

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

Interim    **XX** Final

Date of Interim Audit Report: 8/22/21     N/A

*If no Interim Audit Report, select N/A*

Date of Final Audit Report: 3/25/2022

## Auditor Information

Name: Timothy L. Fuss

Email: tlfuss@gmail.com

Company Name: N/A

Mailing Address: 3900 Brinkman Dr

City, State, Zip: Wilmington, NC 28405

Telephone: (910)620-9506

Date of Facility Visit: June 21- 25, 2021

## Agency Information

Name of Agency: Gaston County Jail

Governing Authority or Parent Agency (If Applicable): Gaston County

Physical Address: 425 Dr. Martin Luther King Jr Way

City, State, Zip: Gastonia, NC 28052

Mailing Address: Same as above

City, State, Zip: Same as above

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

**X** County

State

Federal

Agency Website with PREA Information: <http://www.gastoncountysheriffsoffice.com/prea/>

## Agency Chief Executive Officer

Name: Alan Cloninger, Sheriff

Email: acloninger@gcps.org

Telephone: 704-869-6806

## Agency-Wide PREA Coordinator

Name: Becky Cauthran

Email: bcauthran@gcps.org.

Telephone: 704-869-6822

PREA Coordinator Reports to:

Number of Compliance Managers who report to the PREA Coordinator:

Chief Deputy Garry Williams	0
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## Facility Information

**Name of Facility:** Gaston County Jail

**Physical Address:** 425 Dr. Martin Luther King Jr Way

**City, State, Zip:** Gastonia, NC 28052

**Mailing Address (if different from above):**  
Same as above

**City, State, Zip:** Same as above

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** <http://www.gastoncountysheriffsoffice.com/prea/>

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

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

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
[Click or tap here to enter text.](#)

### Warden/Jail Administrator/Sheriff/Director

**Name:** Becky Cauthran

**Email:** [bcauthran@gcps.org](mailto:bcauthran@gcps.org)

**Telephone:** (704)869-6861

### Facility PREA Compliance Manager

**Name:** Becky Cauthran

**Email:** [bcauthran@gcps.org](mailto:bcauthran@gcps.org)

**Telephone:** (704)869-6861

### Facility Health Service Administrator N/A

**Name:** Dr. Bruce Flitt

**Email:** [bflitt@gmail.com](mailto:bflitt@gmail.com)

**Telephone:** (704)853-9755

### Facility Characteristics

**Designated Facility Capacity:**

664

**Current Population of Facility:**

502

**Average daily population for the past 12 months:**

502

Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	21-45
Average length of stay or time under supervision:	15 days
Facility security levels/inmate custody levels:	low, medium, high medium, high, closed custody, protective custody
Number of inmates admitted to facility during the past 12 months:	8,485
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	3,678
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1,696
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	199
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	26
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	5
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	5
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0 - due to COVID
<b>Physical Plant</b>	
Number of buildings:	2 - main building and annex. both on the same site

<p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	<p>8 housing units</p>
<p>Number of single cell housing units:</p>	<p>24</p>
<p>Number of multiple occupancy cell housing units:</p>	<p>480</p>
<p>Number of open bay/dorm housing units:</p>	<p>8</p>
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	<p>24</p>
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input checked="" type="checkbox"/> N/A</p>
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>Medical and Mental Health Services and Forensic Medical Exams</b></p>	
<p>Are medical services provided on-site?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Are mental health services provided on-site?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input checked="" type="checkbox"/> On-site  <input checked="" type="checkbox"/> Local hospital/clinic  <input type="checkbox"/> Rape Crisis Center  <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter</a>)</p>

text.)

### Investigations

#### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:

2

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: State Bureau of Investigation)
- N/A

#### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?

2.

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: Click or tap here to enter text.)
- N/A

# Audit Findings

## Audit Narrative (including Audit Methodology)

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

The Prison Rape Elimination Act (PREA) audit was conducted for the Gaston County (NC) Sheriff's Office (GCSO). The Gaston County Sheriff's Office has 1 facility under its jurisdiction, Gaston County Jail which is located at 425 Dr. Martin Luther King Jr. Way, Gastonia, NC 28052. The audit was conducted by the audit team (AT) June 21-25, 2021. Timothy Fuss, US DOJ Certified Auditor, served as the lead auditor. Serving as support staff and working under the direction and guidance of Mr. Fuss was Kathryn Bryan, associate conducting interview and policy reviews. Ms. Bryan has completed PREA Auditor school, however due to the pandemic has not been able to complete onsite field training required to be issued US DOJ Probationary Audit status.

The Gaston County Jail contacted Mr. Fuss in March 2021 to conduct the audit. The contract between the Gaston County Jail and Mr. Fuss was finalized and signed June 7, 2021, and the on-site audit was scheduled for June 21-25, 2021. During the time between the initial contact and a finalized contract, an audit team was selected, coordination between team members was initiated and protocol documents were shared. This was the first PREA Audit for the Gaston County Jail. Ms. Becky Cauthran served as the audit team's point of contact as she is also the agency PREA Coordinator.

### Phase I: Pre-Onsite Audit

In March 2021, Major Cauthran contacted Tim Fuss to request an audit on their facility with Mr. Fuss serving as the lead auditor. Between March and May 2021, the contractual process was initiated via email communications between Major Cauthran and Tim Fuss. Also during this time an agenda was prepared for the onsite portion of the audit, as well as, a list of specialized staff that we would need to conduct an interview with.

Once the dates for onsite were scheduled, the contract was finalized. Facility was instructed to begin preparing the pre-audit report and forward Mr. Fuss policies and documents for review. Facility was also told to prepare notices in both English and Spanish for the inmates to see, notifying them of the upcoming audit with an address to contact the AT before arrival. As of June 19, 2021, the AT received no correspondence from any inmate in the Gaston County Jail. Lines of communication remained open and ongoing between the Facility and the AT.

### Phase 2: Onsite Audit

The onsite audit began at 9 am at the Gaston County Jail with a kickoff meeting. The following individuals were present: Major Beck Cauthran, Captain Phillip Maxwell, Danielle Gibson, Dr. Flitt, Nurse Erin Flitt, Andrew Berger and AT members Tim Fuss and Kathryn Bryan. After introductions and an overview and expectations for the week, the AT conducted a tour of the facility beginning at the intake area and progressing through the facility as if we were a new admittee. Once the tour was completed the AT began to conduct interviews and review files as prescribed in the PREA Auditor Handbook based upon the facility size.

● Inmates

Type	Required	Completed
Random	15	54
<b>Targeted</b>	<b>15</b>	
Youthful	3	0*
Inmates with Physical Disability	1	1
Inmates who are Blind, Deaf or Hard of Hearing		
Inmates who are LEP	1	1
Inmates with a Cognitive Disability	1	1
Inmates who Identify as Lesbian, Gay, Bisexual	1	1
Inmates who identify as Transgender or Intersex	1	1
Inmates in Segregated Housing for High Risk of Sexual Victimization	3	3
Inmates who reported sexual victimization during Risk Screening	2	2

\* The facility does not hold youthful offenders as of December 2019 due to North Carolina Legislation entitled Raise the Age.

Staff

Type	Required	Completed
Agency Head	1	1
Warden or designee	1	1
PREA Coordinator	1	1
Medical / Mental Health	1	1
Human Resources	1	1
SAFE / SANE Staff	1	1
Intermediate or higher level staff	1	1
Investigative Staff	1	1
Staff who perform screening risk for victimization	1	1
Random staff	12	41

AT conducted a total of 50 staff interviews comprised of random and specialized staff. Random staff were chosen from all four rotations to capture an more accurate picture of the facility's understanding and compliance with PREA.

On Monday, June 21, 2021 the AT conducted the click off meeting with the facility, conducted a tour of the facility and began specialized interviews.

On Tuesday, June 22, 2021 the AT conducted random staff interviews for both day and night shift, specialized interviews and random inmate interviews and conducted reviews of files.

On Wednesday, June 23, 2021 the AT conducted random staff interviews for both day and night shift, specialized interviews and random inmate interviews and conducted reviews of files. The AT also conducted interviews with specialized staff.

On Thursday, June 24, 2021, the AT conducted interviews with specialized staff and targeted inmates.

On Friday, June 25, 2021, the AT conducted a close out meeting with the facility. Present at the meeting were Major B. Cauthran, Chief Deputy Willimas, Dr. Flitt, Nurse Flitt, Danielle Gibson, Andrew Berger, Captain Phillip Maxwell. The AT shared their appreciation for the hospitality and cooperation that was given by the staff. The AT shared some general overall findings with more detail to follow in the interim report, if corrective action was needed.

### **Phase 3: Evidence Review**

After the onsite portion of the audit, the AT utilized the Auditor Compliance Tool for the Adult Prison and Jails, the Site Review Checklist and the Checklist of Documentation to determine compliance with each standard. The AT utilized information from the PAQ as provided from the Gaston County Jail prior to the audit, information and practices observed from the onsite review, documents collected and reviewed while onsite, and lastly, information obtained from both staff and inmate interviews to complete the review and determination of compliance.

Upon conclusion of the onsite, the AT compiled our notes and findings to issue the facility an interim report on 8/22/21 indicating our findings within the 45 day time requirement. The interim report indicated several standards that did not meet expectations and therefore initiated the 180 day corrective action period. Throughout the corrective action period, the AT stayed in contact with the facility to monitor its progress and to be of assistance if needed. At the conclusion of the corrective action period, the facility provided the AT with the necessary documentation for the standards that were not in compliance at the initial onsite. After review of the materials the AT found the facility to be in compliance based upon the corrective action plans that were discussed. Based upon our finds we now find the facility in complete compliance with the PREA standards.

## Facility Characteristics

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

The Gaston County Jail opened on November 1, 1999. The Jail has over 160,000 square feet and has a total bed capacity of 408 with an operating inmate capacity of 368. The facility houses male state pretrial detainees and convicted inmates sentenced to serve their time under the supervision of the Sheriff. The Jail is also contracted with the United States Marshal's Office to house pretrial federal inmates at a per diem rate of \$73.00 per day.

There is an on-site Medical Unit which has medical staff available 24 hours a day to provide medical care to the inmates at the jail and jail annex. The jail kitchen is operated by a contract food service provider, which provides three (3) meals a day to all inmates housed in the jail and the jail annex. The menus are prepared in consultation with a registered dietitian including any special or modified diets meeting the state requirements of 2100-2500 calories per day.

The Gaston County Jail Annex was initially constructed to provide additional housing for inmates and opened on May 3, 1996. The Annex has 24,740 square feet and a total bed capacity of 176 with an operating inmate capacity of 159. The Annex facility is used to house male and female pretrial inmates, convicted inmates and weekenders sentenced to serve their time under the supervision of the Sheriff.

The Jail Annex also houses sentenced inmates with court ordered work release. The Jail Annex has a contract with the Federal Bureau of Prisons to house sentenced federal inmates on Federal Work Release program also at a per diem rate of \$80.00 per day. The Jail Annex staff is responsible for verifying and approving the employment status of each inmate prior to starting the program for the daily monitoring and surveillance of each inmate on the program keeping track of their employment status, hours they are out of the facility and recording their job site locations. Inmates on the Federal Work Release program pay a subsistence payment, which is 25% of their gross wages for each pay check they draw, off-setting what the Federal Bureau of Prisons pays monthly.

State Work Release inmates pay a daily rate based on their yearly income with the minimum being \$18.00 per day and the maximum being \$36.00 per day until their sentence is completed. The Jail Annex is also responsible for inmates sentenced to serve weekends in jail, by processing the inmates in and out of the facility each weekend and ensuring their sentence requirements are fulfilled.

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 1  
**List of Standards Exceeded:** 115.18

### Standards Met

**Number of Standards Met:** 48

### Standards Not Met

**Number of Standards Not Met:** 0  
**List of Standards Not Met:** 0

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. Agency Policy 5.12 "Prison Rape Elimination Act" section VI, pp. 7-8
2. Interviews
  - a. PREA Coordinator
  - b. Random staff
3. Site Review Observations
  - a. Observations of posters indicating zero tolerance

Finding by provision:

115.11(a): Agency Policy 5.12, provided to the audit team indicates the agency's zero tolerance policy in matters related to sexual abuse and sexual harassment. Of the random staff interviews conducted all responded they knew and understood the agency's policy.

115.11(b): The agency understands the importance of a dedicated PREA Coordinator and, as such, has recently promoted an officer experienced with PREA provisions to a mid level rank and has structured her duty assignment to allow sufficient time and resources to the PREA program. █

115.11(c): The agency does not operate any additional facilities requiring a PREA Manager, therefore this provision does not apply to the agency. The only facility is located at 425 Dr. Martin Luther King Jr. Way, Gastonia, NC 28052 where the audit team spent the time for the onsite.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.11.

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

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

### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### **115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards?

(N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Gaston County Jail does not contract with any other confinement facilities to hold inmates therefore this provision does not apply to them.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.12.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? X Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? X Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? X Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? X Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? X Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? X Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? X Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? X Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No X NA

#### 115.13 (c)

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

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? X Yes  No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? X Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts? X Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? X Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, directives, forms, files, records, etc.)
  - b. Agency Policy 5.12 “Prison Rape Elimination Act” section VI, pp. 7-8
2. Interviews
  - c. Intermediate or higher-level staff members
  - d. Contract staff
  - e. Random inmates
3. Site Review Observations
  - b. Observations during on-site review of physical plant

### Findings (By Provision)

115.13 (a). The facility has provided agency policy 5.12 as well as a staffing plan as evidence of ensuring that the facility shall develop, document, and make its best efforts to comply with a staffing plan that provides adequate levels of staffing and video monitoring to protect inmates against sexual abuse. Policy 5.12 states in part that; “The Gaston County Sheriff’s Office will review the staffing plan on, at minimum, an annual basis to assess, determine, and document the staffing needs. This review

will be done in consultation with the PREA Coordinator to document whether any adjustments are necessary to assist in the prevention, detection, and response to all sexual abuse and sexual harassment of inmates.” While the facility has had a long-standing practice of detecting and preventing violence within the inmate population, the facility is in the early days of its formal PREA program. As such, it was suggested that the staffing plan review be part of the PREA sub-committee meetings and it shall reflect the latest changes in 10A NCAC 14J, section .0601 “Supervision.”

The policy also states; “The following factors are considered:

- Generally accepted detention practices.
- Any judicial findings of inadequacy.
- Any findings of inadequacy from federal investigative agencies.
- Any findings of inadequacy from internal or external oversight bodies
- All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated).
- The composition of the inmate population.
- The number and placement of supervisory staff.
- Institution programs occurring on a particular shift.
- Any applicable State or local laws, regulations, or standards.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
- Any other relevant factors.

The facility has several non-housing areas where inmates are during the course of the day/night and where inmates and security staff are isolated. During the onsite, the audit team interviewed the civilian contracted kitchen manager who reported the constant presence of security staff while inmates were in the kitchen. The audit team observed a sufficient number and appropriate placement of cameras in the kitchen, hallways, medical clinic and laundry areas, and also observed the sightlines of these cameras from the control room.

The evidence collected for this provision shows that the agency has demonstrated that they do require the facility to develop, document, and make its best efforts to comply with a staffing plan. Therefore, through written policy, personal observations, and interviews conducted the agency has demonstrated that it meets this provision.

115.13 (b). N/A No deviations made to the staffing plan.

115.13 (c). The facility has provided agency policy 5.12 as standard operating guidelines for when the facility has to, in consultation with the PREA Coordinator, at least once a year assess, determine, and document whether adjustments are needed in the staffing plan, video monitoring, or the allocation of facility resources to ensure compliance with the staffing plan.

The facility has provided a copy of the Staffing Plan. As the agency is in the early days of the formal PREA Program, there has not been sufficient time elapsed to prompt an annual review per this provision. However, the facility provided the policy that mandates a review and an interview with the PREA Compliance Manager revealed an understanding of this requirement. As such, the facility demonstrated compliance with this provision.

115.13 (d). The facility provided agency policy 5.12 which provides for “command staff supervisors of the rank of Sergeant and above to conduct and document unannounced tours/rounds of housing units and dormitories to identify and deter sexual abuse and sexual harassment towards inmates. The staff supervisors shall conduct and document unannounced tours/rounds of at least two inmate housing

locations (one male and one female) during each week of scheduled duty. These tours/rounds shall cover all squads and include day and night shifts. These rounds will be documented on the daily round sheets and signed by the supervisor. No officer shall alert other staff the tours/rounds are being conducted. Central Control will not announce on the radio or call by telephone any housing unit to alert the officer or the inmates of the arrival or pending arrival of the supervisor. During the on-site, four intermediate to high-level staff were interviewed. During those interviews, all four supervisors indicated they conduct unannounced rounds and that they did not alert floor staff of these rounds. Also during the on-site, 54 random inmates were interviewed and all said they had seen “the brass” conducting rounds. The audit team interprets this term as supervisors and thus, finds the facility in compliance with this provision.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.13.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### 1. Interviews Major Becky Cauthran

115.14 (a)(b)(c): The Gaston County Jail does not hold youthful inmates in their facility and therefore this provision does not apply to them. In December 2019, North Carolina passed legislation entitled "Raise the Age. Effective Dec. 1, 2019, 16 and 17 year old individuals who commit crimes in North Carolina are no longer automatically charged in the adult criminal justice system. These individuals will be housed in a juvenile detention center. If a detention center wishes to hold these individuals they must comply with the standards associated with the legislation. Gaston County Jail has not opted to house them.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.14.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
X Yes  No  NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) X Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) X Yes  No  NA

#### 115.15 (d)

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

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? X Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? X Yes  No

#### 115.15 (f)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (policies, forms, memos, records, files, etc.)
  - a. Agency Policy 5.12 “Prison Rape Elimination Act”
  - b. Agency Form “Cross-Gender Search”
  - c. Agency PREA In-Service Training Curriculum
2. Interviews:
  - a. Random and targeted staff
  - b. Random and targeted inmates
  - c. Medical staff

#### Findings (by provision):

115.15 (a). Agency policy 5.12 describes a pat-down search as “Running of the hands over the clothed body of an inmate by a properly trained employee, to determine whether the individual possesses contraband.” By policy, the agency refrains from conducting any cross-gender searches except in exigent circumstances. While the facility prohibits cross-gender viewing, the agency recognizes that certain inmates may self-identify and request cross-gender searches.

115.15 (b). Interviews with 20 random staff revealed that all were aware that the facility refrained from conducting cross-gender searches of female inmates except in exigent circumstances. The facility program coordinator indicated that all inmates were eligible for access to programming and not restricted due to the availability of same-sex staff for pat down searches. Three female inmates interviewed said that they are searched exclusively by female detention staff.

115.15 (c). To accommodate these requests, the agency provides for limited exceptions for cross-gender searches and cross-gender searches of female inmates and requires documentation of these searches. Interviews with 20 random staff reveal that they all recall the PREA training they received in 2021 on how to properly conduct these searches and all indicated they understood the documentation requirement. The audit team was provided a copy of the form, however, there were no instances of cross-gender searches in the preceding 12 months, according to the PREA Compliance Manager. The

disconnect with the staff was not knowing which form to use. The audit team recognizes substantial compliance with this provision due to established policy and interviews, but is aware that the formal PREA process has been recently implemented and as such, would become habituated with experience with these situations as they arise moving forward.

115.15 (d). Agency policy 5.12 states that “Staff of opposite gender will 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.” Interviews with 10 random staff indicated that they were all aware of this mandate and of the distinction between “incidental” to regular jail operations and “voyeurism.” Interviews with 12 female inmates indicate that none of them had experienced being viewed by male officers and all said that, without exception, male officers announce their presence in female housing, However, the audit team did not receive the same response from male inmates, specifically housed in the Annex. Here, 12 of the 20 male inmates interviewed said the announcement of female staff in the area occurred, but was sporadic. The audit team notes substantial compliance with this provision due to the existing policy and practice early in the PREA process.

115.15 (e). Agency policy states that “Staff are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status.” Interviews with 20 random staff indicate that all are aware of this provision and that these searches to determine an inmate’s genital status are not conducted. The sole transgender inmate was interviewed and she indicated that she was not searched solely for the purpose of determining genital status. In an interview with medical staff, they revealed that they would conduct these searches only as part of a broader medical assessment, however, this situation had not been presented in the preceding 12 months.

115.15 (f). The facility trains detention staff in how to conduct cross-gender pat down searches as well as searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. A review of the facility’s PREA training curriculum revealed that there is substantial coverage of this issue to include definitions, procedures for searching and scenario-based training on this topic. In interviews, all staff indicated that they could demonstrate this process and understood the proper application of the training they received.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.15.

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? X Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? X Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? X Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? X Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? X Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? X Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? X Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? X Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? X Yes  No

## 115.16 (b)

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

### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (policies, forms, memos, records, files, etc.)
  - a. Agency policy 5.12 "Prison Rape Elimination Act"
  - b. Language Line Pamphlet
2. Interviews:
  - a. Random staff
  - b. Targeted Staff
  - c. Targeted inmates LEP (Limited English Proficient)

Findings (by provision).

115.16 (a) (b). The agency provided facility policy 5.12 which states that "Materials and education will be provided to inmates in multiple, readily-accessible formats, commissary kiosks, inmate handbooks, PREA Video and printed signs located in all blocks and at intake. This information will be presented in both Spanish and English, and when necessary, will be interpreted and/or tailored to meet the inmate's communication needs." The facility uses a language line with a broad spectrum of languages available. An upper-level supervisor informed the audit team that approximately 99% of their inmate population are English speaking. As such, the PREA posters observed by the audit team during the onsite were in English only. All LEP inmates have access to the language line in the Booking area as well as the

housing areas. The audit team was able to access the language line in Booking and found it operational. Interviews with 50 combined specialized and random staff reflected that they were aware of and knew how to access the language line. All officers indicated that the facility rarely had LEP inmates in their custody. During the onsite, the audit team observed the PREA informational video playing on the TVs in the housing areas. The video was closed-captioned for deaf or hard of hearing inmates, however, it was not available in Spanish (either audio or closed-captioned), which was the language of the two LEP inmates in custody at the time of the onsite.

115.16 (c). The agency provided facility policy 5.12 which states that the “The facility will not rely 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, or the investigation of the inmate’s allegations.” During an interview, the Classification supervisor informed the audit team that in the case of a PREA incident or PREA grievance, a LEP inmate would be brought to the Booking area or other private area in order to call the language line for assistance. The Language Line pamphlet was readily available and visible during the onsite tour.

During interviews with the only 2 LEP inmates in custody at the time of the onsite, the audit team learned that neither inmate recalled receiving any PREA-related information in Spanish during the booking or classification process. They both relayed that they were familiar with the provisions of PREA with respect to the protections and reporting process, but they learned this information from other Spanish-speaking inmates.

Based upon the information provided, the audit team finds Gaston County Jail not in full compliance with standard 115.16.

**Corrective Action Recommendation 115.16:**

While the facility has taken appropriate measures to ensure that inmates with Limited English Proficiency 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, the audit team found that operational practice did not reflect this transfer of information to the affected inmate population.

1. It is recommended that this information be relayed during the formal in-person classification process to ensure understanding and compliance with this provision.
2. Facility is to refrain from the use of inmate interpreters for sexual abuse allegations and for inmate information transfer unless there are exigent circumstances which may require the use of inmate interpreters.
3. Make available the PREA video materials in a language and closed-captioned in the language most prevalent with inmates in that jurisdiction.

Corrective action has been taken in the form of signage and notification in languages other than English.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? X Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? X Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X  Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? X Yes  No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? X Yes  No

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? X Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes X  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? X Yes  No

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, forms, directives, files, records, etc.)
  - a. Agency Policy 5.12 "Prison Rape Elimination Act"
  - b. Agency policy 3.01 "Employment"
  - c. Agency In-Service Training Curriculum "PREA"
  - d. Employee personnel files
2. Interviews:
  - a. Human Resources/Support Services staff
  - b. Random Staff
  - c. Contract personnel

Findings (by provision).

115.17(a)(b). The facility provided agency policy 5.12 which states that "The Gaston County Sheriff's Office will not hire or promote anyone who: Has engaged in sexual abuse in a confinement setting; Has been convicted of engaging or attempting in sexual activity by force, or coercion, or if the victim did not consent or was unable to consent or refuse; Has been civilly or administratively adjudicated to have engaged in the above mentioned misconduct." A review of 40 personnel records revealed that there was no documentation provided for the audit team to review that would be part of the application and hiring process that would reflect that applicants were asked questions about previous behavior covered under this provision. In an interview with the human resources staff member, they confirmed that it was the policy of the agency to prohibit the hiring of any applicant for detention staff, civilian staff, vendor, contractor or volunteer who had engaged in any activity covered by this provision. Policy 3.01 now includes a process by which prospective applicants (officers, vendors, volunteers) are asked a series of questions related to previous sexual abuse/sexual activity/sexual misconduct in confinement facilities. This will require applicants to self-report on an official agency form.

115.17(c). The facility provided agency policy 5.12 which states that "on all new hires, the agency will perform a criminal background records check and make best efforts in determining information from prior institutional employers related to sexual abuse history at that institution." In a review of 40 personnel files, the audit team found in all 40 files documentation of a thorough background check through local, state, and federal databases. This practice complies with the requirements of the North Carolina Sheriff's Education Training and Standards Commission which requires a background investigation be conducted which includes a criminal records check that encompasses local, state, and federal records for deputies and detention officers.

115.17(d). The facility provided agency policy 5.12 which states that "on all new hires, the agency will perform a criminal background records check and make best efforts in determining information from prior institutional employers related to sexual abuse history at that institution." The human resources staff member confirmed that this practice extended to contractors and an interview with a contract vendor verified that a background check was conducted as part of his hiring process for that position.

115.17(e). The facility provided agency policy 5.12 which states that the agency "will conduct and maintain records of criminal records background checks at least every five years for current staff." The human resources staff member confirmed that this practice extended to contractors. A review of 40

personnel files revealed that a criminal records background check had been conducted annually. This practice changed to a check being conducted every two years in the preceding year, which exceeds this provision.

115.17(f). The facility provided agency policy 5.12 which mandates that “all staff must disclose any previous misconduct in writing or interviews and continue to affirm they will disclose of (sic) any such future misconduct.” Policy 3.01 states that “The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.”

115.17(g). The facility provided agency policy 5.12 which states that “any material omissions regarding such conduct or falsification of documents shall be grounds for termination.”

115.17(h). Policy 3.01 states “unless prohibited by law, the Gaston County Sheriff’s Office shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer.”

**Corrective Action:**

1. Implement protocols in accordance with agency policy 5.12 demonstrating the facility is not hiring or promoting anyone who may have had contact with inmates in violation of this provision.
2. Implement protocols demonstrating that the agency considers any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of anyone who may have contact with inmates.
3. Implement protocols to ask all applicants and employees who may have contact with inmates directly about previous misconduct in written applications or interviews for hiring, promotions, or written self-evaluations conducted as part of reviews of current employees. Maintain documentation of this protocol.
4. Implement a protocol to consider material omissions regarding such misconduct, or the provision of materially false information as grounds for termination.
5. Implement a policy and protocol for the agency to 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.
6. Train appropriate staff, new hires, contractors, and/or vendors on new protocols.
7. Maintain documentation of dates and times of training on new protocols.

Based upon the information provided, the audit team finds that the agency followed the correction action and Gaston County Jail is now in full compliance with standard 115.17.

## **Standard 115.18: Upgrades to facilities and technologies**

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

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

## 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Interviews:
  - a. Agency Head, Sheriff A. Cloninger
  - b. Assistant Chief B. Cauthran
  - c. Captain Phillip Maxwell

115.18 (a) - The Gaston County Jail has not designed or acquired any new facility or planned for substantial expansion to the existing facilities.

115.18(b) - The Gaston County Jail has upgraded their rounds systems and camera system with the purpose of inmate safety within the last year. While onsite, the facility indicated they are currently looking for additional ways to improve ensuring there are not any line of sight view obstructions.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.18 and exceeds the standard.

The facility's current jail records management system has the ability to place a "PREA" alert (victim or abuser) to provide information to staff to ensure inmate safety. Because of this technology advancement, the audit team found this step to exceed the standard.

## RESPONSIVE PLANNING

## Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based

organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

1. Interviews:
  - a. Internal Affairs
  - b. Medical Staff
  - c. PREA Investigator
2. Documents:
  - a. Agency policy 5.12 "Prison Rape Elimination Act"

115.21(a) - Agency conducts its own investigations involving sexual abuse. As reported during the PREA Investigator and agency Internal Affairs officer, the agency follows a uniform evidence protocol.

115.21(b) - The agency does not hold youthful offenders and therefore this provision is not applicable to the facility.

115.21(c)(d)(e)(f)(h) - The agency has a SANE nurse on staff to conduct sexual assault examinations if necessary. The standard practice is to refer all examinations to an outside community hospital for examination and treatment as documented by the MOA in place. Within the facility there is a referral process between mental health and medical with open communication to ensure the continuity of care for the victim.

115.21(g) - Not required to be audited.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.21 and exceeds the standard.

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

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

### **115.22 (a)**

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

### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Interviews:
  - a. Agency head
  - b. PREA Coordinator
2. Documents
  - Agency POLicy 5.12 "Prison Rape Elimination Act"

115.22(a)(b)(c) - Interview with the PREA Coordinator revealed that all allegations of sexual assault and/or sexual harassment are investigated by the facility without delay. In speaking with the Agency Head, investigations involving staff members will be conducted by the local police department or the State Bureau of Investigation and referred to the District Attorney for prosecution.

115.22(d)(e) - Auditor is not required to audit this provision

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.22 and exceeds the standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? X Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? X Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment X Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? X Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? X Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? X Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? X Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? X Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? X Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? X Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee’s facility? X Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? X Yes  No

**115.31 (c)**

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

**115.31 (d)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

1. Documents: (policies, forms, memos, records, files, etc.)
  - a. Agency Policy 5.12 “Prison Rape Elimination Act”
  - b. Agency PREA In-Service Training Curriculum
  - c. Agency training records
2. Interviews
  - a. PREA Compliance Manager
  - b. Random and Targeted Staff

Findings (by provision).

- 115.31(a). The facility provided agency policy 5.12 which provides for training for staff on the following:
- The GCSO's zero tolerance policy and the policy and procedures related to PREA standards.
  - How to fulfill their responsibilities under the agency's PREA policies and procedures.
  - How to avoid inappropriate relationships with inmates.
  - An inmate's right to be free from sexual abuse and harassment and any retaliation upon reporting this behavior.
  - The dynamics of sexual abuse and sexual harassment within a confinement setting and how to detect and respond to signs of threatened and actual sexual abuse.
  - The common responses and reactions of sexual abuse/harassment victims.
  - How to professionally and effectively communicate with LGBTI or gender nonconforming inmates
  - An overview of the staff and agency reporting duties.

The facility also provided its in-service PREA training curriculum which the audit team found to be consistent with policy directives covered under this provision. In an interview of 25 random staff, all revealed they had attended this training, were familiar with the relevant policy and were aware of their responsibilities under this provision.

115.31(b). The audit team found that the training was tailored to the inmate population.

115.31(c). The facility provided agency policy 5.12 which states that "new officers will be required to complete PREA training during their initial policy and procedure training. Training will be given annually through employee in-service with all courses documented and made accessible to the PREA Coordinator." During interviews of random staff, two officers revealed that they had not yet received this training due to not being on duty during the time that training was offered, however both revealed that their training was scheduled to occur within the next 30 days.

115.31(d). The audit team reviewed all training records and found them in compliance with this provision.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.31.

## **Standard 115.32: Volunteer and contractor training**

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

#### **115.32 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### **115.32 (b)**

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed

how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? X Yes  No

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (policies, forms, memos, records, files, etc.)
  - a. Agency Policy 5.12 "Prison Rape Elimination Act"
  - b. Agency PREA In-Service Training Curriculum
  - c. Training records
2. Interviews
  - a. PREA Compliance Manager
  - b. Contractor

Findings (by provision).

115.32 (a). The agency provided facility policy 5.12 which states that "all staff, contractors, & volunteers who have contact with inmates will be trained at a minimum, to include: The agency's zero tolerance policy and the policy and procedures related to PREA standards; how to fulfill their responsibilities under the agency's PREA policies and procedures; how to avoid inappropriate relationships with inmates; the dynamics of sexual abuse and sexual harassment within a confinement setting and how to detect and respond to signs of threatened and actual sexual abuse; how to professionally and effectively communicate with LGBTI or gender nonconforming inmates including how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs; and an overview of the staff and agency reporting duties. An interview with a contract staff member revealed that they had received the agency's in-service PREA training curriculum within the last quarter and the audit team confirmed this in the training records provided.

115.32(b). A review of the in-service PREA training curriculum and attendant training records revealed that the agency requires the same level of thorough PREA training required of all staff, vendors, contractors, and volunteers, regardless of their individual level of contact with inmates or of the services provided.

115.32(c). The audit team reviewed all PREA-related training records and found them in compliance with this provision.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.32.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
 Yes  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No

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

### 115.33 (e)

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

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (policies, forms, memos, records, files, etc.)
  - a. Agency Policy 5.12 "Prison Rape Elimination Act"
  - b. Inmate handbook, posters, video
2. Interviews
  - a. Random staff.
  - b. Random Inmates
  - c. Intake Officers
3. Observations
  - a. Posters throughout the facility

b. Language line poster.

Findings (by provision).

115.33(a) - Inmates are provided a pamphlet regarding PREA in a language designated in their primary language. The information covers behaviors and reporting methods. Through random interviews all inmates knew how to report if there was an issue.

115.33(b) - Inmates are shown an information video in the housing unit at least twice a day. In conducting random interviews with inmates, they all reported seeing the video several times within an hour, twice a day.

115.33(c) - Inmates receive comprehensive education once admitted to the facility.

115.33(d) - The agency has a language line to accommodate any language barrier with inmates. Through random interviews with random staff, they all responded that they use either a translator on staff or the language line.

115.33(e) - The agency has inmates sign at intake acknowledging understanding of the facility rules and handbook to include PREA.

115.33(f) - The agency provides information to inmates admitted to the facility. In addition, they have signage in all areas that an inmate may occupy.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.33.

## Standard 115.34: Specialized training: Investigations

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

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes  No  NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

1. Documents:  
Training Outline  
Training Certificates
2. Interviews:  
PREA Coordinator

115.34(a)(b)(c) - all Watch Commanders (Shift Captains), agency's investigators (IA), and the PREA Compliance Manager were enrolled to receive specialized training through the National Institute of Corrections. All participants received the training on PREA "Investigating Sexual Abuse in Confinement Settings." This training class was 3-hour.

The agency's training division will enroll 1 sergeant per shift in this course in order to familiarize them with the process and provide additional resources for PREA compliance. Training was conducted November-December 2021 and copies of certificates of completion for each participant who enrolled in the class are on file with the agency.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.34.

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

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

#### 115.35 (a)

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

#### 115.35 (b)

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

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) X Yes  No  NA

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) X Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) X Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (policies, directives, forms, files, records, etc.)
  - a. Agency Policy 5.12 “Prison Rape Elimination Act”
  - b. Training Records
  - c. In-Service Training Curriculum “PREA”
  - d. Medical contract
2. Interviews:
  - a. SANE/SAFE Staff
  - b. Medical Director
  - c. PREA Compliance Manager
  - d. Mental Health Provider

Findings (By Provision):

115.35(a) (d). The facility provided agency policy 5.12 which states “All staff and inmates will be trained and educated in the facilities zero tolerance policy and PREA standards relative to their position (i.e. medical staff, investigators, inmates, etc.) for the prevention, detection, and necessary response to all forms of inmate sexual abuse and harassment. This could include the ability to detect signs and potential situations where sexual abuse or harassment might occur based on staff/inmate undue familiarity, overt sexual activity that raise security or safety concerns, or any physical facility constraints that may cause safety or security issues relating to sexual abuse.” The PREA training curriculum that medical staff are required to attend was reviewed and the audit team determined that all areas of this provision are covered by the training and that the curriculum comports with agency policy.

115.35 (c). The SANE nurse verified in her interview that PREA training was required and provided by her employing entity that was in addition to the PREA training required and provided by the facility. The audit team was able to verify this by reviewing the medical contract provided by the facility. Further, the SANE nurse, the medical provider, and the mental health provider all revealed in interviews that they had received the facility’s PREA training and could recall the specifics of their duties in relation to the areas of this provision. The audit team reviewed the training records provided by the PREA Compliance Manager to verify the training received by the medical team.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.35.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

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

#### **115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### **115.41 (b)**

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

#### **115.41 (c)**

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes X  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? X  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse?  Yes X  No

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

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? X  Yes  No

#### 115.41 (g)

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

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? X  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? X  Yes  No

#### Auditor Overall Compliance Determination

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

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

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

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

1. Documents: (policies, directives, forms, files, records, etc.)
  - a. Agency Policy 5.12 "Prison Rape Elimination Act"
  - b. Classification Records
  - c. In-Service Training Curriculum "PREA"
2. Interviews:
  - a. Classification Supervisor
  - b. Classification staff
  - c. PREA Compliance Manager
  - d. Random Staff

#### **Findings (by Provision):**

115.41(a) (b) (c) Policy 5.12 indicates that within 72 hours of intake, the GCSO, using an objective screening instrument, will screen all inmates during intake classification for his or her risk of being sexually abused or being sexually abusive and will disseminate this information to medical and mental health practitioners and other staff, as necessary, to inform treatment, housing, bed, work, education, and program assignments consistent with and in support of the GCSO's zero tolerance policy." The six records reviewed indicated documentation of the intake screening questionnaire being conducted at intake.

115.41 (d) A copy of the initial intake screening form was obtained, and copies of the completed form were included in the six inmate files reviewed. The intake staff interviewed based on the protocol as well as informal interviews during the field tour reinforced that all inmates are screened upon admission and all questions on the screening form are asked. The PCM confirmed that screening forms are forwarded to Classification and the PCM for further action.

115.41 (e) Policy 5.12 requires that consideration be given to prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The intake staff indicated that any information received regarding prior acts is forwarded to the Classification Supervisor and PREA compliance manager.

115.41 (f) (g) Policy 5.12 clarifies that arrestee's risk levels will be reassessed due to referral, request, sexual abuse, or additional information that bears on the arrestee's risk of sexual victimization or abusiveness. GCSO form "PREA Assessment - 30 days or more" was inspected and found to be compliant with this provision. This form was newly-implemented, so historical documentation was not available at the time of the audit, however classification staff were all aware of the requirements and processes of the utilization of the form.

115.41 (h) The PREA Compliance Manager confirmed that inmates are never disciplined for refusing to answer. If this does occur, staff suspend the classification process and allow a period for the inmate to become compliant with the process. Interviews with random staff confirm this.

115.41 (i) In accordance with Policy 5.12, the PREA Compliance Manager stated that appropriate controls are in place to ensure that sensitive information is not available to unauthorized personnel.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.41.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? X  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? X  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? X  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? X  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? X  Yes  No

#### 115.42 (b)

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

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present

management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? X  Yes  No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? X  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? X  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? X  Yes  No

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) X  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) X  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of

LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  
 No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Interviews  
Classification Sergeant
2. Documents  
Agency classification policy

The classification officers conducted a more thorough interview upon admission in order to determine the most appropriate housing. In reviewing the classification instrument, the facility takes into consideration prior victimizations and or predator classifications.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.42.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? X  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? X  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? X  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? X  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No X  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No X  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No X  NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? X  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days? X  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? X  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? X  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? X  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

1. Interviews  
Classification Sergeant
2. Documents  
Agency PREA Policy 5.12 "Prison Rape Elimination Act."

Restrictive housing is used within the facility as the last resort. At no time are privileges restricted. Reviews are conducted in the event of restrictive housing to access the possibility of more appropriate housing. In conducting interview with inmates, it was reported that the facility is responsive to their needs in the event they feel their safety is in jeopardy. █

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.43.

# REPORTING

## Standard 115.51: Inmate reporting

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

### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

### 115.51 (c)

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

### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (policies, directives, forms, files, records, etc.)
  - a. Agency Policy 5.12 "Prison Rape Elimination Act"

2. Interviews:
  - a. Random Staff
  - b. Random Inmates

Findings Based on Provision:

115.51(a) - Based upon random interviews with staff and inmates, the audit team was able to determine that there are multiple ways to report incidents.

115.51(b) - Inmates can report through 3rd party via the website as well as outside services.

115.51(c) - Through random interviews with staff, the audit team discovered that inmates can report to the officers in writing, both note or kiosk, or verbally.

115.51(d) - Through random interviews with staff the audit team was able to determine that staff can make a report involving a staff member without going through their chain of command. This report would go to the PREA Coordinator or Internal Affairs.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.35.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) X  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) X  Yes  No  NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) X  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) X  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) X  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) X  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) X  Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X  Yes  No  NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
X  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) X  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
X  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X  Yes  No  NA

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) X  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Interviews  
PREA Coordinator

Major B. Cauthran

2. Documents  
Agency Policy - 5.12 "Prison Rape Elimination Act."

The facility has a procedure in place for grievances to include those related to PREA. In the event of an emergency the inmate is not required to submit a grievance. As a part of the policy and practice the agency allows for the appeal of administrative grievances with the facility administrator being the final word.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.52.

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

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? X  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) X  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? X  Yes  No

#### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? X  Yes  No

#### 115.53 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

1. Interviews  
Medical Staff  
Mental Health Staff  
PREA Coordinator  
Facility Administrator
2. Documents:  
MOU  
Agency PREA Policy - 5.12 "Prison Rape Elimination Act."

The facility has MOA with outside services that can be accessed through referral by medical and mental health staff. This is the first audit of the facility. Systems and policies have been put in place in the event outside services are needed or requested.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.53.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

## Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

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

1. Interviews  
PREA Coordinator
2. Documents  
Agency Policy - 5.12 "Prison Rape Elimination Act."

The agency provides multiple ways of reporting both in and outside the facility. The facility has a reporting mechanism on their website as well as a number posted inside the housing units that the inmates may call. Referrals from third party reporting are referred back to the agency PREA Coordinator for investigation and follow up.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.54.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
X  Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? X  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  
 Yes X  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes X  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes X  No

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. Agency Policy 5.12 "Prison Rape Elimination Act"
  - b. In-Service Training Curriculum "PREA"

## 2. Interviews

- a. Mental Health staff
- b. Medical staff
- c. Random staff
- d. PREA Coordinator
- e. PREA Investigator
- f. I/A Investigator

### Findings (by provision)

115.61(a). The facility provided agency policy 5.12 which states, in part, that “regardless of the source, ALL staff are required to report immediately to their immediate supervisor any knowledge, suspicion, or information regarding incidents. The agency requires all staff to report immediately and according to agency policy any retaliation against inmates or staff who reported such an incident and requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” Interviews of 40 staff members revealed that, without exception, all were aware of their reporting duties as outlined in policy as well as in their in-service training curriculum and that all believed the agency took these duties seriously. The audit team found the training curriculum supported policy. The PREA Coordinator also emphasized the importance of the reporting duties.

115.61(b). The facility provided agency policy 5.12 which states that, “apart from reporting to the immediate supervisor, staff shall not reveal any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigations, and other security and management decisions. Staff are prohibited to reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Any information provided to staff will only be shared consistent with standards required by state statute, professional licensure and ethical standards. Any person found revealing confidential information to unauthorized authorities will be subject to disciplinary action, up to and including immediate termination.” All staff and the PREA Coordinator were aware of this provision and told the audit team that they knew that information concerning PREA-related incidents was to be considered confidential and “need-to-know.”

115.61(c). The facility did not provide relevant policy for this provision, thus, the audit team was unable to determine compliance.

115.61(d). The facility did not provide relevant policy for this provision, thus, the audit team was unable to determine compliance.

115.61(e). The facility provided agency policy 5.12 which states that “All allegations of sexual abuse and sexual harassment reported to staff will be promptly directed to their immediate supervisor. The Gaston County Sheriff’s Office will initiate administrative or criminal investigations for all reports for any allegations of sexual abuse and harassment, including third-party and anonymous reports.” Interviews with the PREA and I/A investigators as well as the PREA coordinator revealed that all were aware of this provision and, in the event of a PREA-related incident, this would be the protocol they would follow.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.61.

## Standard 115.62: Agency protection duties

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

### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Interviews
  - a. Random staff
  - b. Random inmates
2. Documents  
Agency Policy - 5.12 "Prison Rape Elimination Act"

Findings by provision:

115.62 (a) - Through interviews with random staff and inmates, the audit team found that the Gaston County Jail staff respond without hesitation when made aware of an inmate that feels their sexual safety is at risk. Random staff responded that their first action would be to remove or separate the inmate from the immediate threat. The random inmates all responded they believe the staff takes inmate sexual safety seriously and would respond accordingly.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.62

## Standard 115.63: Reporting to other confinement facilities

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

### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? X  Yes  No

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

1. Interviews:  
Facility Administrator  
PREA Coordinator
2. Documents  
Agency Policy - 5.12 "Prison Rape Elimination Act."

AT found at the time of onsite, the Gaston County Jail had not experienced an incident requiring reporting to another facility. However, the Gaston County Jail does have a policy in place for reporting if necessary.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.63.

#### Standard 115.64: Staff first responder duties

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

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
X Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? X Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X Yes  No

### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, directives, forms, files, records, etc.)

- a. Agency Policy 5.12 “Prison Rape Elimination Act”
  - b. Facility in-Service PREA curriculum
  - c. PREA-related incident report
2. Interviews:
- a. Random staff
  - b. Non-security staff
  - c. Random inmates

Findings (by provision):

115.64(a). The facility provided agency policy 5.12 which states that “Staff first responders, upon learning of an allegation that an inmate was sexually abused must separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect evidence, and if applicable, request that the alleged victim and alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, and/or eating.” The PREA training curriculum examined by the audit team follows this policy. The facility provided an incident report of a suspected PREA-related incident which had occurred in the preceding 12 months which evidenced that security first responders acted in ways that were compliant with this provision in that they separated the alleged abuser and victim. While neither of the inmates involved were still in custody at the time of the onsite, the audit team interviewed a random inmate who was in the same housing unit during the event and recalled that staff did immediately separate the inmates involved. During an interview of a random staff member, the audit team discovered that this officer was the officer who responded to the allegation and the officer confirmed that they followed the policy and training curriculum. During other interviews with 20 random staff, all reported that they had received the PREA training and could recall for the audit team the steps to be taken as first-responders.

115.64( b). The facility provided agency policy 5.12 which states that “if the first responder is not security staff, a volunteer/contractor must request the alleged victim does not take any action that could destroy physical evidence and then notify appropriate security staff.” The audit team interviewed one non-security contractor who advised that, while they had not had a PREA incident that they had yet encountered, they were aware of their responsibilities as a first responder as they learned about in the facility’s PREA training.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.64.

## Standard 115.65: Coordinated response

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. Agency policy 5.12 "Prison Rape Elimination Act"
  - b. Agency Coordinated Response Plan Form
2. Interviews:
  - a. PREA Compliance Manager
  - b. Investigator

Findings (by provision)

115.65(a). The facility provided agency policy 5.12 which states that the agency "will develop 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." Additionally, the facility provided a flowchart reflecting the procedures for staff to take in their response to incidents of sexual abuse. Interviews with the PREA Compliance Manager and an investigator supervisor both reflected that they had an understanding of the policy, flowchart and of their responsibilities in the coordinated response.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.65.

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

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

#### 115.66 (a)

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

#### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.66(a): North Carolina General Statute §95-98 (1959) states that “any agreement, or contract, between the governing authority of any city, town, county, or other municipality, or between any agency, unit, or instrumentality thereof, or between any agency, instrumentality, or institution of the State of North Carolina, and any labor union, trade union, or labor organization, as bargaining agent for any public employees of such city, town, county or other municipality, or agency or instrumentality of government, is hereby declared to be against the public policy of the State, illegal, unlawful, void and of no effect.” There is no agreement that GCSO has with any entity that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.66.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? X Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? X Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? X Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? X Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? X Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? X Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? X Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? X Yes  No ■
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? X Yes  No ■
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. Agency Policy 5.12 "Prison Rape Elimination Act"
2. Interviews:
  - a. PREA Coordinator
  - b. PREA Compliance Manager
  - c. Random Staff
  - d. Contract Vendor

#### Findings (by provision)

115.67(a). The facility provided agency policy 5.12 which states that the "Gaston County Sheriff's Office detention facilities have zero tolerance towards any retaliation against inmates, staff, or other parties for reporting, in good faith based upon reasonable belief, sexual abuse or harassment or for cooperating with investigations and protects 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." By policy, the PREA Coordinator is charged with monitoring retaliation. The PREA Coordinator confirmed in the interview that they are aware of this responsibility and, in the event of a future PREA-related incident, this is the protocol they will follow.

115.67(b). The facility provided agency policy 5.12 which provides that the facility “will take appropriate measures to protect all individuals involved against retaliation.” However, there was no policy, directive or memorandum provided to the audit team which details the multiple protection measures which are required by this provision.

115.67(c)(d). The facility provided agency policy 5.12 which states that the PREA Coordinator will be responsible for monitoring retaliation “for a minimum of 90 days following a reported incident and all extensions beyond 90 days will occur if the initial monitoring indicates a continuing need.” The PREA Coordinator is also responsible by policy for “documenting the review of the following: Inmate disciplinary reports, inmate housing or program changes, and periodic status checks with the inmate(s) involved.” However, the audit team was not presented with policy substantiation showing the requirement and protocol for monitoring negative staff performance reviews or reassignments of staff.

115.67(e). The facility provided agency policy 5.12 which states that the “Gaston County Sheriff’s Office detention facilities have zero tolerance towards any retaliation against inmates, staff, or other parties for reporting, in good faith based upon reasonable belief, sexual abuse or harassment or for cooperating with investigations.” The PREA Coordinator and Compliance Manager both told the audit team that this is the practice of the agency. Further, the contract vendor was interviewed and said they were aware of this protection against retaliation.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.67

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, forms, directives, files, records, etc.)
  - a. Agency Policy 5.12 "Prison Rape Elimination Act"
2. Interviews:
  - a. PREA Compliance Manager

Findings (by provision)

115.68(a). The facility provided agency policy 5.12 which states that the facility GCSO may house inmates who are alleged to have suffered sexual abuse in restrictive housing for protective custody, subject to the requirements of PREA §115.43. (115.68(a)-1)" Provision 115.43 was also covered in agency policy: "Inmates determined at high risk for sexual victimization will not be placed in involuntary segregated housing unless all available alternatives are assessed and no alternative means exists. The inmate may be involuntarily segregated for less than 24 hours while the assessment is completed. Inmates placed in segregated housing for protection will have access to programs, privileges, education, or work opportunities, to the extent possible, and if restrictions are made, the facility will document: The limited opportunities, the duration of the limitations, and the reasons for the limitations. This segregation should ordinarily not exceed a period of 30 days and at minimum, every 30 days a review of this placement will be made.

As previously stated, the Gaston County Sheriff's Office had implemented the formal PREA process just a few months prior to the onsite. As such, there were no records available for the audit team to review to verify compliance or to determine non-compliance. As there is a policy in place and the PREA Compliance Manager is aware of the requirements of the provision, the audit team determined that the facility is in compliance. It is recommended that the facility's PREA Review Team develop a protocol and attendant forms in the event of a PREA-related issue requiring an inmate to be housed in protective custody to ensure oversight, measurable outcomes, and timely reviews for compliance by the Compliance Manager.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.68.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. Agency Policy 5.12 "Prison Rape Elimination Act"
  - b. Agency In-Service Curriculum "PREA"
  - c. Training records
2. Interviews:
  - a. PREA Administrative Investigator

- b. Administrative Investigator
- c. PREA Coordinator

#### Findings (by provision)

It should be noted that since the formal PREA compliance process had begun not long before the time of the onsite, there were no investigative files for alleged PREA violations for the audit team to review for compliance with this provision. As such, the audit team relied on the relevant policy and interviews to determine what the facility believed they would do in an investigation of a future PREA allegation. The administrative investigator supervisor (with Internal Affairs or IA) told the audit team that the agency would conduct all administrative investigations via the PREA investigator, but that IA would only get involved in an administrative investigation if the allegation involved a staff member, but would not get involved in the case of inmate-on-inmate or involving a contractor, vendor or volunteer. The PREA investigator revealed that she would conduct an administrative investigation on all PREA-related allegations, regardless of the parties involved, however, she did not carry the rank required to investigate any staff member over the rank of sergeant who may be involved in a PREA-related allegation. Both investigators revealed that all PREA-related allegations of a criminal nature would be referred out to the local police department for investigation.

115.71(a). The facility provided agency policy 5.12 which states “All allegations of sexual abuse and sexual harassment reported to staff will be promptly directed to their immediate supervisor. The Gaston County Sheriff’s Office will initiate administrative or criminal investigations for all reports for any allegations of sexual abuse and harassment, including third-party and anonymous reports. Interviews with the PREA investigator and administrative investigator both revealed that they would conduct prompt, thorough, and impartial investigations, initiated by any of the following: inmate(s), anonymous reports, and third-party reports.

115.71(b). The facility provided agency policy 5.12 which states “Specially trained investigators, pursuant to §115.34, will conduct all investigations where sexual abuse and harassment have been alleged.” Interviews with staff and a review of training records did not prove this out. At the time of the onsite, the PREA investigator had received some training as outlined in 115.34, however there were some gaps in that training discovered in the interview and subsequent record review, specifically in the area of *Garrity* and *Miranda* warnings. The administrative investigator had, at the time of the onsite, not yet received training in accordance with 115.34, but was scheduled to attend this training by the end of the year.

115.71(c). The facility provided agency policy which states that investigators will “gather and preserve direct and circumstantial evidence, including any physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator.” As there were no investigative files available at the time of the onsite, the audit team relied on the interviews of the PREA investigator and IA investigator who both said they were familiar with the policy on evidence collection, interviews, and the review of prior complaints and that these were the procedures they would follow in the event of an PREA-related allegation.

115.71(d). The facility provided agency policy 5.12 which states that “investigators will consult prosecutors when the quality of evidence appears to support criminal prosecution.” It is unclear from the policy provided what the policy is regarding compelled interviews. Further, it was not made clear to the audit team from the policy or from interviews with investigative personnel whether they would be conducting compelled interviews as directed by guidance from the prosecutor, or if the outsourced agency would conduct these interviews.

115.71(e). The facility provided agency policy 5.12 which states that “inmates who allege sexual abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation. The credibility of any parties involved shall be assessed on an individual

basis and will not be determined by the person's status as inmate or staff." Both the PREA investigator and the IA investigator confirmed that they would not require an inmate to submit to a polygraph test.

115.71(f). The facility did not provide a supportive policy for this provision.

115.71(g). The facility did not provide a supportive policy for this provision.

115.71(h). The facility did not provide a supportive policy for this provision.

115.71(i). The facility provided agency policy 5.12 which states that "all investigations, both actions and criminal, will be properly and thoroughly documented through standardized reporting methods. These reports will be retained by the agency for as long as the alleged abuser is incarcerated or employed by the agency, plus five years." Interviews with the PREA Compliance Manager, PREA investigator, and the IA investigator indicated to the audit team that this was the process all were aware of and would follow subsequent to a PREA-related investigation.

115.71(j). The facility provided agency policy 5.12 which states that "the departure of an alleged abuser(s) or victim(s) from the facility's custody or employment will not be grounds to terminate. GCSO only imposes a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated." Interviews with the PREA Compliance Manager, PREA investigator, and the IA investigator indicated to the audit team that this was the process all were aware of and would follow subsequent to a PREA-related investigation.

115.71(k). Audit team is not required to audit this provision.

115.71(l). The facility did not provide a supportive policy for this provision.

**Corrective Action:**

1. Where sexual abuse is alleged, the agency shall use investigators who have received specialized training in sexual abuse investigations as required by 115.34 and who have the scope and authority to conduct such investigations.
2. The agency shall provide a policy and related training on the following:
  - a. When the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
  - b. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse.
  - c. Administrative investigations are documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
  - d. Criminal investigations are 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.
  - e. Substantiated allegations of conduct that appear to be criminal are referred for prosecution.
  - f. When an outside entity investigates sexual abuse, the facility shall cooperate with outside investigators and endeavor to remain informed about the progress of the investigation.

The Gaston County Jail responded with the corrective action plan with a new robust policy and associated flow charts for response depending on the type of incident, i.e., inmate on inmate or staff on inmate.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.71.

## Standard 115.72: Evidentiary standard for administrative investigations

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

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

- Documents: (Policies, forms, directives, reports, files, etc.)
  - Agency Policy 5.12 "Prison Rape Elimination Act"
- Interviews:
  - PREA Investigator
  - Internal Affairs (IA) Investigator

Findings (by provision)

115.72(a). The facility provided agency policy 5.12 which states that the agency "only imposes a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated." There had not been a PREA-related investigation during the reporting period, however both the PREA and IA investigators responded in interviews that this would be the practice in the event of such an investigation.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.72

## Standard 115.73: Reporting to inmates

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

### 115.73 (a)

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

### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No X  NA

### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? X  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? X  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? X  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? X  Yes  No

### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? X  Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes X  No

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Interviews  
PREA Coordinator
2. Documents  
Agency Policy - 5.12 "Prison Rape Elimination Act."  
GCSO Form #33

PREA Coordinator created a criminal and administrative agency's investigation policy and guidelines for SART which included this method. The policy is to take effect immediately following corrective action recommendation. Training was conducted to ensure that all persons involved in this process understand their role. An Inmate Notification form GCSO-Form#33 was implemented for this purpose to ensure documentation and notification of the investigation's finding.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.73.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

1. Interviews
  - Facility Administrator
  - Agency Head
  - North Carolina Sheriffs' Education Training and Standards Staff
2. Documents
  - Agency Policy - 5.12 "Prison Rape Elimination Act.

Per the certification body, North Carolina Sheriffs' Education Training and Standards, agencies are required to report all criminal or administrative misconduct to the certifying body for review and possible sanation to include but not limited decertification as a detention officer.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.76.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, directives, forms, contracts, files, records, etc.)
  - a. Food Service Contract
  - b. Medical Contract

2. Interviews:
  - a. Kitchen contract staff
  - b. Medical staff
  - c. PREA Coordinator

Findings (by provision)

115.77(a). The facility provided agency policy 5.12 which 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 and requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.” An interview with the PREA Coordinator revealed that any contractor or volunteer that violates agency PREA policies would be immediately removed and have no further contact with inmates. An examination of facility contracts revealed that there were provisions for the removal of contract staff.

115.77(b). Agency policy further states that “remedial measures are taken and prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer.” The PREA Coordinator confirmed that this would be the process in the event of a PREA-related incident with a contractor or volunteer.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.77.

## Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? X  Yes  No

### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? X  Yes  No

### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior? X  Yes  No

### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require

the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

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

#### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

1. Interviews  
PREA Coordinator
2. Documents  
Agency Policy - 5.12 "Prison Rape Elimination Act"

The facility sanctions are 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

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.78.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes  No  NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

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

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, forms, directives, records, files, etc.)
  - a. Agency Policy 5.12
  - b. Random inmate medical records
  - c. Medical Screening Instruments (1. Triage Specialist Intake Form, 2. Initial Medical Questionnaire, 3. Nurse Medical Screening, 4. Mental Health Screening Form, 5. 14-Day Health Appraisal)
  - d. Booking Screening Instruments (1. Classification PREA Checklist, 2. Booking Screening Forms)
2. Interviews:
  - a. PREA Compliance Manager
  - b. PREA Coordinator
  - c. Medical/Mental Health Staff
  - d. Staff assigned to Booking
  - e. Classification Supervisor

### Findings (by provision)

115.81(a)(c). The facility provided agency policy 5.12 which states that within 72 hours of receiving an inmate, an objective screening will occur which will include questions for inmates which include but are not limited to whether the inmate has a history of sexual victimization, both in the community and within other confinement settings and that "necessary and applicable medical and mental health referrals for follow-up may also be made from this information." This policy further states that "any Inmate that indicates to have experienced prior sexual victimization in either an institutional setting or the community will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening."

Interviews were conducted and the personnel listed in this provision were asked about the actual screening and referral process they followed. The audit team concluded that since the formal PREA screening process had just recently been implemented and there had yet been an incident of a triggering screening, the staff was not able to verbalize this process or to indicate who, or at which point in the booking process, this information would be gathered, analyzed and sent for referral. The mental health and medical providers said that they currently relied on a non-systematic "word-of-mouth" process to make referrals. Further, the facility was not able to provide to the audit team any screening document that appropriately gathered the information required in provisions 115.41 and 115.81.

115.81(b). The policy also states that “whether the inmate has convictions for sex offenses against an adult or child or a history of prior acts of sexual abuse within other confinement settings.” The audit team found the same situation as outlined in 115.81(a) and (c) and finds the facility non-compliant.

115.81(d). Since the facility did not present evidence of a system of referral, standardized classification which includes PREA-related criteria, or supportive policy documentation, the audit team finds the facility non-compliant.

The PREA Coordinator indicated to the audit team that she and facility staff have created new forms that would comply with provision 115.41 and 115.81. During the on-site, the PREA Compliance Manager walked the team through the booking and screening process. The audit team understands that inmates are processed: 1. Initial intake, 2. Initial Medical Triage, 3. Booking, 4. Initial Classification, 5. Formal Classification. The audit team understands that given the number of screening mechanisms involved in the process, there are many points from initial intake to formal classification to the 14-day health assessment that inmates should be asked PREA-related questions (115.41, 115.81) and thus, there are many opportunities for referrals to be required. Given this, the audit team makes the following findings: That there is a policy that adequately covers this provision and includes specific protocols on its application. That there are forms and instructions on how, when and why they are completed in the PREA In-Service and new officer training programs. That the PREA Compliance Manager/PREA Coordinator have a checklist of this process and of the attendant forms, meeting agendas, and timelines so that they are able to audit the effectiveness of the screening and referral process.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.81.

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

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

#### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
X  Yes  No

#### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? X  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? X  Yes  No

#### **115.82 (c)**

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? X  Yes  No

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, directives, memos, forms, records, etc.)
  - a. Agency Policy 5.12 “Prison Rape Elimination Act”
  - b. Medical Records
  - c. Mental Health Records
2. Interviews:
  - a. PREA Compliance Manager
  - b. Medical Staff
  - c. Mental Health Staff

### Findings (by provision)

115.82(a). The facility provided agency policy 5.12 which states that “inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and, where appropriate, information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care.”

Interviews with medical and mental health staff, as well as the PREA Compliance Manager revealed that all were aware of this policy and prepared to ensure that victims of sexual abuse receive timely access to medical and crisis intervention services. The audit team was unable to triangulate this provision to determine compliance however, due to the fact there had been no PREA-related allegation(s) of sexual abuse in the facility since the inception of the formal PREA process for the agency. It was suggested during interviews that a checklist of timelines be developed to track for the “timeliness” requirement of this provision and to provide an audit mechanism for the PREA Compliance

Manager/PREA Coordinator to track for reporting purposes. The audit team for the facility to be compliant with this provision.

115.82(b). Medical staff are on duty 24 hours a day, 7 days a week to include holidays. They maintain an infirmary and staff around the clock. As such, there is never a time that there is not a qualified medical or mental health practitioner on duty at the time a report of a recent sexual abuse. However, the PREA Coordinator reported that, in the unlikely event that there is no medical staff member available, she and her staff are aware of their responsibility to take preliminary steps to protect the inmate victim pursuant to § 115.62 and then notify emergency medical services. Random staff reported that they have not known an occasion when medical staff are not available.

115.82(c). Policy 5.12 states that inmate victims of sexual abuse will be provided “information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care.” This practice was verified by medical staff. There had been no reported cases of sexual abusive vaginal penetration/sexual abuse during the reporting period.

115.82(d). The policy further provides that “all medical and mental health services provided to such victims will be consistent with the community level of care and without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation.” This practice of waiving fees is consistent with the North Carolina General Statute 153A-225 that directs that inmates are not to be denied medical care regardless of their ability to pay. The medical staff, who have also been practitioners in the community, both confirmed that the standard of care in the facility does meet the community level.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.82.

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

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

#### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? X  Yes  No

#### **115.83 (b)**

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

#### **115.83 (c)**

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

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) X  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) X  Yes  No  NA

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
 Yes  No X  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Interviews  
Medical staff  
Mental Health Staff
2. Documents  
Agency Policy - 5.12 “Prison Rape Elimination Act”

115.82(d). Policy 5.12 states that “inmate victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests” and this was verified in interviews with medical staff.

115.82(e). Policy 5.12 states that inmate victims of sexual abusive vaginal penetration will be offered timely access to all lawful pregnancy-related medical services of pregnancy results.” Again, this practice was verified by medical staff. There had been no reported cases of sexual abusive vaginal penetration during the reporting period.

115.82(f). Policy 5.12 provides that “inmate victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.” This practice was verified by medical staff. There had been no reported cases of sexual abusive vaginal penetration/sexual abuse during the reporting period.

115.82(h). The facility is a jail, not a prison therefore this provision does not apply.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.82.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

### 115.86 (c)

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

### 115.86 (d)

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

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, directives, memos, forms, records, etc.)
  - a. Agency Policy 5.12 “Prison Rape Elimination Act”
2. Interviews:
  - a. PREA Compliance Manager

Findings by provision:

115.86 (a) - The audit team was provided the facility policy 5.12 “Prison Rape Elimination Act (PREA) that requires a 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

115.86(b) - The audit team was provided the facility policy 5.12 “Prison Rape Elimination Act (PREA) that requires that such a review ordinarily occur within 30 days of the conclusion of the investigation.

115.86(c) - The audit team was unable to determine the members of the audit team.

115.86 (d) - The audit team was provided the facility policy 5.12 “Prison Rape Elimination Act (PREA) that requires the team to consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, 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, examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assess the adequacy of staffing levels in that area during different shifts, assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, prepare a report of its findings and recommendations.

115.86(e) - The audit team was provided the facility policy 5.12 “Prison Rape Elimination Act (PREA) that requires the team to implement the recommendations for improvement, or document its reasons for not doing so.

**Corrective Action:**

Based upon the information provided, the Gaston County Jail does not comply with standard 115.86.

115.86(c) - To satisfy this provision the facility will need to provide a list of the incident review team members that include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.83.

## Standard 115.87: Data collection

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

### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, directives, memos, forms, records, etc.)
  - a. Agency Policy 5.12 "Prison Rape Elimination Act"

2. Interviews:  
a. PREA Compliance Manager

Findings by provision:

115.87(a) - The facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

115.87(b) - The agency aggregate the incident-based sexual abuse data at least annually. Further the agency will disclose the data on the agency website.

115.87(c) - The agency does complete the annual survey of Sexual Violence conducted by the Department of Justice and submits the data each year.

115.87(d) - The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The records are maintained under lock and key in the PREA Coordinator's Office.

115.87(e) - The agency does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates as it does not contract with private facilities. Therefore, the provision does not apply to the facility.

115.87(f) - The agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30 by completing the annual Survey of Sexual Violence.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.87.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

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

### 115.88 (c)

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

### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, directives, memos, forms, records, etc.)
  - a. Agency Policy 5.12 “Prison Rape Elimination Act”
2. Interviews:
  - a. PREA Compliance Manager
  - b. Agency Head

Findings by provision:

115.88(a) - The agency review team will 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. This is the first audit for the facility.

115.88(b) - This is the agency’s first audit therefore, the agency’s annual report will not 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. The agency understands going forward they will have to indicate the comparison data in future reports.

115.88(c) - The agency's annual report approved by the agency head and made readily available to the public through its website. One this audit is complete and finalized it will be posted to the agency website.

115.88(d) - 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.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.88.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, directives, memos, forms, records, etc.)
  - a. Agency Policy 5.12 "Prison Rape Elimination Act"
2. Interviews:
  - a. PREA Compliance Manager

115.89(a) - All reports and associated files related to PREA incidents in the facility are kept in a secured location under lock and key in the PREA Coordinator's Office.

115.89(b) - The agency has planned to prepare an annual report to place on the agency website to indicate the data from calendar year 2021. This is the first audit for this agency.

115.89(c) - The agency will remove does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available.

115.89(d) - The agency shall 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. 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.

Based on this information, the Gaston County Jail is in full compliance with the elements of standard 115.89.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

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

##### 115.401 (b)

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

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Findings by provision:

115.401(a) - This is the first audit for the Gaston County Jail.

115.401(b) - As this is the first audit for the Gaston County Jail, they facility has tentatively scheduled their next audit for three years from now (June 2023).

115.401(h) - The audit team was granted access to all aspects of the facility while conducting the onsite assessment.

115.401(i) - The audit team was allowed to request and receive copies as needed to prove the facility complied with each of the standards.

115.401(m) - The audit team was allowed to conduct private interviews with inmates without interference or influence of escorting staff members of the facility.

115.401(n) - Facility posted information to contact the audit team before, during and after the audit in such a manner as communicating with legal counsel. The audit team did not receive any correspondence from any inmate in the facility.

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.401.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

Findings by provision:

This is the first PREA audit for the Gaston County Jail, therefore there is no previous audit report to be found on their website. In discussion and interview with the Assistant Chief of the jail, she is aware that they report is to be uploaded to the agency website upon receipt for public viewing.

Corrective action identified and completed within the corrective action period

Based upon the information provided, the audit team finds Gaston County Jail in full compliance with standard 115.403.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

**Timothy L. Fuss**

**3/25/2022**

**Auditor Signature**

**Date**

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

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