Agency Head Warden</p> <p>Findings (By Provision):</p> <p>115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon</p> |

receiving an allegation that a resident was sexually abused while confined at another facility, the head of that facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. MCSO Policy 6.18, Sexual Misconduct/PREA, page 6, states, upon receiving an allegation that an inmate was sexually abused/assaulted while confined at another facility, MCSO will notify the head of the facility or appropriate office of the agency where the alleged abuse/assault occurred and will notify the appropriate investigative agency. The PAQ indicated that in the past 12 months, the number of allegations the facility received that a resident reported at another facility was two. The PREA Compliance Manager confirmed that she emailed the facility where the allegation occurred within 72 hours of notice of report.

115.63 (b): The PAQ indicated that the agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. MCSO policy 6.18, states on page 5, such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation.

115.63 (c): The PAQ indicated the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. MCSO policy 6.18, Sexual Misconduct/PREA, states, MCSO will document that it has provided such notification. A review of documentation indicated that the facility had one resident who notified they had a allegation at another institution and reported and responded within 72 hours of the report.

115.63 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. MCSO policy 6.18, Sexual Misconduct/PREA, states, the facility head or agency office that receives such notification will ensure that the allegation is investigated in accordance with these standards. The PAQ indicate that in the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was twice. A discussion with the PREA Compliance Manager indicated that this number was wrong and that there was only one report from another institution from a person who was not housed at MCSO Detention Center Central. An interview with the Agency Head confirmed that there have been PREA incidents reported from other facilities in the past but was not familiar with the specifics of the allegations. The facility head was sure they were notified and that the facility head of the facility where the allegation allegedly occurred was notified. The interview with the Warden confirmed that if they received an allegation that a resident was abused while housed at MCSO, they would immediately investigate the allegation. The Warden stated that the PREA Coordinator and the PREA Compliance Manager are notified and given all information from the reporting agency to conduct an immediate investigation. Additionally, there was an example of another facility reporting an allegation. The NC Department of Adult Correction notified the PREA Coordinator regarding an alleged allegation that took place at Detention Center Central. The case was closed as unfounded.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with the standard requiring reporting to other confinement facilities, No corrective action needed.

| 115.64 | Staff first responder duties |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.18 Sexual Misconduct/PREA • Wellpath Policy HCD-100_F-06 Response to Sexual Abuse – Mecklenburg NC • MCSO PREA Investigations Memo <p>Interviews:</p> <ul style="list-style-type: none"> • Security Staff First Responders • Non-Security First Responders • Inmates who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an resident was sexually abused, the first security staff member to respond to the report shall; 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 and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. MCSO policy 6.18, Sexual Misconduct/PREA, states, upon learning of an allegation that an resident 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, If the abuse/assault occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; If the abuse/assault occurred within a time period that still allows for the collection of physical evidence, request that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. A review of documentation confirmed none of the sexual abuse allegations involved first responder duties. Interviews with security first responders confirmed that security staff would separate the victim and perpetrator and keep both from destroying potential evidence. An interview with non-security first responder indicated that they would immediately notify a supervisor and security regarding the allegation. The interview with a resident who reported sexual abuse indicated that someone responded to them soon</p> |

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| | <p>after they reported through the kiosk system and they were taken to medical and was seen. The accusation was against a special team at the institution and he would see the individuals occasionally.</p> <p>115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. MCSO policy 6.18, Sexual Misconduct/PREA, states, if the first staff responder is not a security staff member, the responder will be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ indicated that during the previous twelve months, there were zero allegations of sexual abuse. A review of records of investigations and grievances found there to be no reports of abuse that have merit and fit the definition of sexual abuse as defined by Standard 115.06. An interview with security staff who are first responders indicated that if a resident reported, they would separate that victim from the perpetrator, keep both from destroying potential evidence, and report the event to the supervisor. Interviews with thirteen random staff confirmed that they would separated the victim from the perpetrator, secure the scene, notify the supervisor, and notify the investigator or PREA Compliance Manager. An Interview with non-security first responders confirmed that they would notify security staff, ensure the victim was separated from the perpetrator, and inform the victim not to destroy evidence by showering, eating, drinking, etc. A review of documentation showed that of the 82 reports provided, one report was provided to medical that was already reported to staff that was investigated and closed prior to the report being provided to medical.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring a Staff first responder duties. No corrective action required.</p> |
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| 115.65 | Coordinated response |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.18 Sexual Misconduct/PREA • MCSO General Order #02 Rules of Conduct • MCSO PREA Flow Chart • MCSO MOU with CMPD • MCSO MOU with Safe Alliance <p>Interviews:</p> |

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| | <p>Warden</p> <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The Mecklenburg County Sheriff's Office PREA Flow Chart is the agency's institutional response plan. The flow chart outlines the duties, notifications, and responses of staff, first responders, and leadership, as prescribed in MCSO Policy 6.18, Sexual Misconduct (page 5), and follows provisions in General Order #2, Rules of Conduct. Investigations of staff are conducted by the Office of Professional Compliance (administrative) and the Charlotte-Mecklenburg Police Department, Medical and Mental Health is provided by Wellpath, and are all covered within the Flow Charts for Resident on Resident Sexual Assault and Staff on Resident Sexual Assault. The facility provided the Memorandum of Understanding (MOU) between CMPD and MCSO which provides that CMPD will conduct sexual abuse allegations within the jurisdiction of Charlotte-Mecklenburg County which includes the the Mecklenburg County Detention Center. Additionally, the Flow Chart provides that Wellpath will notify Victims Services (Safe Alliance). This confirms that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. In an interview with the Warden, it was confirmed that the facility has a institutional coordinated response plan to coordinate actions taken to incidents of sexual abuse.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring a coordinated response. No corrective action needed</p> |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head <p>Findings (By Provision):</p> |

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| | <p>115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. Although the PAQ indicated that the facility has a collective bargaining agreement or other agreement, interviews with the PREA Compliance Manager and the PREA Coordinator indicated that this was mistakenly chosen as a response to the question and that the Mecklenburg County Sheriff's Office does not have a collective bargaining agreement. An interview with the Agency Head confirmed that the agency does not have a collective bargaining agreement or any other agreement on the agency's behalf since the last PREA Audit.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring the preservation of ability to protect inmates from contact with abusers. No corrective action needed</p> |
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| 115.67 | Agency protection against retaliation |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.18 Sexual Misconduct/PREA • Monitoring for Retaliation - Wellness Check Notes <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Warden • Designated Staff Charged with Monitoring Retaliation • Inmates in Segregated Housing • Inmates who reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.67 (a): The PAQ indicated the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. MCSO policy 6.18, Sexual Misconduct/PREA, page 7, states, MCSO will establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by</p> |

other residents or staff, and will designate which staff members or departments are charged with monitoring retaliation. The PAQ indicated the PREA Compliance Manager is responsible for retaliation monitoring of residents, witnesses and staff.

115.67 (b): MCSO Policy 6.18, Sexual Misconduct/PREA, states MCSO will employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. A review of documentation confirmed that residents who reported allegations of sexual abuse or sexual harassment were moved in multiple reports. In multiple reports, staff were kept from working on particular pods until the conclusion of the investigation. Of the 82 reports provided, only 11 reports had merit or met the definitions provided by Standard 115.6, definitions of sexual abuse. Interviews with the Agency Head, Warden and Staff responsible for monitoring retaliation all indicated that protection measures would be taken if an resident or staff member expressed fear of retaliation. The Agency Head stated that MCSO has a policy in place that protects both staff and residents from retaliation of sexual abuse or sexual harassment. The Warden confirmed the agency policy and added that the victim would be transferred from their abuser to another housing unit or placed in protective custody if deemed necessary. If an employee is accused as the abuser, they will not have any contact with the victim pending an investigation. The resident will be monitored for 90 days, however, if monitoring is needed to be extended, it will be. The PREA Compliance Manager was identified as the staff member responsible for monitoring of staff. The facility reported there were no residents in segregated housing for reporting sexual abuse or sexual harassment in the previous 12 months. A review of housing documentation by the auditor did not reveal that any residents had been segregated for reporting. In an interview with a resident who reported sexual abuse, the resident refused to answer the question regarding retaliation monitoring and instead want to discuss other matters. The auditor reviewed documentation from the previous 12 months which provided that the PCM and supervisors conducted status checks on residents who reported sexual abuse and sexual harassment. The PREA Compliance Manager explained that these status checks is how monitoring for retaliation is documented at MCSO.

115.67 (c):The PAQ Indicated that the agency/facility monitors the conduct and treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. MCSO policy 6.18, Sexual Misconduct/PREA, page 7, states, for at least 90 days following a report of sexual abuse, MCSO will monitor the conduct and treatment of residents or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and will act promptly to remedy any such retaliation. Items MCSO will monitor include any

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| | <p>resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ indicated that there had been zero instances of retaliation in the previous twelve months. An interview with the Warden indicated that if a resident is suspected of retaliation, then the victim would be removed from that housing location and transferred to another housing location, unless protective custody is deemed necessary. An investigation would be completed, and if retaliation is found, then that resident would be held accountable and transferred to the disciplinary detention unit pending a hearing. An interview with staff responsible for monitoring indicated that the PCM looks for request to be moved, behavior reports, refusals, and medical or mental health requests and other behaviors that differ from the individuals normal behavior. The PCM stated she monitors the conduct and treatment of residents and staff for approximately 90 days as per the standard, but also checks periodically on individuals for as long as they are in custody or employed to ensure they do not need anything or that their status does not change due to the report. The PCM states she is the individual who initiates contact with the person who makes the report. The PAQ indicated there were zero reports of retaliation in the previous 12 months. A review of the 82 reports provided did not indicate any reports of retaliation.</p> <p>115.67 (d): MCSO Policy 6.18, Sexual Misconduct/PREA states, In the case of residents, such monitoring will also include periodic status checks. A review of monitoring documentation confirmed that the staff conducted periodic status checks during the monitoring period. These checks, as confirmed by the PREA Compliance Manager, included face to face checks with residents.</p> <p>115.67 (e): MCSO Policy 6.18, Sexual Misconduct/PREA, states, If any other individual who cooperates with an investigation expresses a fear of retaliation, MCSO will take appropriate measures to protect that individual against retaliation. An interview with the Agency Head confirmed that individuals involved who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The Agency Head stated that Safety and security for all parties involved is paramount, but elaborated on the protection of the victim. The Warden stated that retaliation monitoring is done for residents and staff and mental health and Chaplain services are always available to all staff and residents.</p> <p>115.67 (f): The Auditor is not required to audit this provision</p> <p>Based on the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with standard requiring agency protection against retaliation. No correction action needed.</p> |
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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

Documentation:

- Pre-Audit Questionnaire
- MCSO Policy 4.35 PREA Classification
- MCSO Policy 4.02, Initial Classification of Residents
- MCSO Policy 404, Resident Housing Plan

Interviews:

- Warden
- Staff who supervise Residents in Segregated Housing
- Inmates in Segregated Housing

Findings (By Provision):

115.68 (a): The PAQ indicated the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse 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. MCSO Policy 4.02, Initial Classification of Residents, states that protective custody is the custody status imposed on those residents requesting or requiring protection from other residents to ensure safety. Often these residents will not need to be housed in a "Protective Custody Unit", but only in a separate housing unit from the individual(s) they need to be separate from. MCSO Policy 4.04, Resident Housing Plan, page 2 states, (D) The facility administrator or designee can order immediate segregation when it is necessary to protect a resident or others. This action is reviewed within 72 hours by the appropriate authority in Classification. MCSO Policy 4.35, PREA Classification, section V states, Any identified LGBTI resident the HMR feels may be high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the resident may be held in involuntary segregated housing for no more than, but less than 24 hours while completing the assessment. Notification to the Gender Committee shall be made as soon as possible. An interview with the Warden confirmed that the agency has a policy prohibiting placing residents at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas unless an assessment has been determined that there are no available alternative means of separation from potential abuses. The Warden identified the policy and stated that residents who are identified are not put in involuntary segregation based on policy 4.35, PREA Classification, unless an assessment for all available alternative has been made. If a resident has to be placed in involuntary confinement, the resident will be placed no longer than 24 hours or if the stay is more than 24 hours, they will be assigned only until an alternative means of separation from likely abusers can be arranged, but no longer than 30 days. An

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| | <p>interview with staff who supervise residents in segregation indicated that residents in administrative segregation have access to programs, privileges, education, and work opportunities. The staff also indicated that if the facility would restrict access to programs, privileges, education, or work opportunities, this actions would be documented. The staff indicated that residents are only placed in involuntary segregated housing only as an emergency move, if necessary for 24 hours if no other placement is available, and for no longer than 24 hours. The staff also indicated that they would review every 72 hours (constant review) with classification and staff to continue to look for a safe space. There were no residents identified as being segregated for reporting or being at risk for possible victimization. A review of documentation for the previous 12 months indicated that no residents were placed in involuntary segregation for risk of victimization.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring post-allegation protective custody. No corrective action needed.</p> |
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| 115.71 | Criminal and administrative agency investigations |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.18 Sexual Misconduct/PREA • MCSO General Order #04 Discipline, Internal Investigations and Employee Rights • Criminal Investigative Reports • Administrative Investigative Reports • NIC Specialized Training Certificates • CMPD MOU • CMPD Sexual Assault Unit SOP • MCSO Flow Chart <p>Interviews:</p> <ul style="list-style-type: none"> • Warden • PREA Coordinator • PREA Compliance Manager • Investigators • Inmates who reported sexual abuse <p>Findings (By Provision):</p> |

115.71 (a): The PAQ indicated the agency/facility has a policy related to criminal and administrative agency investigations. MCSO policy 6.18, Sexual Misconduct/PREA, page 5, states that the MCSO will follow procedures for inmates who have been sexual assaulted or threatened with sexual assault and instructs that the Flow Chart for Sexual Assaults Resident/Resident and Sexual Assault Staff/Resident is followed. The MCSO Flow Chart directs the path of investigations of resident on resident sexual abuse and resident on resident sexual assault allegations. MCSO General Order #4, states the Office of Professional Compliance (OPC) serves as the investigative entity responsible for investigating allegations of employee misconduct. Investigations shall be appropriately documented, promptly investigated, and conducted in a timely, legal and ethical manner. The CMPD Memorandum of Understanding provides that CMPD is responsible for investigating all allegations of sexual assault within the jurisdiction of the City of Charlotte. The CMPD provided the standard operating procedure for the Sexual Assault Unit which provides that the SAU detectives will respond to a sexual assault case, to include the crime scene when requested by the SAU Sergeant, will supervise the collection of evidence, will review the preliminary investigation conducted by the reporting officer, attempt to locate, identify, and interview all victims and witnesses, and will attempt to interview suspects. The facility indicated that they investigated 48 reports of sexual abuse and/or sexual harassment. Of the 48 reports, six were resident on resident sexual abuse, 11 were resident on resident sexual harassment, there were 12 reports of staff on resident sexual abuse, and 19 reports of staff on resident sexual harassment. Of the 48 cases investigated, four were substantiated, 17 were unsubstantiated, and 27 were unfounded. During the onsite, the facility provided 82 reports of sexual abuse and/or sexual harassment that were reported in the previous twelve months. A review of the 82 reports provided that only eleven of the eighty-two reports met the definitions of sexual abuse or sexual harassment as defined by the Prison and Jail Standards, Standard 115.6, definitions for sexual abuse. Of the eleven allegations, there was one report of resident on resident sexual abuse, five reports of inmate on resident sexual harassment, three allegations of staff on resident sexual abuse and two allegations of staff on resident sexual harassment. Of the 82 reports, the majority of the reports were reports of staff asking resident to remove obstructions from the windows of their cells which residents allege were up to block the view while they used the toilet inside of their cells. This is a violation of MCSO policy and would not allow the officer to conduct safety and security checks. Another common theme of reports were third party reports of rumors of consensual relationships between residents and residents reporting pat or strip searches they did not agree with. An interview with an investigator indicated that allegations are investigated immediately and anonymous or third-party reports of sexual abuse or sexual harassment are investigated in the same manner as all other reports of sexual abuse and sexual harassment.

115.71 (b): The PAQ indicated that where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34. MCSO Policy 1.12, Staff Training and Development, page 9, states, Agency investigators will be trained in conducting sexual abuse investigations in confinement settings; Specialized training will include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse

evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral; MCSO will maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. MCSO provided certificates for investigators from the Charlotte-Mecklenburg Police Department and MCSO who have complete specialized training from the National Institute of Corrections. An interview with an investigator confirmed that they did receive training specific to conducting sexual abuse investigations in confinement settings by the National Center of Investigations (NIC). The investigator stated they took both the the investigations training and the advanced. The investigator described the training as providing training on separation and proper protocols when an allegation is made, along with techniques for interviewing, Miranda and Garrity warnings, Sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. During the interview, the investigator advised that if a case had any evidence that the actions appeared to be criminal, it would be referred to the PREA Coordinator or OPC to be forwarded to CMPD for a Criminal Case, the shift investigators would not investigate any criminal elements of the case. Additionally, the investigator stated that OPC would investigate staff actions or failures to act. The investigator stated that they would get the evidence and log it in the report and OPC would interview the staff member if there were allegations against the staff that appeared to be substantiated.

115.71 (c): The CMPD Memorandum of Understanding states that CMPD collects physical evidence and affords all victims access to forensic medical examinations. MCSO Policy 1.12, Staff Training and Development, page 9, states, Agency investigators will be trained in conducting sexual abuse investigations in confinement settings; Specialized training will include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral; MCSO will maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. MCSO does not conduct criminal investigations. Per the agreement with CMPD, CMPD is responsible for investigations of all allegations of sexual assault within the jurisdictional boundaries of the City of Charlotte and the unincorporated areas of Mecklenburg County, including the detention facilities. A review of investigation files confirmed that all available resources (i.e., video recordings, documents, testimonial evidence) is gathered during administrative investigations and are made available to CMPD upon request. Of the 82 files reviewed only approximately 27 did not have video of the area during the time of the allegation available for review. Of those, none of those reviewed met the definition of sexual abuse or sexual harassment as defined by the Prison and Jail Standards, Standard 115.6, definitions of sexual abuse. For example, several of the reports made were complaints that staff would not allow residents to leave their windows covered while they were using the toilet in their cell. These were individual one-time complaints (not repeated) regarding an action that the auditor found put resident themselves out of agency policy by blocking the view into the cell which did not allow the officer to make health and safety checks effectively. Although reported

as sexual harassment due to the officer requesting that the blockage be taken down, these and several other allegations of sexual harassment do not meet the definition of sexual harassment as defined by the Prison and Jail Standards. Interviews with investigators indicated that they would start an investigation immediately following an allegation of sexual abuse or sexual harassment by interviewing the victim and witnesses, checking video, and writing a report on what was discovered. The investigator stated they would use direct and circumstantial evidence gathered from the residents (victim/witnesses) uniform, statements, video, and face cards. MCSO is only responsible for administrative investigations, so institutional investigators would not be responsible for any DNA evidence or physical evidence collected from sexual abuse victims; This would be collected by CMPD.

115.71 (d): MCSO does not conduct criminal investigations. MCSO only conducts administrative investigations, and therefore, does not conduct compelled interviews. MCSO has an agreement with CMPD to conduct Criminal Investigations.

115.71 (e): An Interview with a facility investigator confirmed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not be determined by the person's status as resident or staff. The agency does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The investigator stated the MCSO does not have a polygraph machine and they do not know if CMPD uses one for residents or staff in Criminal Investigations, but one is not used in administrative investigations. A review of documentation provided that no residents were required to take a polygraph test in any of the 82 investigative files provided. An interview with a resident who reported sexual abuse confirmed that they did not have to take a polygraph test.

115.71 (f): A review of 82 investigative files concluded that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. An interview with a facility investigator concluded that all evidences is turned over to OPC for review and determination whether staff actions or failures to act contributed to the allegations of sexual abuse. The investigator stated that the use of video footage, witness statements, from the victim, witnesses, and perpetrator, and face cards, are used in written reports. The office of Professional Compliance (OPC) handles staff investigations, the facility investigators handle the investigations and provides the reports to the PREA Coordinator and PREA Compliance Managers to forward to OPC and/or CMPD for review. Of the reports received, two reports of resident on resident sexual harassment was substantiated, and one report of staff on inmate sexual abuse was substantiated. The substantiated report of staff misconduct included a report that a resident and a staff member and an inappropriate relationship where the two had inappropriate phone conversation that were over heard by MCSO staff. During those conversations, the staff overheard the two discuss sharing kisses, but this was not observed or admitted to by either party during interviews. The written report explains that staff overheard the accused contractor state that she wanted the

resident to enter the cooler. During interviews, the resident stated he never entered the cooler with the contractor. The contractor was relieved of duty and the resident was notified of the completion and results of the investigation.

115.71 (g): CMPD Sexual Assault Unit SOP states on page 3 that SAU detectives will review all cases upon assignment, Review reports of evidence submitted, contact or attempt to contact the victim, treat all victims, witnesses, and suspects with respect, complete follow-up and supplemental reports as requested, adequately investigate all cases until a case decision is approved. The SOP includes follow-up investigation case procedures that includes a review ow preliminary investigation, attempt to locate, identify, and interview all victims and witnesses, attempt to interview all suspects, including a background check and arrest histories and other reported offenses , prepare and conduct phone or body lineups, ensure collection and analysis of physical evidence, and present the case to the papering district attorney in a logical and orderly manner. Interviews with an investigator confirmed that criminal investigations are documented. The investigator stated, everything is documented, all statements, video footage, witness statements, and summaries, are included in the case file. During the onsite, the audit observed that files are access controlled electronically. Informal conversations with the PREA Compliance Manager indicated that PREA case files are kept off-site in a separate office building where the PC and PCM is housed and digital files are accessed controlled by permission. This was confirmed during the onsite review by the auditor when requesting random staff to access resident files while in the pods and being told that only staff with specific access can access folders and files in the system.

115.71 (h): CMPD Sexual Assault Unit SOP states on page 3 that SAU detectives will review all cases upon assignment, Review reports of evidence submitted, contact or attempt to contact the victim, treat all victims, witnesses, and suspects with respect, complete follow-up and supplemental reports as requested, adequately investigate all cases until a case decision is approved. The SOP includes follow-up investigation case procedures that includes a review ow preliminary investigation, attempt to locate, identify, and interview all victims and witnesses, attempt to interview all suspects, including a background check and arrest histories and other reported offenses , prepare and conduct phone or body lineups, ensure collection and analysis of physical evidence, and present the case to the papering district attorney in a logical and orderly manner. MCSO does not conduct Criminal Investigations. The PAQ indicated that there were two cases referred for prosecution within the last 12 months. Upon discussion with the PREA Coordinator and PREA Compliance Manager, there were no cases referred for prosecution. There was one substantiated case of sexual abuse in the previous twelve months which involved staff misconduct involving a contractor and a resident where there were suspected inappropriate conversations and a alleged kiss. The contractor was terminated for violation of the agency's zero-tolerance policies.

115.71 (i): MCSO policy 6.18, Sexual Misconduct/PREA states, MCSO will maintain sexual abuse data collected pursuant to section L (Data Collection) for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. Per the PREA Compliance Manager, PREA files and information are stored

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| | <p>where only they have access and will not be destroyed or removed. CMPD Sexual Assault Unit SOP states significant and/or high-profile cases, whether open or closed, will be maintained indefinitely at the discretion of the SAU sergeant or chain of command.</p> <p>115.71 (j): An interview with investigators confirmed that the investigation proceeds the same when a victim who alleges sexual abuse or sexual harassment or an alleged abuse leaves the facility prior to a completed investigation.</p> <p>115.71 (k): Auditor is not required to audit this provision.</p> <p>115.71 (l): CMPD Sexual Assault Unit SOP, page 6, states, detectives will maintain open communications with other investigative units as well as internal and external support units and/ or agencies. The CMPD MOU states CMPD is responsible for investigating all allegations of sexual abuse within the jurisdictional boundaries of the City of Charlotte and the unincorporated areas of Mecklenburg County. These areas include all detention facilities operated by the Mecklenburg County Sheriff's Office. CMPD collects physical evidence and affords all victims access to forensic medical examinations. Select members of the CMPD Sexual Assault Unit have completed PREA Training offered by the Mecklenburg County Sheriff's Office. Discussions with the PREA Coordinator confirmed that there is a liaison for CMPD for MCSO to ensure constant communication between the two agencies. The liaison for MCSO is the PREA Coordinator and the liaison for CMPD is the Lieutenant of the Special Victims Division.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring criminal and administrative agency investigations. The auditor has reviewed eighty-two investigative files and found that of the eight-two files, only eleven fit the definitions provided by the Prison and Jail Standards. No corrective action needed</p> |
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| 115.72 | Evidentiary standard for administrative investigations |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.18 Sexual Misconduct/PREA • MCSO General Order #04 Discipline, Internal Investigations and Employee Rights <p>Interviews:</p> |

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| | <ul style="list-style-type: none"> • Investigative Staff • Inmates who reported sexual abuse <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. MCSO General Order #4, page 9, states, The Mecklenburg County Sheriff's Office imposes no higher standard than a preponderance of the evidence in determining whether any allegations of employee misconduct are sustained. The preponderance of the evidence standard is also applicable to complaints filed under the Prison Rape Elimination Act (PREA) and subsequent investigations as it relates to staff and resident allegations of sexual abuse or sexual harassment. A review of investigative reports indicated that eleven of eighty-two investigative reports completed within the last twelve months met the definitions of sexual abuse or sexual harassment as defined by the Prison and Jail Standards. A review of these investigations indicated that two of these investigations were substantiated and the remaining nine were completed with findings of unsubstantiated or unfounded. A review of the reports indicated that the findings were based on the available evidence from camera footage, victims statements, witness statements, and/or other available evidence. Interviews with an investigator confirmed that preponderance of the evidence was the evidentiary standard used in making the determination of substantiated, unsubstantiated, or unfounded, when determining the disposition of each case.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring an evidentiary standard for administrative investigations. No corrective actions needed.</p> |
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| 115.73 Reporting to inmates | |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.18 Sexual Misconduct/PREA • MCSO General Order #04 Discipline, Internal Investigations and Employee Rights • MCSO PREA Outcome Letter • MCSO Investigative Files • CMPD Memo |

Interviews:

- Warden
- Investigative Staff
- Inmates who reported sexual abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. MCSO Policy 6.18, Sexual Misconduct/PREA, page 5, states, following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The facility provided eighty-two investigations of sexual abuse and/or sexual harassment from the previous twelve months, of the eighty-two, eleven allegations were found to meet the definitions of sexual abuse and/or sexual harassment as defined by the Prison and Jail Standards. A review of the the eleven allegations shows that all eleven investigative files have written notifications to the victim with whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. An interview with the the Warden indicated that the facility PREA Compliance Manager will notify the resident of the findings after an investigation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded. An interview with an investigator concluded that residents are provided a disposition at the conclusion of the investigation. An interview with an inmate who reported sexual abuse indicated that they received a disposition at the conclusion of the investigation.

115.73 (b): As presented in the CMPD MOU, CMPD conducts criminal investigations for MCSO. MCSO policy 6.18, Sexual Misconduct/PREA, states If the agency did not conduct the investigation, it will request the relevant information from the investigative agency in order to inform the inmate.

115.73 (c): The PAQ indicated that following a resident's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever, the staff member is no longer posted within the 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 within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. MCSO Policy 6.18, Sexual Misconduct/PREA, page 5, states Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency will subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) 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 within the facility or; The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The facility reported 82 cases of sexual abuse and/or sexual harassment during the previous twelve months. Of the eighty-two case, eleven case met the definitions of sexual abuse as defined by the Prison and Jail Standards. Of the eleven case, one case of staff misconduct was substantiated which involved a contractor who was terminated for an inappropriate conversation with a resident. A review of the notification letter concluded that the letter did not include information on whether the staff member was terminated, no longer employed by the agency, no longer posted within the resident's unit, or had been convicted on a charge related to the sexual abuse within the facility. A discussion with the PCM indicated that the PREA Staff is, at times, notified after the fact and will notify the resident verbally once they are notified. This has been the practice, but the written notification of findings is normally provided to the resident with the findings of the investigation and the information regarding the removal of staff provided and documented. The facility did not have any reported sexual abuse allegations where an officer was terminated and notification was required as per the standard. An interview with an inmate who reported sexual abuse within the facility refused to answer the question regarding notification.

115.73 (d): The PAQ indicated that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. MCSO Policy 6.18, Sexual Misconduct/PREA, page 5, states, 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 or; The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. An interview with a resident who reported sexual abuse at the facility concluded with resident refusing to answer questions regarding being notified about the alleged abuser being charged or convicted.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. MCSO policy 6.18, Sexual Misconduct/PREA, page 6, states, all such notifications or attempted notifications will be documented. A review of documentation provided by MCSO confirmed that the agency provides notification in writing to residents.

115.73 (f): Auditor is not required to audit this provision.

Based upon the review and analysis of all available evidence the auditor finds that the facility is compliant with this standard requiring reporting to residents following an investigation into an allegation of sexual abuse. No corrective action needed.

| 115.76 | Disciplinary sanctions for staff |
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| | <p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 488 376">Documentation:</p> <ul data-bbox="331 443 1417 768" style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.18 Sexual Misconduct/PREA • MCSO General Order #02 Rules of Conduct • MCSO General Order #04 Discipline, Internal Investigations and Employee Rights • MCSO General Order #18 Sexual Harassment and Other Prohibited Employment Practices • MCSO Employee resignation letter <p data-bbox="256 813 587 846">Findings (By Provision):</p> <p data-bbox="256 880 1477 1373">115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. MCSO General Order #18, page 1, provides that Violators of this policy will be subject to appropriate disciplinary action up to and including termination of employment. MCSO General Order #04, Discipline, Internal Investigations and Employee Rights, states the first violation in Category A can result in any appropriate corrective action including termination. MCSO General Order #2, Rules of Conduct, states no employee shall intentionally subject any fellow employee or citizen to any verbal or physical harassment of a sexual, ethnic, racial, disability, or religious nature and falls under Category A. A discussion with the PCM confirmed that residents of the Mecklenburg County Detention Center Central are considered/included in "citizens" under the language of this directive.</p> <p data-bbox="256 1417 1469 2078">115.76 (b): The PAQ indicated that In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies where zero. A review of documentation indicate that two staff members were found to have violated the agency zero tolerance policies and were terminated. Of the two staff members, one was an officer accused and substantiated for voyeurism and one contractor for having and inappropriate relationship that included inappropriate conversations, pet names, and alleged kissing. The case of voyeurism involved an allegation by a resident who stated an officer made inappropriate comments towards him as well as performed a sexual act on himself while assigned in the residents living area. After a thorough investigation, it was concluded that the officer was seen on the video monitor and did not appear to perform any sexual acts on himself or on the victim. The investigation also concluded that the officer in this case made misleading statements. The case was substantiated and the employee resigned from MCSO. The auditor does not agree with the findings of the report based on the allegation itself. The victim alleged that the staff member made inappropriate comments and performed sexual acts but the investigation itself did not find any</p> |

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| | <p>evidence to confirm the allegations. In the investigation involving a resident and a contractor, the allegation involved a third party report that a resident and a kitchen employee (contractor) had an inappropriate relationship. The two were separated and phone calls and video were reviewed. It was found that the resident was having phone conversations with the contractor that included the two calling each other pet names and was overheard discussing a previous event of kissing. The investigation included witness statements, camera footage, photographs, phone call records, and a written report. The allegation was substantiated and the contractor was terminated and barred from reentering the facility.</p> <p>115.76 (c) The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. MCSO General Order #4 states the final disposition shall be made by the Sheriff or his designee after considering the recommendation of the Chain of Command Review Board. The first violation in Category A can result in any appropriate corrective action including termination. The PAQ also indicated that in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse) is zero. A review of documentation provided that no other employee was disciplined for any findings of sexual abuse or sexual harassment violations.</p> <p>115.76 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies where zero. Based on a review of investigation files, no 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 were reported to law enforcement agencies due to there being no activity clearly being criminal.</p> <p>Based upon the review and analysis of all available evidence, the auditor has found the facility compliant with this standard requiring disciplinary sanctions for staff. No corrective action needed.</p> |
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| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Documentation:

- Pre-Audit Questionnaire
- MCSO Policy 6.18 Sexual Misconduct/PREA
- MCSO Policy 10.01 Volunteer Program

Interviews:

Warden

Findings (By Provision):

115.77 (a): The PAQ indicated the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. MCSO policy 10.01, Volunteer Program, page 4, states, Any Contractor or Volunteer who engages in sexual abuse will be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, policy 10.01, states, In case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures and will consider whether to prohibit further contact with residents. The PAQ indicated that in the past 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. A review of eight-two investigative files provided that there were two substantiated cases. One involving an allegation of sexual misconduct of an officer and one involving an inappropriate relationship between a contractor and a resident. In the substantiated case between the resident and the contractor, the contractor was terminated and barred from reentering the facility. The case was not criminal in nature so therefore did not need to be reported to local police.

115.77 (b): The PAQ indicated the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. MCSO Policy 10.01, Volunteer Program, page 4, states, in case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures and will consider whether to prohibit further contact with residents. In the event a volunteer is removed from the program: The appropriate notations will be made in the volunteer's file; The volunteer will be removed from the approved list; Detention; Administration and MCSO Human Resources will be notified; Front lobby personnel will be notified; Volunteers will surrender their Sheriff's Office identification card at any time upon. An interview with the Warden indicated that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility would remove the individual from the facility and prohibit further contact with residents. This would include phone calls, letters, and visits, if necessary.

Based upon the review and analysis of all available evidence, the auditor finds the facility fully compliant with the standard requiring corrective action for contractors

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| | and volunteers. No corrective action needed. |
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| 115.78 | Disciplinary sanctions for inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.01 Resident Rules and Sanctions • MCSO Policy 6.18 Sexual Misconduct/PREA • Wellpath Policy HCD-100_F-06 Response to Sexual Abuse – Mecklenburg NC • MCSO Investigative Reports <p>Interviews:</p> <ul style="list-style-type: none"> • Warden • Medical practitioners • Mental Health Staff <p>Findings (By Provision):</p> <p>115.78 (a): The PAQ indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding of guilt that an inmate engaged in inmate-on-inmate sexual abuse. MCSO policy 6.01, Resident Rules and Sanctions, states, A resident violating any facility rule or regulation will be subject to disciplinary action under the provisions of this policy. (D) A record will be maintained of the hearing including witnesses heard, evidence considered and the disposition. This record will be maintained indefinitely in the resident’s central file if the resident is found guilty of or pleads guilty to the violation. The PAQ indicated that in the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility were zero. A review of investigative reports indicated that there were no substantiated reports of inmate-on-inmate sexual abuse in the previous 12 months.</p> <p>115.78 (b): MCSO policy 6.01, Resident Rules and Sanctions, states, sanctions will be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. An interview with the Warden confirmed that all residents are subject to the formal disciplinary process which can lead to sanctions that are up to sixty (60) [In DDU] days per incident as well as filing criminal charges. The Warden stated that sanctions are proportionate and are imposed for similar offenses by other inmates with similar histories. The warden also stated that whenever a resident is transferred to a disciplinary unit, medical personal is notified</p> |

to confirm that a resident is mentally healthy / stable to be housed in a disciplinary unit. Mental Health is verified with the Mental Health PREA Team to determine if the mental disability or mental illness will deteriorate if placed in a disciplinary unit. If this is the case, the resident will be placed in a different housing unit. A review of eighty-two investigative files concluded with no evidence of residents being placed in a disciplinary unit for violation of the agency's zero-tolerance policy.

115.78 (c): MCSO utilizes Wellpath for medical and mental health services. Wellpath policy HCD-100_F-06, Response to Sexual Abuse -- Mecklenburg, NC, states on page 9, If the facility identifies an alleged perpetrator of the abuse (through means such as placement in a Segregation Unit, issuing a disciplinary report, or filing of criminal charges), a mental health staff member will follow up with this individual and assess adjustment to his or her current situation. If the individual is placed in Segregation, mental health staff will continue to monitor adjustment issues at least weekly via the Segregation rounds process. The staff member assigned to this duty shall not be the same person assigned to any ongoing follow-up with the victim of the abuse. In an interview with the Warden, the Warden stated that sanctions are proportionate and are imposed for similar offenses by other inmates with similar histories. The warden also stated that whenever a resident is transferred to a disciplinary unit, medical personal is notified to confirm that a resident is mentally healthy / stable to be housed in a disciplinary unit. Mental Health is verified with the Mental Health PREA Team to determine if the mental disability or mental illness will deteriorate if placed in a disciplinary unit. If this is the case, the resident will be placed in a different housing unit. A review of eighty-two investigative file concluded with no evidence of residents being placed in a disciplinary unit for violation of the agency's zero-tolerance policy.

115.78 (d): The PAQ indicated that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. MCSO policy 6.01, Resident Rules and Sanctions, page 6, states, If MCSO offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, MCSO will consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. A review of investigative files concluded that there were not substantiated cases of inmate-on-inmate sexual abuse.

115.78 (e): The PAQ indicated that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. MCSO Policy 6.01, Resident Rules and Sanctions, page 7, states that MCSO will discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact. A review of investigative files for the previous 12 months concluded that no residents were placed in disciplinary detention for sexual conduct with staff.

115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report

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| | <p>of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. MCSO Policy 6.01, Resident Rules and Sanctions, page 7, states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. A review of investigative files provided no evidence that residents received disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred.</p> <p>115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between inmates. MCSO Policy 6.01, Resident Rules and Sanctions, page 7 states that MCSO may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. MCSO may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>Based upon the review and analysis of all available evidence, the auditor finds this standard requiring disciplinary sanctions for inmates fully compliant. No corrective action needed.</p> |
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| 115.81 | Medical and mental health screenings; history of sexual abuse |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 5.05 Medical Screening • Wellpath Policy HCD-100_F-06-Response to Sexual Abuse – Mecklenburg NC • MCSO Resident Classification Initial Assessment Questionnaire • MCSO Resident Informed Consent Form • MCSO Initial Classification Form • MCSO Inmate Records <p>Interviews:</p> <ul style="list-style-type: none"> • Medical Staff • Inmates who Disclose sexual victimization at risk screening • Staff responsible for risk screening <p>Findings (By Provision):</p> <p>115.81 (a): The PAQ indicated all inmates at this facility who have disclosed any prior</p> |

sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. Wellpath policy 100-F-06, Response to Sexual Abuse, page 5, states that all patients will be screened within 14 days of intake for potential and/or history of sexual victimization or abusiveness and need for treatment as a component of the health history and assessment conducted by qualified health care staff. Section 6.19.4, states, Mental health staff will offer ongoing follow services. If the patient refuses such services, the patient will be informed that a mental health staff member will follow up in 14 days to determine if the patient is functioning adequately and offer any follow-up services. All encounters will be documented in the patient's health record, including any refusals of follow-up services. According to the PAQ, In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was 100%. A review of documentation provides that medical and mental health staff use a variety of forms, along with electronic health records to record medical referrals and meetings. Interviews with two residents who disclosed victimization during risk screening stated that they were asked if they wanted to meet with a doctor after disclosing. A meeting with a staff member who is responsible for the risk screening confirmed that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting is conducted with a medical and/or mental health practitioner. A review of documentation indicates that the forms are not considered "secondary" materials as they are a part of the residents files. The forms used include the Initial Classification Form, Initial Assessment Questionnaire, Sexual Predator/Vulnerability PREA Screening Checklist, and the AP Initial Classification Record.

115.81 (b): MCSO Detention Center Central is a Jail and not a Prison, therefore, this provision is not applicable.

115.81 (c): The PAQ indicated that If the resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensures that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Wellpath Policy 100-F-06, Response to Sexual Abuse, page 5, states that all patients will be screened within 14 days of intake for potential and/or history of sexual victimization or abusiveness and need for treatment as a component of the health history and assessment conducted by qualified health care staff. Section 6.19.4, states, Mental health staff will offer ongoing follow services. If the patient refuses such services, the patient will be informed that a mental health staff member will follow up in 14 days to determine if the patient is functioning adequately and offer any follow-up services. All encounters will be documented in the patient's health record, including any refusals of follow-up services. According to the PAQ, In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was 100%. A review of documentation provides that medical and mental health staff use a variety of forms, along with electronic health records to record medical referrals and meetings. Interviews with two residents who disclosed victimization during risk screening stated that they were

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| | <p>asked if they wanted to meet with a doctor after disclosing. A meeting with a staff member who is responsible for the risk screening confirmed that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting is conducted with a medical and/or mental health practitioner.</p> <p>115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Wellpath Policy 100-F-06, Response to Sexual Abuse, page 5, 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. Wellpath medical and mental health staff utilize an electronic medical health record system which is access controlled. Hardcopy documentation is stored in resident files in the Records Storage, in Classification, which is locked and accessed controlled. During the onsite review, the auditor visited the Classification department which was locked at the entry. Inside, the residents files were locked inside of multiple file cabinets. These records are not available to custody level staff.</p> <p>115.81 (e): Wellpath policy 100-F-06, Response to Sexual Abuse, page 4, states consent of the patient, 18 years of age 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. An interview with a medical practitioner confirmed that they obtained informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting, including an informed consent process for residents under the age of 18.</p> <p>Based upon the review and analysis of all available evidence, the auditor find the facility fully compliant with this standard requiring medical and mental health screenings; history of sexual abuse. No corrective action needed.</p> |
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| 115.82 | Access to emergency medical and mental health services |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Wellpath Policy HCD-100_F-06 Responding to Sexual Abuse – Mecklenburg NC • Wellpath Policy HCD-100_A-01 Access to Care – Mecklenburg NC • Wellpath Policy HCD-100_G-04 Therapeutic Relationship, Forensic Information, and Disciplinary Action |

- Wellpath Policy HCD-100_B-06 Contraception – Mecklenburg NC
- Secondary materials describing access to services

Interviews:

- Medical and Mental Health Staff
- Inmates who reported sexual abuse
- Security and non-security staff first responders

Findings (By Provision):

115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Wellpath policy 100-F-06, Response to Sexual Abuse, states in the policy section that prompt and appropriate health intervention will take place in the event of a sexual abuse in an effort to minimize medical and psychological trauma. Wellpath policy 100-A-01, Access to Care, page 1 reads under purpose, This policy is intended to ensure that patients have access to care to meet their serious medical, dental, and mental health needs. The Responsible Health Authority (RHA) / Health Services Administrator (HSA) is required to identify and eliminate any unreasonable barriers, intentional or unintentional, to patients receiving health care. Additionally, the policy states, the RHA/HSA ensures that patients have access to medical, dental, and mental health care. Patients are seen in a timely manner by a health care professional and receive health care services for serious medical, dental, and mental health conditions. During the onsite review, the auditor observed all areas of the facility, to include the medical area and the sick call areas in each pod. The medical area had multiple exam rooms and holding cells for single cell residents and residents in crisis. Each of the cells in the medical area had large windows where the residents can be seen by the medical staff and/or the detention officers. An interview with a resident who reported sexual abuse indicated that they were seen by medical staff and was offered mental health services. Interviews with medical and mental health care staff confirmed that residents do receive timely and unimpeded access to emergency medical and mental health crisis intervention services. The auditor reviewed investigative reports, along with medical documentation which indicated that there were two residents seen for sexual abuse allegations. Of those two reports, both residents were seen on the same day of the report.

115.82 (b): Wellpath policy 100-F-06, Response to Sexual Abuse states that whenever an employee knows, suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the Responsible Health Authority (RHA / Health Services Administrator (HSA), and Facility Administrator. MCSO has 24/7 medical and mental health care covered by Wellpath contractors. Residents are immediately escorted to medical upon notification of an allegation of sexual abuse. A review of documentation confirmed that resident victims of sexual abuse were seen by medical staff immediately. The interview with the security first responder confirmed that the security staff would first need to separate the victim from the abuser and make sure they are protected and

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| | <p>monitored. Staff indicated that they would notify the shift supervisor, ensure the area was secured, ensure the victim was separated from the abuser, ensure the victim and perpetrator do not destroy evidence, and provide a written report by the end of the shift. An interview with a non-security first responder from medical indicated that they would notify security as soon as possible, ensure the victim was safe, instruct the victim not to destroy evidence, and provide a written report to their supervisor.</p> <p>115.82 (c): The PAQ indicated that residents victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Wellpath policy 100-B-6, Contraception, page 1, states Patients, both male and female, are screened for high-risk sexual behavior as part of the intake. Wellpath policy 100-F-06. Response to Sexual Abuse, page 7, states Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate. Emergency contraception is available to female victims of sexual abuse. Interviews with Medical and Mental Health staff confirmed that victims of sexual are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. A review of documentation revealed that there were no reports of sexual abuse that required a resident receive information about access to emergency contraception or sexually transmitted infection prophylaxis. Interviews with a resident who reported sexual abuse indicated that they were not provided information regarding emergency contraception or sexually transmitted infection prophylaxis. The resident stated that he was groped during a search and therefore did not need any information about contraception or STI prophylaxis.</p> <p>115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Wellpath policy 100-A-100 Access to care, page 2, states, no fees are assessed for patient treatment arising from sexual abuse or when health care staff initiate the care.</p> <p>Based upon the review and analysis of all available evidence, the auditor finds this standard, requiring access to emergency medical and mental health services, fully compliant. No corrective action necessary.</p> |
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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Documentation: |

- Pre-Audit Questionnaire
- MCSO Policy 6.18 Sexual Misconduct/PREA
- Wellpath Policy HCD-100_F-06-Responding to Sexual Abuse – Mecklenburg NC
- Wellpath Policy HCD-100_A-01-Access to Care – Mecklenburg NC
- Inmate Medical Records or secondary documentation

Interviews:

- Medical and Mental Health Staff
- Inmates who reported sexual abuse

Findings (By Provision):

115.83 (a): The facility offers 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. Wellpath policy 100-F-06, Response to Sexual Abuse, page 8 states, 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. Services may be provided through sick call, chronic care clinics, and regular annual health examinations. Arrestees are provided a screening upon entry into MCSO Detention Center Central through arrest processing. Screening is completed by medical and classification personnel in a confidential area of the facility within the arrest processing area. After initial intake, residents are seen by medical and mental health practitioners within 14 days of intake. Intake questions include questions specific to previous sexual abuse within a prison, jail, lockup, or juvenile facility.

115.83 (b): Interviews with Medical staff indicated that the evaluation and treatment of residents 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. Wellpath policy 100-F-06, Response to Sexual Abuse, states on page 8 that if needed, a treatment plan will be developed regarding any additional medical follow-up required. Mental health staff will offer ongoing follow-services. Residents who reported sexual abuse indicated that the resident did not require medical treatment or follow-up care, but did see mental health practitioners.

115.83 (c): Wellpath policy 100-F-06, Response to Sexual Abuse, page 8, states, 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. An interview with medical staff indicated that medical and mental health services are offered consistently with the community level of care. Medical staff indicated that residents who report sexual abuse are sent out to the local hospital for treatment and forensic evidence collection.

115.83 (d): Wellpath policy 100-F-06, Response to Sexual Abuse, page 7, states, Prophylactic treatment and follow-care for sexually transmitted or other

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| | <p>communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate. Emergency contraception is available to female victims of sexual abuse. An interview with a resident who reported sexual abuse was not applicable to the provision. There were no reports of females who were victims of sexual abuse that would have required a female resident to take a pregnancy test.</p> <p>115.83 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Well-path policy 100-B-06, Contraception, states, continuing contraception is available after receiving screening, after a recent sexual assault that carries the risk of unwanted pregnancy, and when medically necessary. An interview with a medical practitioner confirmed that if a pregnancy results from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services. In interview with a resident who reported sexual abuse indicated that this inmate was not applicable for this provision. A review of documentation indicated that no female residents were victims of sexual abuse that needed comprehensive information about pregnancy related medical services.</p> <p>115.83 (f): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Wellpath policy 100-B-06, states in the policy statement that patients, both male and female, are screened for high-risk sexual behavior as part of the intake screening process. For women who are on a method of contraception at intake, continuation of contraception is considered and made available as clinically indicated. Wellpath policy 100-F-06, Response to Sexual Abuse, Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate.</p> <p>115.83 (g):The PAQ indicated that treatment services are 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. Wellpath policy 100-A-01, Access to Care, page 2, states, no fees are assessed for patient treatment arising from sexual abuse or when health care staff initiate the care.</p> <p>115.83 (h): Auditor not required to audit this provision, MCSO Detention Center Central is a Jail.</p> <p>Based upon the review and analysis of all the available evidence, the auditor finds this standard fully compliant requiring ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action needed.</p> |
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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |

Documentation:

- Pre-Audit Questionnaire
- MCSO Policy 6.18 Sexual Misconduct/PREA
- MCSO Sexual Abuse Incident Review Meeting Minutes
- MCSO Investigative Files
- MCSO Incident reports
- MCSO Facility Development Chart

Interviews:

- Warden
- PREA Compliance Manager
- Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ indicated the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. MCSO policy 6.18, Sexual Misconduct/PREA, page 7 states, the facility will conduct a sexual abuse/assault incident review at the conclusion of every sexual abuse/assault investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. A review of documentation indicated that the facility conducted incident reviews for 55 allegations of sexual abuse and/or sexual harassment. Of the 82 allegations provided by the facility the auditor found that 11 of the 82 met the definitions of sexual abuse and/or sexual harassment as described in Standard 115.6, Definitions of Sexual Abuse. Of the 11 files, there was one resident-on-resident sexual abuse allegation (unsubstantiated), five resident on resident sexual harassment allegations (one substantiated, three unsubstantiated, one unfounded), three allegations of staff-on-resident sexual abuse (one substantiated, two unsubstantiated), and two allegations of staff-on-resident sexual harassment (one unsubstantiated, one unfounded).

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. MCSO policy 6.18, Sexual Misconduct/PREA, states on page 7 that such review will ordinarily occur within 30 days of the conclusion of the investigation. A review of the 11 files, there was one resident-on-resident sexual abuse allegation (unsubstantiated), five resident on resident sexual harassment allegations (one substantiated, three unsubstantiated, one unfounded), three allegations of staff-on-resident sexual abuse (one substantiated, two unsubstantiated), and two allegations of staff-on-resident sexual harassment (one unsubstantiated, one unfounded). MCSO conducts incident reviews on a monthly basis when applicable. A review of provided Sexual Abuse Incident Review Meeting Minutes and discussions with the PREA Compliance Manager provided that incident reviews are conducted on a monthly basis.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. MCSO policy 6.18, Sexual Misconduct/PREA, states on page 7, The review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. A review of sexual abuse incident review meeting minutes indicates that meetings included security supervisors, medical and mental health practitioners, classification staff, and investigators. An interview with the Warden indicated that the facility does and a sexual abuse incident review team that includes upper-level management officials and allows for input form line supervisors, investigators, and medical or mental health practitioners. The facility provided the facility organizational chart which shows that the PREA Coordinator and PREA Compliance Manager report direct to the Facility Administrator (Sheriff's Major).

115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. MCSO policy 6.18, Sexual Misconduct/PREA, page 8 provides that the facility will prepare a report of its findings, including but necessarily limited to determinations pursuant to paragraphs 4a through 4e of this section, and any recommendations for improvement and submit this report to the Facility Commander and PREA Compliance Manager. A review of documentation of sexual abuse incident reviews provides that the incident review is a written report and includes recommendations for improvement. In interview with the Warden, the Warden indicated that the information from sexual abuse incident reviews determines if there needs to be any changes to policy and/or procedures. The Warden indicated that sexual abuse incident team considers whether the incident the incident or allegation was motivated by race, ethnicity, gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status, gang affiliation, and/or other group dynamics at the facility; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assesses the adequacy of staffing levels in that area during different shifts; and assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. An interview with the PREA Compliance Manager indicated that the facility conducts sexual abuse incident reviews and prepares a report its findings from the reviews. The PCM stated that she completes a incident report for each incident and discusses all substantiated and unsubstantiated incidents on a monthly basis. The PCM indicated that all reports are forwarded to her for review and she has not noticed any trends. Interviews with a member of the incident review team, the staff member indicated that race and gender is not a factor and stated that the incident review team does discuss cases on a case-by-case basis to advise if improvements are needed. The incident review team member indicated that the adequacy of staffing levels in the area during different shifts and the review team assesses whether monitoring technology should be deployed or augmented.

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| | <p>115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. MCSO policy 6.18, Sexual Misconduct/PREA, page 8, indicates that the facility will implement the recommendations for improvement or will document its reasons for not doing so. A review of documented incident reviews provided that there were no recommendations for improvement that required implementation.</p> <p>Based upon the review and analysis of the evidence provided, the auditor finds this standard requiring sexual abuse incident reviews fully compliant. No corrective action needed. Upon review of the minutes for the monthly incident reviews, the auditor determined that the facility goes above and beyond the requirement of the standard requiring Sexual Abuse Incident Reviews. The facility provided documentation that shows that the facility does incident reviews for all Substantiated, Unsubstantiated, Unfounded, and general reports or grievances of sexual harassment, even if the allegation does not meet the definitions of sexual abuse. Additionally, during the Sexual Abuse Incident Reviews, the documentation provides that the PREA Coordinator and PREA Compliance Manager utilizes the meetings to conduct training/updates on a PREA related topics and data reviews. The auditor finds that the facility exceeds the requirements of this standard.</p> |
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| 115.87 | Data collection |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.18 Sexual Misconduct/PREA • MCSO Annual Report 2020 • MCSO Website (www.mecksheriff.com) <p>Findings (By Provision):</p> <p>115.87 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. MCSO policy 6.18, Sexual Misconduct/PREA, page 8, states MCSO will collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. A review of the facility's 2022 annual report provides that the facility has a standard set of definitions of sexual abuse and sexual harassment. The PREA Compliance Manager indicated that all data is collected and inputted on an spread sheet, which is aggregated for its annual report.</p> |

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| | <p>115.87 (b): The PAQ indicated the agency aggregates the incident-based sexual abuse data at least annually. MCSO policy 6.18, Sexual Misconduct, page 8, states MCSO will total the incident-based sexual abuse data at least annually.</p> <p>115.87 (c): The PAQ indicated the The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. MCSO Policy 6.18, Sexual Misconduct, page 8, states The incident-based data collected will include, at a minimum, the data necessary to answer questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>115.8 (d): The PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. MCSO policy 6.18, Sexual Misconduct, page 8, states MCSO will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PCM indicated that to her knowledge, MCSO has not been requested to complete the SSV. The facility PCM has only been in this position for a year.</p> <p>115.87 (e): MCSO does not contract for confinement of residents, therefore this provision is not applicable.</p> <p>115.87 (f): Informal interviews with the PREA Coordinator and PREA Compliance Manager indicated that the DOJ has not requested agency data.</p> <p>Based upon the review and analysis of all available evidence, the auditor finds this standard requiring data collection fully compliant. No corrective action needed.</p> |
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| 115.88 | Data review for corrective action |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.18 Sexual Misconduct/PREA • MCSO Annual Report 2020 • MCSO Website (www.mecksheriff.com) <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • PREA Coordinator |

- PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identifying problem areas, taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. MCSO policy 6.18, Sexual Misconduct/PREA, page 8 states, MCSO will review data collected and totaled pursuant to section J (Data Collection) in order to assess the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: a. Identifying problem areas; b. Taking corrective action on an ongoing basis; and c. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. An interview with the Agency Head indicated that any information or data submitted that could improve or prevent sexual assaults from occurring will be communicated with staff to better the detention center and increase security. Interviews with the PREA Coordinator and PREA Compliance Manager indicated that the facility collects and aggregates data pursuant to 115.87 in order to assess and improve the effectiveness of its zero-tolerance policy. The facilities Management Analyst Team aggregates data on a routine basis and is reported in the agency's annual report. The annual report of findings documents its data review and any corrective actions for the facility, which is provided yearly and posted on the agency's website.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. MCSO policy 6.18, Sexual Misconduct/PREA, page 9 states the 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. A review of the facilities 2022, and 2020 annual reports so that the facility compared the current year's data and those from 3 prior years. The facility did not include a corrective action plan as the facility indicated that they were fully PREA Compliant since there last PREA Audit in 2019.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website. MCSO policy 6.18, Sexual Misconduct/PREA, page 9 states the report will be approved by the Sheriff and made readily available to the public through its website. A review of the agency's website at www.mecksheriff.com provides that the annual report is available to the public. The annual report is signed by the Agency head on the first page. An interview with the Agency Head indicated that he approves the annual report on a yearly basis once it is reviewed by the agency's chain of command from the PREA Coordinator.

115.88 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where

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| | <p>publication would present a clear and specific threat to the safety and security of the facility. MCSO policy 6.18, Sexual Misconduct, page 9 states MCSO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. An interview with the PREA Coordinator indicated that the annual reports only details the number and type of allegations within that year. the agency does not give specific details on each type of allegations. A review of the agency's 2022 annual report provides that there is no personal identifying information or incident specific details that could identify a victim or resident.</p> <p>Based on the review and analysis of all available evidence, the auditor finds this standard requiring data review for corrective action fully compliant. No corrective action needed.</p> |
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| 115.89 | Data storage, publication, and destruction |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Policy 6.18 Sexual Misconduct/PREA <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. MCSO policy 6.18, Sexual Misconduct/PREA, page 9 states that MCSO will ensure that data collected pursuant to section L (Data Collection) are securely retained. An interview with the PREA Coordinator(PC) indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse policies. The PC stated that all data is collected and aggregated securely on an assess controlled computer and system and the agency makes corrective action on an ongoing basis based on the collected data. A review of documentation showed that there were no substantiated or unsubstantiated cases that required corrective action or no recommendations for policy or changes to practices.</p> <p>115.89 (b): The PAQ indicated that the agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its</p> |

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| | <p>website. MCSO policy 6.18, Sexual Misconduct/PREA, page 9 states MCSO will make all collected 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. MCSO does not contract with any private facilities and does not have any other facilities under its control other than Detention Center Central. A review of the agency's website (www.mecksheriff.com) confirmed that the agency provides an annual report with collected sexual abuse data available to the public. Additionally, MCSO policy 6.18 states on page 9 that MCSO will maintain sexual abuse data collected pursuant to section L (Data Collection) for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. MCSO Policy 6.18, Sexual Misconduct/PREA, states on page 9 that before making collected sexual abuse data publicly available, MCSO will remove all personal identifiers. A review of the 2022 MCSO Annual Report provided that the report has no personal identifiers.</p> <p>115.89 (d): A review of the agencies 2020 and 2022 annual reports shows that the agency provided aggregated data for each year from 2017 - 2022.</p> |
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| 115.401 | Frequency and scope of audits |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • MCSO Website (www.mecksheriff.com) • MCSO audit report 2019 <p>Findings (By Provision):</p> <p>115.401 (a): The Mecklenburg County Sheriff's Office (MCSO) Detention Center Central is the Jail for Mecklenburg County and completed an audit for PREA Compliance in 2019. A review of the agency's website provides that the agency posted their last audit in compliance with the provision</p> <p>115.401 (b): he Mecklenburg County Sheriff's Office (MCSO) Detention Center Central is the Jail for Mecklenburg County and completed an audit for PREA Compliance in 2019. A review of the agency's website provides that the agency posted their last audit in compliance with the provision.</p> <p>115.401 (h)-(m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to retain physical and electronic copies of all documents; was permitted to conduct private</p> |

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| | <p>interviews and was able to receive confidential information/correspondence from inmates. The facility provided the auditor with photos of the audit announcement which was placed throughout the facility six weeks prior to the on-site portion of the audit. During the on-site portion of the auditor observed the audit announcement posted in housing units and common areas in bright pink and green paper. In formal conversation with residents confirmed that the audit announcements were posted several weeks prior to the audit. The auditor confirmed the audit announcements posted were the same ones that were sent to the agency to post by the auditor.</p> |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Findings (By Provision):</p> <p>115.403(f): The facility was previously audited October 29 - November 1, 2019. The final audit report is publicly available via the agency website. The facility was audited during the three year audit cycle and reports are available online at https://www.mecksheriff.com/pdf/mcsoaudit19.pdf. The PREA Coordinator indicated that they understood the requirement that the final report be posted on the agency's public website.</p> |

Appendix: Provision Findings**115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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| Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
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| Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
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115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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| Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
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| Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
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| 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 |
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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| If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | na |
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| 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 |
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115.12 (a) Contracting with other entities for the confinement of inmates

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| 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.) | na |
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115.12 (b) Contracting with other entities for the confinement of inmates

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| Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure | na |
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| | 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.) | |
| 115.13 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into | yes |

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| | consideration: Any applicable State or local laws, regulations, or standards? | |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | na |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |

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

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| | facility does not have female inmates.) | |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | yes |
| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? | yes |
| | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.15 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

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

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| | with inmates with disabilities including inmates who: Have intellectual disabilities? | |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |
| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |
| 115.17 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who | yes |

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| | may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.17 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? | yes |
| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |

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| 115.17 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.18 (b) | Upgrades to facilities and technologies | |

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| | 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.) | na |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |

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| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |

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| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.22 (b) Policies to ensure referrals of allegations for investigations | | |
| | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.22 (c) Policies to ensure referrals of allegations for investigations | | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | yes |
| 115.31 (a) Employee training | | |
| | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |

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| | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 115.31 (b) | Employee training | |
| | Is such training tailored to the gender of the inmates at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? | yes |
| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |

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| | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.32 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) | Inmate education | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |

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

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| | Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | |
| | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.35 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or | yes |

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| | suspicious 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.) | |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective | yes |

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| | screening instrument? | |
| 115.41 (d) | Screening for risk of victimization and abusiveness | |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) | yes |

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| | Whether the inmate is detained solely for civil immigration purposes? | |
| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.41 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive | yes |

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| | information is not exploited to the inmate's detriment by staff or other inmates? | |
| 115.42 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.42 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would | yes |

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| | present management or security problems? | |
| 115.42 (d) | Use of screening information | |
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |
| 115.42 (e) | Use of screening information | |
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |
| 115.42 (g) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing | yes |

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| | solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) | |
| 115.43 (a) | Protective Custody | |
| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |
| 115.43 (b) | Protective Custody | |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| 115.43 (c) | Protective Custody | |

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| | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? | yes |
| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |
| 115.43 (d) Protective Custody | | |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? | yes |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? | yes |
| 115.43 (e) Protective Custody | | |
| | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| 115.51 (a) Inmate reporting | | |
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.51 (b) Inmate reporting | | |
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain | yes |

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| | anonymous upon request? | |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | 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.) | na |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from | na |

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| | this standard.) | |
| | 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.) | na |
| 115.52 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | 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.) | 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.) | na |
| 115.52 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | 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.) | 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.) | na |
| 115.52 (f) | Exhaustion of administrative remedies | |

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| | 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.) | 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.). | 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.) | 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.) | 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.) | 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.) | 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.) | na |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | na |
| 115.53 (a) | Inmate access to outside confidential support services | |
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, | yes |

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| | 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.) | |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |
| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual | yes |

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| | abuse or sexual harassment or retaliation? | |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.61 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.61 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.61 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.62 (a) | Agency protection duties | |
| | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? | yes |
| 115.63 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |

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| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| 115.64 (a) | Staff first responder duties | |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.64 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in | yes |

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| | response to an incident of sexual abuse? | |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | no |
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| 115.67 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of | yes |

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| | 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? | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.67 (d) | Agency protection against retaliation | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |
| 115.67 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.68 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? | yes |
| 115.71 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations | yes |

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| | 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).) | |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| 115.71 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? | yes |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.71 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.71 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |

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| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.71 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.71 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? | yes |
| 115.71 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.73 (a) | Reporting to inmates | |
| | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |

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| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | na |
| 115.73 (c) | Reporting to inmates | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (d) | Reporting to inmates | |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually | yes |

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| | 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? | |
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.76 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |

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| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? | yes |
| 115.78 (a) | Disciplinary sanctions for inmates | |
| | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.78 (b) | Disciplinary sanctions for inmates | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? | yes |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | yes |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.78 (f) | Disciplinary sanctions for inmates | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish | yes |

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| | evidence sufficient to substantiate the allegation? | |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | yes |
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). | na |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | na |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | yes |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior | yes |

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| | sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | |
| 115.82 (a) | Access to emergency medical and mental health services | |
| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.82 (c) | Access to emergency medical and mental health services | |
| | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.82 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.83 (c) | Ongoing medical and mental health care for sexual abuse | |

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| | victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | na |

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| 115.86 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.86 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

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| 115.87 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.87 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.87 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.87 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) | na |
| 115.87 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | na |
| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant | yes |

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| | 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? | |
| 115.88 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.88 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.88 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |
| 115.89 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.89 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |

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| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 | Audit contents and findings | |

| (f) | |
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| | <div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div> |