

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: August 20, 2016

Auditor Information			
Auditor name: Walter Sipple			
Address: Post Office Box 2502, Mount Pleasant, South Carolina 29465			
Email: waltersipple@comcast.net			
Telephone number: 843-849-8268			
Date of facility visit: August 1-2, 2016			
Facility Information			
Facility name: Fayetteville Residential Reentry Center (RRC)			
Facility physical address: 3611B Ramsey Street, Fayetteville, North Carolina 28311			
Facility mailing address: <i>(if different from above)</i> Same as above			
Facility telephone number: 843-292-0388			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input checked="" type="checkbox"/> Other	
Name of facility's Chief Executive Officer: S. Anne Walker			
Number of staff assigned to the facility in the last 12 months: 9 of 16			
Designed facility capacity: 38 In-House and Unlimited on Home Detention			
Current population of facility: 35 In-House and 17 on Home Detention			
Facility security levels/inmate custody levels: FBOP/USPO, Pre-Release, Community Corrections Component, Home Det			
Age range of the population: 18+			
Name of PREA Compliance Manager: Nakia Palmer		Title: Facility Director	
Email address: npalmer@aws1962.org		Telephone number: 910-364-0253	
Agency Information			
Name of agency: Alston Wilkes Society			
Governing authority or parent agency: <i>(if applicable)</i> Alston Wilkes Society			
Physical address: 3519 Medical Drive, Columbia, South Carolina 29203			
Mailing address: <i>(if different from above)</i> Same as above			
Telephone number: 803-799-2490			
Agency Chief Executive Officer			
Name: S. Anne Walker		Title: Executive Director	
Email address: sannewalker@aws1962.org		Telephone number: 803-799-2490	
Agency-Wide PREA Coordinator			
Name: Meagen Mader		Title: Director of Compliance	
Email address: mmader@aws1962.org		Telephone number: 803-799-2490	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act on-site audit of the Fayetteville Residential Reentry Center (RCC), located in Fayetteville, North Carolina, was conducted on August 1-2, 2016, to determine compliance with the Prison Rape Elimination Act standards of August 20, 2012. Please refer to the National Prison Rape Elimination Act Resource Center for additional information at www.prearesourcecenter.org. The audit was conducted by Walter Sipple, United States Department of Justice Prison Rape Elimination Act certified adult facilities auditor, and no others, operating as an independent contractor with no conflict of interest. The Fayetteville Residential Reentry Center is a male and female community-based facility and part of the Alston Wilkes Society. The agency is a private not for profit organization contracted by the Federal Bureau of Prisons to house federal inmates. The federal inmates are considered residents when assigned to the Alston Wilkes Society and will be referred to as residents throughout this report. It consists of 2 housing units called dormitories. One dormitory is for male residents and the other separate dormitory is for female residents. The resident's living area is considered open bay style in design. The facility has no segregation or holding cells. The facility's maximum capacity is 38 in-house residents and unlimited home detention residents.

The audit process consists of a review of the Alston Wilkes Society as an agency as well as the Fayetteville Residential Reentry Center as a facility. Specifically, pre-audit preparation included a thorough review of all documentation and material submitted by the agency and facility along with data included in the completed Pre-Audit Questionnaire. The auditor received primary documentation which consists of policy and secondary documentation which consists of procedure on a flash drive for review prior to the on-site phase of the audit process. The documentation reviewed consisted of agency and facility policies, procedures, forms, education materials, training curriculum, organization charts, posters, brochures, quarterly reports, inmate population reports, memorandums of agreement, signed training rosters, community-based contact information, facility schematic, and other Prison Rape Elimination Act related materials that were provided to demonstrate compliance with the Prison Rape Elimination Act standards. This review prompted a series of questions that were reduced to writing and submitted to the Prison Rape Elimination Act Coordinator and Prison Rape Elimination Act Compliance Manager for review. Answers to the questions were submitted by the agency Prison Rape Elimination Act Coordinator and facility Prison Rape Elimination Act Compliance Manager and reviewed by the auditor prior to the on-site phase of the audit process. The agency defines the Prison Rape Elimination Act Coordinator as the Director of Compliance and each facility has a designated Prison Rape Elimination Act Compliance Manager that is also the Facility Director.

During the on-site visit portion of the audit process, an entrance meeting was held with the Facility Director, Case Managers, Supervision Specialist, Social Services Staff, Maintenance Staff, agency level Prison Rape Elimination Act Coordinator, and the auditor. The auditor was allowed access to the agency and facility in order to conduct the audit. Following the entrance meeting, the auditor toured and observed operations at the facility. The auditor contact information was posted throughout the facility prior to the on-site phase of the audit. The facility staff was fully cooperative with the auditor and audit process. A schematic layout of the facility was provided by the staff which consisted of the inmate housing areas. A list of staff, volunteers, and contractors to include assignments and roles was provided to the auditor along with listings by dormitory for a random and objective selection of residents for interviews.

The auditor reviewed compliance with the Prison Rape Elimination Act standards based on a review of agency policy, procedure, practice, daily activities, documentation, observation, and interviews with staff and inmates. Interviews were conducted with various outside agencies, to include but not limited to, the County Sheriff's Department; Fayetteville Police Department; Cape Fear Valley Medical Center, of Fayetteville, North Carolina; Rape Crisis Volunteers of Cumberland County; North Carolina Department of Health and Human Services; Rape, Abuse, and Incest National Network; Prison Rape Elimination Act Resource Center; and Just Detention International.

Residents were interviewed using the recommended Department of Justice protocols that question their knowledge of a variety of Prison Rape Elimination Act protections generally and specifically their knowledge of reporting mechanisms available to inmates to report abuse or harassment. Staff were questioned using the Department of Justice protocols that question their Prison Rape Elimination Act training and overall knowledge of the agency's and facility's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when an inmate alleges abuse, and first responder duties. An objective random sampling of staff, volunteer, resident, and contractor interviews was selected from a series of lists presented to the auditor by the facility. Last names were randomly selected by the auditor from an alphabetically ordered list. A total of 6 agency and facility staff were interviewed per random sampling from the auditor. A total of 7 residents were interviewed per random sampling from the auditor, along with special category inmates and a sampling identified during the in-take screening process. The auditor also conducted an after-normal-hours visit on August 2, 2016, to observe evening operations and interview night section staff. An exit interview was conducted at the end of the on-site visit by the auditor with the Facility Director, Case Managers, Social Services Staff, Maintenance Staff and agency Prison Rape Elimination Act Coordinator. The facility reported 2 allegations of sexual abuse or sexual harassment in the past 12 months and the auditor thoroughly reviewed each case.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Alston Wilkes Society is a private, not for profit, community correctional organization, with its headquarters located in Columbia, South Carolina. The Alston Wilkes Society operates a community confinement facility, Fayetteville Residential Reentry Center that was audited as a community-based residential reentry facility. The facility only houses federal Bureau of Prisons residents, male and female, at 361 1B Ramsey Street, within the city limits of Fayetteville, North Carolina. The agency is accredited by the American Correctional Association, a nationally recognized corrections organization, and subject to audits from outside the agency auditors confirming compliance with nationally recognized correctional standards or practice. The agency maintains an active contractual agreement with the federal Bureau of Prisons and is also inspected by them on a continuous basis.

The Alston Wilkes Society's mission statement is as follows, "Rebuilding lives for a safer community". The agency's vision statement, "To provide offenders, former offenders, the homeless, at-risk youth, veterans, and their families the tools they need to become productive citizens". The agency's values statement, "Our primary responsibility is to those we serve. The success of the Alston Wilkes Society is measured by how we meet our responsibilities to clients, volunteers, investors, other agencies, and each other. We operate in the spirit of doing unto others as we would have them do unto us".

The Fayetteville Residential Reentry Center is located in a commercial and residential neighborhood with access to public transportation and other community-based resources. The facility is located inside a larger building that also has other commercial oriented rental units. The exterior of the facility is open in concept with no perimeter fencing or barriers around the main building. The facility reported that the age range of residents is from age 18 and up. A total of 35 residents were reported assigned at the facility on the pre-audit questionnaire. The number of residents admitted to the facility during the past 12 months is 131. Resident custody classifications and security levels definitions: Federal Bureau of Prisons and United States Probation Office, Pre-Release, Community Corrections Component, and Home Detention.

The facility consists of 1 large building with a single access front entrance and rear area resident recreation section. The female resident dormitory is separate from the male resident dormitory. Both the male resident and female resident dormitories are considered open style dormitories with recreational rooms, single stall showers, disability accessible accommodations, resident common areas, and staff office space. The dormitories have double bunks and locker space for the residents.

The Fayetteville Residential Reentry Center offers residents access to books, various reading materials, computers, exercise equipment, case management, counseling, and vocational education. The job placement staff refers resident to various employment options and assists them with obtaining such items as birth certificates, social security cards, as well as a driver's license. The facility has approximately 16 staff employed at the facility, 1 contractor, and no interns. The facility also benefits from the utilization of community-based resources available throughout the Fayetteville area.

SUMMARY OF AUDIT FINDINGS

The Alston Wilkes Society Prison Rape Elimination Act Coordinator designated the Fayetteville Residential Reentry Center (RCC) as an adult community-based confinement facility in reference to Prison Rape Elimination Act standard compliance under the adult community corrections audit process. The audit preparation included a thorough review of all primary/policy and secondary/practice documentation and materials submitted by the agency and facility along with the data included in the completed Pre-Audit Questionnaire to demonstrate compliance with the standards. The auditor was impressed with the attention to detail and thoroughness of the documentation submitted. The agency Prison Rape Elimination Act coordinator provided the auditor with documentation along with a flash drive in preparation for the on-site phase of the audit process.

The auditor conducted a thorough facility-wide audit of the Fayetteville Residential Reentry Center. Two sexual assault or sexual abuse harassment allegation cases, of resident-on-resident reports, were reported during the past 12 month period from the date of the audit. Both cases were considered substantiated and thoroughly reviewed by the auditor. Both cases were administratively processed by the federal Bureau of Prisons as violations of 114 – Prohibited Act and both resident perpetrators were immediately removed from the facility and transferred to county jails. The auditor received no requests for an interview during the audit process or inquiries from the auditor posted contact information.

The interviews of inmates reflected that they were aware of and understood the Prison Rape Elimination Act protections and the agency's zero tolerance policy. Residents receive written materials at intake that provide detailed information about Prison Rape Elimination Act protections, the multiple ways to report sexual abuse or sexual harassment and ways to protect themselves from abuse. Residents were able to articulate to the auditor what they would do and who they would tell if they were sexually abused. All facility staff interviewed indicated they had received detailed Prison Rape Elimination Act training and could articulate the meaning of the agency's zero tolerance policy.

The auditor was impressed with the location of the facility in a somewhat busy commercial, retail, and service section of Fayetteville, North Carolina. Numerous employment opportunities and other community-based resources are available to the residents within walking distance of the facility as well as mass transit opportunities. The residents and staff have a focus on a community-based transition mission and program with active employment opportunities in the local community. The work and transition program as well as the ability to spend time with family is very popular with the residents and keeps them primarily focused on eventual release. The Fayetteville area offers the residents a variety of different work opportunities as well as other resources to assist them in their transition from confinement. The staff and residents were completely cooperative and helpful throughout the audit process. The agency and facility staff did a good job of providing the auditor with primary and secondary documentation to confirm compliance with the Prison Rape Elimination Act standards.

The auditor noted that this audit is the first of its kind for the facility, staff, and residents. The auditor stressed the importance of maintaining compliance as well as conducting follow-up reviews by agency and facility leadership during the exit briefing. The auditor determined that the facility is 100% compliant with the Prison Rape Elimination Act standards for this relevant review period. In addition, the auditor determined that the facility exceeds standard 115.218 by the modern 17 camera monitoring system for such a small facility of 38 in-house residents and exceeds standard 115.265 by creating a detailed and easy to follow coordinated response protocol for the facility staff (facility policy), impressive resource referral, and impressive informational posters and brochures. The auditor determined that standard 115.252 is not applicable.

Number of standards exceeded: 2 (115.218 and 115.265)

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 1 (115.252)

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

Auditor Comments: The Fayetteville Residential Reentry Center Director is the assigned Prison Rape Elimination Act Compliance Manager. The agency has a written policy (S348) and procedure mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The agency has one upper-level, agency-wide Prison Rape Elimination Act coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the Prison Rape Elimination Act standards in all of its facilities. The facility being audited has one Prison Rape Elimination Act compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the Prison Rape Elimination Act standards. Based on interviews with both the Prison Rape Elimination Act coordinator and compliance manager, they have the knowledge, background, authority, and time to perform their duties. Both are on the agency and facility organizational chart.

Specifically, the Alston Wilkes Society policy on Sexual Abuse, Harassment, and Misconduct states, "The Alston Wilkes Society has zero tolerance toward all forms of sexual abuse, sexual harassment, and sexual misconduct. Client-on-Client sexual abuse, Client-on-Client sexual harassment, Staff-on-Client sexual abuse, Staff-on-Client sexual harassment, Staff-on-Client indecent exposure, Staff-on-Client voyeurism, Staff-on-Staff sexual abuse, and Staff-on-Staff sexual harassment will not be tolerated. This includes all gender quadrants: male-on-female, female-on-male, and same gender relationships, as well as collateral contacts of clients (family and friends of clients). Clients have the right to be free from fear of sexual abuse and harassment and if a report of sexual abuse or harassment is made, it will be investigated thoroughly and with respect to the client's safety, dignity, and privacy, without fear of retaliation. Staff also has the right to be free from retaliation for reporting sexual abuse or sexual harassment. The Alston Wilkes Society tolerates neither a staff code of silence nor the mishandling or inappropriate sharing of information or the making of deliberately malicious or false reports."

Based on a review of Alston Wilkes Society policy S348, procedures, and practice to include staff, resident, and outside agency interviews, the agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period. The auditor was impressed with the agency Prison Rape Elimination Act coordinator's expertise throughout the audit process.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure S348: Sexual Abuse, Harassment, and Misconduct dated September 1, 2013.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

Auditor Comments: The Alston Wilkes Society Fayetteville facility houses only federal residents as a result of a contractual agreement with the federal Bureau of Prisons for federal resident reentry services. The residents are under the authority of the United States Bureau of Prisons and any form of resident transfer or other confinement is in coordination and direction of the federal Bureau of Prisons and to a certain extent the United States Probation Office. The Alston Wilkes Society does not contract with other entities for the confinement of residents.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.213 Supervision and monitoring

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

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

Auditor Comments: The auditor received written secondary confirmation from the Prison Rape Elimination Act Coordinator of a staffing plan review that occurred on July 28, 2015. The Alston Wilkes Society Fayetteville Residential Reentry Center staffing plan takes the follow into consideration:

- 1) The physical layout of each facility;
- 2) The composition of the resident population;
- 3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- 4) Any other relevant facts.

In circumstance where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to:

- 1) The staffing plan established pursuant to the standard;
- 2) Prevailing staffing patterns;
- 3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- 4) The resources the facility has available to commit to ensure adequate staffing levels.

The auditor reviewed Alston Wilkes Society policy S348 and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period. The auditor stressed and emphasized the importance of having and maintaining a thoroughly documented facility staffing plan and the facility warden acknowledged the importance. The auditor recommended a webinar for future reference and training resource opportunities titled, "Developing and Implementing a Prison Rape Elimination Act Compliant Staffing Plan", from the National Prison Rape Elimination Act Resource Center at www.prearesourcecenter.org.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure S348.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.

- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.215 Limits to cross-gender viewing and searches

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

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

Auditor Comments: The facility has a rated capacity under fifty-six residents and does not conduct cross-gender strip searches or cross-gender visual body cavity searches. The facility reported no cross-gender strip or pat-down searches during the past 12 months.

The auditor viewed both the male and female resident dormitories during the on-site portion of the audit process. The female dormitory was located behind solid closed doors and was somewhat self-contained such as having a clothes washer and dryer. The facility enables residents 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 room checks. Such policies and procedures require staff of the opposite gender to announce their presence when entering a resident living quarters.

The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it is determined during conversations with the resident, by reviewing medical records and Bureau of Prisons documentation, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The agency and facility trains security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The auditor reviewed Alston Wilkes Society policy H1402 and procedures; observed agency and facility the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure H1402.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

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

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

corrective actions taken by the facility.

Auditor Comments: The Executive Director submitted a memorandum referencing the nature of a service, program, or activity, or an undue financial and administrative burden, as those terms are used in regulations promulgated under title II of the American With Disabilities Act, 28 Congressional Federal Record 35.164. The agency does have a verified agreement with an outside organization called PRISMA, dated February 25, 2015, which provides interpreter services for any residents who are limited English proficient.

Based on random resident and staff interviews conducted during the on-site portion of the audit, the agency and facility takes 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 residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The auditor noted that the facility infrastructure accommodates residents with disabilities. The agency is in compliance with the North Carolina vulnerable adult statute, North Carolina Code of Laws 108A-99 – 108A-111, in that staff will report allegations to the designated State agency under applicable mandatory reporting laws, North Carolina Department of Health and Human Services.

The agency does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety. The agency and facility (policy H1301) is in compliance with the Prison Rape Elimination Act standard.

Auditor note: The National Center for Victims of Crime recently initiated and launched the Victim Connect Resource Center which is a resource for victims, to include but not limited to, providing critical, confidential assistance through phone, text, and chat along with interpreter services in over 200 languages. These services can be accessed at 1-855-4VICTIM or www.chat.victimconnect.org. The anti-sexual assault organization, RAINN, operates a national hotline at 1-800-656-4673 with access to a range of free services.

State Law, Policy, Materials, Interviews and Other Evidence Reviewed:

- North Carolina Code of Laws 108A-99 – 108A-111.
- North Carolina Department of Health and Human Services, 919-855-4800.
- Federal Bureau of Prisons Contract.
- PRISMA Interpreter, memorandum of agreement, dated February 25, 2015.
- Alston Wilkes Society Standard Operating Procedure H1301.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.217 Hiring and promotion decisions

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

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

Auditor Comments: Based on a review of Alston Wilkes Society policy (S301), procedures, and practice along with staff and resident interviews, the agency does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described.

The agency considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The agency performs a criminal background records check in coordination with the federal

Bureau of Prisons before enlisting the services of any contractor who may have contact with residents. A process is in place for criminal background checks at least every five years for current employees and contractors who may have contact with residents.

The auditor reviewed Alston Wilkes Society policy S301 and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure S301.
- Interviews with agency Executive Director, Human Resources, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.218 Upgrades to facilities and technologies

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

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

Auditor Comments: When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology may enhance the agency's ability to protect residents from sexual abuse. The auditor received a facility schematic and noted all camera placements and mirror placements throughout the facility. The auditor noted during the interview with the facility director that a large mirror was installed in the case manager's offices to augment existing camera placements as a form of overlapping coverage.

The auditor reviewed Alston Wilkes Society policy and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is not only in compliance with the Prison Rape Elimination Act standard for the relevant review period, but exceeds the standard. The auditor's determination is the facility's 17 camera monitoring system that is exceptional for such a small facility of a designed capacity of 38 in-house residents.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society policy and procedure.
- Facility schematic.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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

Auditor Comments: Based on a review of Alston Wilkes Society policy (H809), procedure, and practice along with staff and resident interviews, to the extent the agency is responsible for investigating allegations of sexual abuse, the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The agency does not conduct criminal investigations. The agency only performs administrative investigations that involve any form of staff on resident sexual misconduct. Any investigation will require consultation with the federal Bureau of Prisons per agreed upon contract. The federal Bureau of Prisons has ultimate authority over all of the federal residents at the facility. The facility only houses federal residents at the facility from the federal Bureau of Prisons.

The agency offers all victims of sexual abuse access to forensic medical examinations, at an outside facility, without financial cost, where evidentiary or medical appropriate in accordance with the standard. Such examinations shall be performed by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners. The Cape Fear Valley Medical Center of Fayetteville located in Fayetteville, North Carolina, conducts forensic examinations. The local rape crisis center, Rape Crisis Volunteers of Cumberland County, makes a available to the victim a victim advocate from the rape crisis center that accompanies the resident and supports the victim throughout the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The auditor was impressed with the high level quality of service offered by the rape crisis center and emergency forensic medical examination service.

The auditor reviewed Alston Wilkes Society policy H809 and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Cape Fear Valley Medical Center, Fayetteville, North Carolina.
- Rape Crisis Volunteers of Cumberland County agreement dated March 3, 2015.
- Alston Wilkes Society Standard Operating Procedure H809.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, local community-based service organizations, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

Auditor Comments: The Alston Wilkes Society (S348 and S392) and Fayetteville Residential Reentry Center ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency has a policy that ensures 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. The agency shall publish such policy on its website, or if it does not have one, make the policy available through other means. The agency documents all such referrals.

The agency and facility reported 2 reported cases during the past twelve months along with any referrals of allegations of sexual abuse and PREA Audit Report

sexual harassment. The auditor reviewed Alston Wilkes Society policy S348 and S392, and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure S348 and S392.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.231 Employee training

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

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

Auditor Comments: The Alston Wilkes Society trains all employees who have contact with residents on:

- 1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment; prevention, detection, reporting, and response policies and procedures;
- 3) Resident's right to be free from sexual abuse and sexual harassment;
- 4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- 5) The dynamics of sexual abuse and sexual harassment in confinement;
- 6) The common reactions of sexual abuse and sexual harassment victims;
- 7) How to detect and respond to signs of threatened and actual sexual abuse;
- 8) How to avoid inappropriate relationships with residents;
- 9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The auditor reviewed training records, PowerPoint presentations, staff acknowledgement sheets for compliance with standard and documentation of staff signatures signifying training. The training is tailored to both genders of residents at the employee's facility. The agency Prison Rape Elimination Act coordinator provided the auditor with staff refresher training and up-to-date new staff hires training confirmation. The agency provides a variety of different training formats.

The auditor reviewed Alston Wilkes Society policy and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.232 Volunteer and contractor training

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

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

Auditor Comments: The Fayetteville Residential Reentry Center reported having one volunteer that comes to the facility on a regular basis. The agency (policy H1502) ensures all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The auditor interviewed staff and reviewed training records for volunteers and contractors who have contact with residents along with signed acknowledgement forms. The auditor was impressed with the agency's volunteer handbook that is very comprehensive. The agency created Prison Rape Elimination Act related educational training brochures that are very user friendly.

The auditor reviewed Alston Wilkes Society policy H1502 and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure H1502.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.233 Resident education

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

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

Auditor Comments: Fayetteville Residential Reentry Center residents receive individualized one-on-one orientation counseling and intake within 24 to 48 hours of arrival due to the small size of the facility. The auditor interviewed one of the facility case management staff who conducts the intake process along with residents. During the intake process, residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The agency provides a comprehensive education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The auditor reviewed resident signatures on intake and orientation process check lists originated from agency for the past twelve months. The agency has varied methods of education material such as posters and brochures with relevant Prison Rape Elimination Act information. The individualized one-on-one case management format is accessible to residents who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills. The facility and agency has a memorandum of agreement with a Raliegh, North Carolina, interpreter service. The auditor also noted that the majority of residents interviewed received comprehensive Prison Rape Elimination Act training while confined at the federal Bureau of Prisons prior to transfer to the Alston Wilkes Society.

The auditor reviewed Alston Wilkes Society policy H1202 and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- PRISMA Interpreter, memorandum of agreement, dated February 25, 2015.
- Alston Wilkes Society Standard Operating Procedure H1202.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.234 Specialized training: Investigations

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

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

Auditor Comments: The auditor thoroughly reviewed 2 investigative files as part of the on-site visit portion of the audit process. The Alston Wilkes Society does not conduct criminal investigations or administrative investigations involving residents. The agency does conduct administrative investigations concerning agency staff sexual misconduct. The agency human resources director conducts administrative investigations involving staff. Any form of investigations will be coordinated with the federal Bureau of Prisons.

Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The federal Bureau of Prisons has investigators and referral investigators that have the specialized training in accordance with the Prison Rape Elimination Act standard and the agency coordinates all investigations with them per contractual agreement.

The auditor reviewed Alston Wilkes Society policy and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies (local Fayetteville Police Department has criminal investigation jurisdiction if needed or assistance); and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Two Investigative Reports from the Fayetteville Residential Reentry Center..

- Federal Bureau of Prisons Contract.
- Alston Wilkes Society Standard Operating Procedure.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.235 Specialized training: Medical and mental health care

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

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

Auditor Comments: The Alston Wilkes Society does not employ any medical or mental health staff. The agency coordinates with the Cape Fear Valley Medical Center of Fayetteville located in Fayetteville, North Carolina, for any form of forensic examinations. The local rape crisis center, Rape Crisis Volunteers of Cumberland County, makes a available to the victim a victim advocate from the rape crisis center that accompanies the resident and supports the victim throughout the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The auditor was impressed with the high level quality of service offered by the rape crisis center and emergency forensic medical examination service.

The federal Bureau of Prisons has separate contractual agreements for mental health care if needed with other organizations, that is available to all of the facility’s residents.

These organization medical and mental health care practitioners have been trained in:

- 1) How to detect and assess signs of sexual abuse and sexual harassment;
- 2) How to preserve physical evidence of sexual abuse;
- 3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- 4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The auditor reviewed Alston Wilkes Society policy H1202 and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Cape Fear Valley Medical Center, Fayetteville, North Carolina.
- Rape Crisis Volunteers of Cumberland County agreement dated March 3, 2015.
- Alston Wilkes Society Standard Operating Procedure H1202.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Facility submitted Pre-Audit Questionnaire.

Standard 115.241 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

Auditor Comments: The auditor noted that all of the facility residents originate as transfers from the federal Bureau of Prisons which conducts screenings for risk of victimization and abusiveness. Based on interviews with the facility's intake staff and random residents, all residents are assessed during the intake screening and upon transfer to the facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. Intake screening shall ordinarily take place within 72 hours of arrival and more often is completed within 24 to 48 hours of arrival due to the small size of the facility. Such assessments shall be conducted using an objective screening instrument.

The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:

- 1) Whether the resident has a mental, physical, or developmental disability;
- 2) The age of the resident;
- 3) The physical build of the resident;
- 4) Whether the resident has previously been incarcerated;
- 5) Whether the resident's criminal history is exclusively nonviolent;
- 6) Whether the resident has prior convictions for sex offenses against an adult or child;
- 7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- 8) Whether the resident has previously experienced sexual victimization; and
- 9) The resident's own perception of vulnerability.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. A resident's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. The residents are not to be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.

The agency implements appropriate controls on the dissemination within the agency of responses to questions asked pursuant to this standard or order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Only limited staff has access to the risk screening form such as medical, mental health, executive director, facility director, as well as the Prison Rape Elimination Act coordinator.

The auditor reviewed resident intake records for those admitted with the past twelve months who have been screened with the first seventy-two hours of arrival. Initial assessments and well as reassessments for risk of sexual victimization or abusiveness were reviewed. The agency Prison Rape Elimination Act coordinator provided the auditor with confirmed documentation of the screening forms and process.

The auditor reviewed Alston Wilkes Society policy H1202 and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure H1202.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.242 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Auditor Comments: The Alston Wilkes Society and Fayetteville Residential Reentry Center uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The agency shall make individualized determinations about how to ensure the safety of each resident. In deciding whether to assign a transgender or intersex resident to a room for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. The facility has single use showers attached to each resident dormitory.

The Alston Wilkes Society coordinates all placements within the residential center with the federal Bureau of Prisons per the contractual agreement between the two agencies. The agency has the capabilities to house residents identified to be lesbian, gay, bisexual, transgender, or intersex for compliance with the standard.

The auditor reviewed Alston Wilkes Society policy H1202 and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure H1202.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.251 Resident reporting

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

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

Auditor Comments: The Alston Wilkes Society and Fayetteville Residential Reentry Center has multiple internal ways for residents to privately report per the Prison Rape Elimination Act standard. The Prison Rape Elimination Act Coordinator created a reporting form directly on the agency website that is available to all of the residents, staff, third parties, and the general public. The auditor interviewed the local rape crisis center in Fayetteville, North Carolina. They were familiar with the Prison Rape Elimination Act, received training specific to the Prison Rape Elimination Act, and responsive to receiving potential calls from any residents assigned to the facility. The auditor was impressed with the scope of services offered by the local community-based services.

Agency and facility staff accepts reports made in various formats such as verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The agency provides a method for staff to privately report sexual abuse and sexual harassment of residents. The auditor was impressed that the facility director was receptive to maintaining an anonymous box available to all residents, staff, and visitors that only he has access to.

The auditor reviewed Alston Wilkes Society policy and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Cape Fear Valley Medical Center, Fayetteville, North Carolina.
- Rape Crisis Volunteers of Cumberland County agreement dated March 3, 2015.
- Alston Wilkes Society Standard Operating Procedure and Website.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.252 Exhaustion of administrative remedies

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

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

X Not Applicable

Auditor Comments: The residents are federal transfers from the federal Bureau of Prisons in accordance with contractual agreements between the two agencies. The federal Bureau of Prisons maintains ultimate authority over all of the residents at the facility. Any form of administrative procedure for dealing with resident grievances regarding sexual abuse will be coordinated with the federal Bureau of Prisons.

The auditor reviewed the contractual agreement with the federal Bureau of Prisons and interviewed residents in reference to their understanding of administrative remedies. The agency does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual to their liaison officer with the federal Bureau of Prisons. The agency does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The agency ensures that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. A third party report on behalf of any resident is permitted. The auditor confirmed no third party reports received within the past twelve months with the agency Prison Rape Elimination Act coordinator and local outside agency rape crisis center. The agency will respond to any form of emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

Per the Prison Rape Elimination Act standard, if the standard does not apply to the agency that does not mean non-compliance. This standard is not applicable to the agency or the facility.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Federal Bureau of Prisons Contract.
- Alston Wilkes Society Standard Operating Procedure.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.253 Resident access to outside confidential support services

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

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

Auditor Comments: The auditor interviewed the local rape crisis center, Rape Crisis Volunteers of Cumberland County, in Fayetteville, North Carolina, as well as the Cape Fear Valley Medical Center. They were familiar with the Prison Rape Elimination Act, received training specific to the Prison Rape Elimination Act, and responsive to receiving potential calls from any residents assigned to the facility. The auditor was impressed with the scope of services offered by the local community-based services.

The residents have access to outside the agency rape crisis centers and the local community providers. The auditor tested the resident telephone access for outside confidential support service during the on-site portion of the audit. The rape crisis center and medical center offers victim advocacy services at no cost to the residents or agency. The agency and facility has posters and brochures with contact information available to all residents, staff, and public. The resident telephone calls are not monitored.

The auditor was impressed with the agency Prison Rape Elimination Act coordinator’s posters, website access, resident guide, and brochures. The auditor reviewed Alston Wilkes Society policy H809 and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Auditor note: The National Center for Victims of Crime recently initiated and launched the Victim Connect Resource Center which is a resource for victims, to include but not limited to, providing critical, confidential assistance through phone, text, and chat along with interpreter services in over 200 languages. These services can be accessed at 1-855-4VICTIM or www.chat.victimconnect.org. The anti-sexual assault organization, RAINN, operates a national hotline at 1-800-656-4673 with access to a range of free services.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Cape Fear Valley Medical Center, Fayetteville, North Carolina.
- Rape Crisis Volunteers of Cumberland County agreement dated March 3, 2015.
- Alston Wilkes Society Standard Operating Procedure.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.254 Third-party reporting

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

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

Auditor Comments: The Alston Wilkes Society and Fayetteville Residential Reentry Center has a method to receive third-party reports of sexual abuse and sexual harassment through its website reporting process and local rape crisis center, Rape Crisis Volunteers of Cumberland
 PREA Audit Report

County as well as the Cape Fear Valley Medical Center, Fayetteville, North Carolina. The agency shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The agency has posters and brochures throughout the facility that are also available to anyone and explain third-party reporting options and processes.

The auditor reviewed Alston Wilkes Society policy and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Auditor note: The National Center for Victims of Crime recently initiated and launched the Victim Connect Resource Center which is a resource for victims, to include but not limited to, providing critical, confidential assistance through phone, text, and chat along with interpreter services in over 200 languages. These services can be accessed at 1-855-4VICTIM or www.chat.victimconnect.org. The anti-sexual assault organization, RAINN, operates a national hotline at 1-800-656-4673 with access to a range of free services.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Cape Fear Valley Medical Center, Fayetteville, North Carolina.
- Rape Crisis Volunteers of Cumberland County agreement dated March 3, 2015.
- Alston Wilkes Society Standard Operating Procedure.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.261 Staff and agency reporting duties

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

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

Auditor Comments: The auditor thoroughly reviewed two inmate allegations of sexual abuse and sexual harassment that were received by the Fayetteville Residential Reentry Center within the past 12 month period from the audit. Based on agency policy (H809 and S348), procedures, and interviews with case managers, intake staff, facility director, Prison Rape Elimination Act coordinator, random residents and released residents the facility is in compliance with the Prison Rape Elimination Act standard. The agency requires 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 at the facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the federal Bureau of Prisons.

Apart from reporting to designated personnel, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the agency policy, to make treatment, investigation, and other security and management decisions (agency policy H809 and S348). Based on agency staff and resident interviews, the agency is in compliance with the North Carolina vulnerable adult statute, North Carolina Code of Laws 108A-99 – 108A-111, in that staff will report allegations to the designated State agency under applicable mandatory reporting laws, North Carolina Department of Health and Human Services.

State Law, Policy, Materials, Interviews and Other Evidence Reviewed:

- North Carolina Code of Laws 108A-99 – 108A-111.
- North Carolina Department of Health and Human Services, 919-855-4800.
- Federal Bureau of Prisons Contract.
- Alston Wilkes Society Standard Operating Procedure H809 and S348.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance

- Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.262 Agency protection duties

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

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

Auditor Comments: The auditor was able confirm that the Fayetteville Residential Reentry Center immediately transferred two alleged inmate perpetrators to the county jail based on the two allegations reported within the past 12 month period from the audit. Based on a review of agency policy and procedures along with agency staff and resident interviews during the on-site portion of the audit, once the agency staff learns that a resident is subject to a substantial risk of imminent sexual abuse, they will take immediate action to protect the resident. Follow-up coordination will occur between the agency and the federal Bureau of Prisons to further ensure the resident’s safety and security.

The auditor observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.263 Reporting to other confinement facilities

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

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

Auditor Comments: Based on a review of agency policy (H809) and procedures along with agency staff interviews the facility director will notify and take action as soon as possible, but no later than seventy-two hours after receiving an allegation that a resident was sexually abused while confined at another facility. The agency documents such notification and informs the head of the facility and head of the agency where the alleged abuse occurred. Based on staff and resident interviews, the facility director and executive director have not had any allegations of abuse at another facility within the past twelve month period. The agency will document that it has provided such notification and ensure that the allegation is investigated in accordance with the Prison Rape Elimination Act standard.

The auditor observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure H809.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.264 Staff first responder duties

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

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

Auditor Comments: The Fayetteville Residential Reentry Center staff receive training on first responder duties in accordance with the Prison Rape Elimination Act standard. Based on agency policy (H809) and procedures along with agency staff and resident interviews during the on-site portion of the audit, upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

If the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The agency and facility is in compliance with the Prison Rape Elimination Act standard.

The observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Fayetteville Residential Reentry Center Staff Training Records.
- Alston Wilkes Society Standard Operating Procedure H809.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.265 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Auditor Comments: The auditor confirmed Fayetteville Residential Reentry Center coordinated response after reviewing two inmate allegations of sexual abuse and sexual harassment reported within the past 12 months of the audit. Based on agency policy (H809) and procedures along with the agency staff and resident interviews during the on-site portion of the audit, the facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, contract agencies, facility leadership, and agency executive leadership. The agency is in compliance with the Prison Rape Elimination Act standard.

The auditor observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is not only in compliance with the Prison Rape Elimination Act standard for the relevant review period but exceeds the standard. The auditor determination is based upon an easy to follow coordinated response plan, impressive support and resource referral, and impressive posters and brochures.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure H809.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

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

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

Auditor Comments: Based on agency policy and procedures along with interviews with agency staff, the agency is not bound by any form of collective bargaining in order to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The auditor specifically reviewed personnel actions taken by the agency.

The auditor observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.267 Agency protection against retaliation

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

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

Auditor Comments: Based on agency policy (H809) and procedure along with agency staff and resident interviews, the agency protects all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility director is designated and appointed as the retaliation monitor.

The agency has multiple protection measures, such as transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, the facility director monitors the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. For example, the facility director will monitor any resident disciplinary actions, program changes, or negative reviews or reassignment recommendations from staff. The director continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

The auditor observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure H809.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.271 Criminal and administrative agency investigations

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

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

Auditor Comments: The agency human resources director is responsible for any administrative investigations involving any staff members,
PREA Audit Report

other types of investigations are handled in accordance with the federal contract with the Bureau of Prisons. Based on agency policy (S392) and procedures along with agency staff and residents, when the agency conducts its own administrative investigations on staff of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The agency and facility reported no allegations that appeared to be criminal.

Criminal investigations are handled by contracted federal bodies (federal investigators), local law enforcement, Fayetteville Police Department, and/or representatives from the federal Bureau of Prisons or other designated federal investigators. The agency has a contract agreement with the federal Bureau of Prisons and all of the residents are under the jurisdiction of the federal Bureau of Prisons.

The agency coordinates with other outside agencies in determining further action and prosecution. The agency does not compel residents to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation. Investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The agency retains all written reports for as long as the alleged abuser is housed at the facility or employed by the agency, plus five years. The departure of the alleged abuser or victim from the employment or control of the agency shall not provide a basis for terminating an investigation.

The auditor observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Federal Bureau of Prisons Contract.
- Alston Wilkes Society Standard Operating Procedure S392.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

Auditor Comments: Based on agency policy (S392) and staff interviews, the agency, federal contract bodies, and facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The auditor observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Federal Bureau of Prisons Contract.
- Alston Wilkes Society Standard Operating Procedure S392.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.273 Reporting to residents

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

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

Auditor Comments: Based on the agency's policy (S392), following a resident allegation that a staff member has committed sexual abuse against a resident, the agency shall subsequently inform the resident (exception being if the allegation is determined to be unfounded) whenever and in coordination with the federal Bureau of Prisons:

- 1) The staff member is no longer employed by the agency;
- 2) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the agency; or
- 3) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the agency.

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall 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 agency; or the agency learns that the alleged abuse has been convicted on a charge related to sexual abuse within the agency.

The auditor observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period. All such notification to the residents or attempted notifications are documented.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure S392.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.276 Disciplinary sanctions for staff

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

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

Auditor Comments: Based on agency policy (S348) and procedures along with staff and resident interviews, disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The auditor observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure S348.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.277 Corrective action for contractors and volunteers

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

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

Auditor Comments: Based on agency policies (S348) and procedures along with the staff and resident interviews, any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The agency takes appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The auditor observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure S348.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.278 Disciplinary sanctions for residents

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

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

Auditor Comments: Residents are subject to disciplinary sanctions in accordance with the federal Bureau of Prisons disciplinary listings and pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse.

Sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, coordination with the federal Bureau of Prisons, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed.

The agency disciplines a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between residents and may discipline residents for such activity.

The auditor reviewed Alston Wilkes Society policy (H1305) and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Federal Bureau of Prisons Contract.
- Alston Wilkes Society Standard Operating Procedure H1305.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.282 Access to emergency medical and mental health services

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

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

Auditor Comments: The auditor interviewed the local rape crisis center, Rape Crisis Volunteers of Cumberland County, in Fayetteville, North Carolina, as well as the Cape Fear Valley Medical Center. They were familiar with the Prison Rape Elimination Act, received training specific to the Prison Rape Elimination Act, and responsive to receiving potential calls from any residents assigned to the facility. The auditor was impressed with the scope of services offered by the local community-based services.

Resident 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. If no qualified medical or mental health practitioners are available at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

Resident victims of sexual abuse while housed are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on a review of agency policy (H809) and procedures along with staff and resident interviews, the agency is in compliance with the Prison Rape Elimination Act standard. The auditor reviewed agency agreements and interviewed personnel affiliated with the local rape crisis center and emergency forensic examination hospital to confirm compliance. The auditor was impressed with the quality and scope of services offered in the local community.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Cape Fear Valley Medical Center, Fayetteville, North Carolina.
- Rape Crisis Volunteers of Cumberland County agreement dated March 3, 2015.
- Alston Wilkes Society Standard Operating Procedure H809.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

Auditor Comments: The auditor interviewed the local rape crisis center, Rape Crisis Volunteers of Cumberland County, in Fayetteville, North Carolina, as well as the Cape Fear Valley Medical Center. They were familiar with the Prison Rape Elimination Act, received training specific to the Prison Rape Elimination Act, and responsive to receiving potential calls from any residents assigned to the facility. The auditor was impressed with the scope of services offered by the local community-based services.

The agency in coordination with the federal Bureau of Prisons offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse in the facility. 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, or placement in, other facilities, or their release from custody. The treatment provides such victims with medical and mental health services consistent with the community level of care. Resident victims of sexual abuse while housed are offered tests for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuse or cooperates with any investigation arising out of the incident.

The auditor reviewed Alston Wilkes Society policy (H809 and H1102) and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Cape Fear Valley Medical Center, Fayetteville, North Carolina.
- Rape Crisis Volunteers of Cumberland County agreement dated March 3, 2015.
- Alston Wilkes Society Standard Operating Procedure H809 and H1102.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.286 Sexual abuse incident reviews

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

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

Auditor Comments: The Alston Wilkes Society Prison Rape Elimination Act Coordinator provided the auditor with written secondary documentation confirming compliance with the standard along with annual reviews and meeting minutes. The agency review team takes the following into consideration:

- 1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- 2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4) Assess the adequacy of staffing levels in that area during different shifts;
- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- 6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to above paragraph numbers 1 to 5, and any recommendations for improvement, and submit such report to the facility head and Prison Rape Elimination Act compliance manager.

The auditor reviewed Alston Wilkes Society policy S392 and procedures; observed agency and facility practices; reviewed data provided by the agency and facility staff; interviewed outside agencies; and interviewed residents and staff during an on-site visit and tour of the facility. The agency and facility is in compliance with the Prison Rape Elimination Act standard for the relevant review period.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure S392.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.287 Data collection

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

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

Auditor Comments: The agency Prison Rape Elimination Act Coordinator provided the auditor with written secondary documents and PREA Audit Report

annual meeting minutes confirming compliance with the standard. The Alston Wilkes Society collects accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually, although the agency is in its second year of data collection. The incident-based data collected shall 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. The agency maintains, reviews, and collects data from every facility. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Based on a review of documented allegation logs, data collection documentation, policy (S392), and procedures along with agency staff interviews, the agency is in compliance with the Prison Rape Elimination Act standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure S392.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.288 Data review for corrective action

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

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

Auditor Comments: The agency Prison Rape Elimination Act Coordinator provided the auditor with written secondary documentation and meeting minutes confirming compliance with the standard. Based on policy (S392) and procedure review along with agency staff interviews, the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, by:

- 1) Identifying problem areas;
- 2) Taking corrective action on an ongoing basis; and
- 3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The agency is in its second year of data review and will compare the current year's data with those from next years and shall provide an assessment of the agency's progress in addressing sexual abuse. The agency's report is approved by the executive director of the agency and made readily available to the public through its website. The agency redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The agency (policy S392) is in compliance with the Prison Rape Elimination Act standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure S392.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

Standard 115.289 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Auditor Comments: Based on a review of documents, policy (S392), and procedure along with agency Prison Rape Elimination Act coordinator, the agency ensures that data is collected and securely retained. The agency makes all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website. The agency website is located at alstonwilkessociety.org. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected for at least 10 years after the date of the initial collection.

The agency (policy S392) is in compliance with the Prison Rape Elimination Act standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Alston Wilkes Society Standard Operating Procedure S392.
- Interviews with agency Executive Director, agency Prison Rape Elimination Act Coordinator, facility Director and Compliance Manager, and facility staff.
- Fayetteville Residential Reentry Center submitted Pre-Audit Questionnaire.

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.

Walter Sipple Walter Sipple

August 20, 2016

Auditor Signature

Date