

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** May 15, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Bobbi Pohlman-Rodgers			
<b>Address:</b> PO BOX 4068, Deerfield Beach, FL 33442-4068			
<b>Email:</b> bobbi.pohlman@us.g4s.com			
<b>Telephone number:</b> 954-818-5131			
<b>Date of facility visit:</b> April 18-19, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Pasquotank Correctional Institution			
<b>Facility physical address:</b> 527 Commerce Drive, Elizabeth City, NC 27909			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> (336) 694-4531			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Felix Taylor			
<b>Number of staff assigned to the facility in the last 12 months:</b> 315			
<b>Designed facility capacity:</b> 968			
<b>Current population of facility:</b> 775			
<b>Facility security levels/inmate custody levels:</b> Close/Minimum Custody			
<b>Age range of the population:</b> 20+			
<b>Name of PREA Compliance Manager:</b> Marquis Betz		<b>Title:</b> Correctional Captain II	
<b>Email address:</b> marquis.betz@ncdps.gov		<b>Telephone number:</b> (252) 331-4881	
<b>Agency Information</b>			
<b>Name of agency:</b> North Carolina Department of Public Safety			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 512 N. Salisbury St., Raleigh, North Carolina 27604			
<b>Mailing address:</b> <i>(if different from above)</i> 4201 Mail Service Center, Raleigh, NC 27699-4201			
<b>Telephone number:</b> (919) 825-2754			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Frank L. Perry		<b>Title:</b> Secretary, NCDPS	
<b>Email address:</b> frank.perry@ncdps.gov		<b>Telephone number:</b> (919) 733-2126	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Charlotte Jordan-Williams		<b>Title:</b> PREA Director	
<b>Email address:</b> charlotte.williams@ncdps.gov		<b>Telephone number:</b> (919)825-2754	

## AUDIT FINDINGS

### NARRATIVE

Pasquotank Correctional Institution (PCI) is a high security adult male prison with a designed capacity of 968 inmate beds and governed by the North Carolina Department of Public Safety (NCDPS). The facility was dedicated March 27, 1996 and was built using the same designs as several other institutions located in western North Carolina. PCI houses close and minimum custody adult felon males who are sent based on classification reassignment, demotions in custody, administrative transfer from other close security prison, restrictive housing needs and mental program needs. The mission of the North Carolina Section of Prisons is to protect the public by providing a safe, secure, and humane environment and offering services that prepare offenders for transition into society. There are five (5) core values that consist of Professional, Progressive, Accountable, Security Focused and Change Oriented at PCI. There were seven hundred seventy-five (775) inmates at the facility at the time of the on-site visit and no youthful inmates.

PCI is staffed with three hundred and eighty (380) full-time and part-time employees including medical and mental health staff. The staff consisted of: Facility Correctional Administrator; Assistant Correctional Superintendent. for Programs, Assistant Correctional Superintendent IV, Correctional Administrative Services Manager, Correctional Programs Director, six (6) Correctional Captain II, six (6) Correctional Lieutenant II, five (5) Correctional Programs Supervisor, six (6) Correctional Sergeant I, thirty-four (34) Correctional Sergeant II, five (5) Correctional Housing Unit Manager I, five (5) Correctional Housing Unit Manager II, Lead Correctional Officer II, twenty-three (23) Correctional Officer I, two hundred thirteen (213) Correctional Officer II, Clinical Social Worker, Clinical Chaplain II, Correctional Training Specialist II, eight (8) Correctional Case Manager, Institution Classifications Coordinator, seven (7) Processing Assistant III, Processing Assistant IV, Psychological Program Manager, and thirty-one (31) other staff (accounting, administrative, food service, maintenance and technology).

The medical staff full-time and part-time providing services at the facility consisted of: one (1) registered nurse supervisor, seven (7) professional nurses, four (4) licensed practical nurses, and other support staff (health assistant and medical records), licensed nurses providing nursing services on-site twenty-four (24) hours a day, seven (7) days a week and an on-call physician. All inmates are seen by a physician upon arrival to the facility. Additionally, all nurses are supervised by an on-site registered nurse supervisor who is responsible for coordination of the medical services. The medical staff provides medical care to include: completing the initial intake assessment, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams (optical lab), dietary services and referrals, administration of medications/treatments as prescribed, assessments of inmate injuries and treatment as required, medical assessments and monitoring with any restraint or segregation, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. The dental staff consisted of a dentist and a dental assistant providing dental services Monday through Friday consisting of dental care, cleaning, education, treatment, fillings, and extractions. All residents are seen by the dentist at least annually for a wellness check. Emergency services and forensic examinations are conducted at the Sentara Albemarle Medical Center.

The College of the Albemarle Educational Programs offered at PCI provides both educational and vocational programs for the inmates consisting of :

High School Equivalency Program - provides basis skills education and ABE instruction to adult student inmates; evaluate needs; correct work and assign tasks, especially to low and median level inmates. The ultimate goal of this program is to prepare and assist program participants in the achievement of their High School Equivalency Diploma.

Food Service Technology Program - provides inmates the opportunity to earn a vocational diploma within one (1) academic year and become eligible to enter an apprenticeship program. Program participants are given basic and general knowledge of food preparation with an emphasis on health and safety significance.

Embroidery Digital Design Program - provides inmates the opportunity to earn continuing education certificate and eligibility to enter an apprenticeship program. Program participants will receive general knowledge in computerized embroidery digital design skills.

Sewing Machine Repair Program - provides inmates the opportunity to earn a continuing education certificate and eligibility to enter an apprenticeship program. Program participants will receive general knowledge of sewing machine repair skills along with sewing and stitching abilities.

Enterprise Sewing Plant Program - provides inmates with the opportunity to create name tags for the uniforms worn by the officers. Also inmates make safety vests for the state.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Pasquotank Correctional Institution (PCI) is an adult male high security prison located in Elizabeth City, North Carolina. The prison is comprised of four (4) buildings surrounded by perimeter security fence with a built-in electronic intrusion detection system alerts armed correctional officers at the prison gatehouse and in roving patrols to prevent and deter escape attempts and a minimum custody facility. PCI in addition to inmate housing includes a visiting area, recreation area, dining hall, warehouse, vocational and academic classrooms, programs, medical and mental health offices and administrative offices. The administrative building is comprised of the administration office, mail room, several administrative offices and the line-up room. The four (4) units designated as inmate housing areas are upper Unit I (restrictive housing), lower Unit I (40 beds), Unit II is for close custody regular population housing, Unit III (Close Observations) sixty-four (64) modified housing beds, one hundred twenty-eight (128) close custody regular population housing. Unit I restrictive housing has 96 cells, 24 icon beds and 72 administrative/disciplinary restrictive housing beds. Unit I houses 136 and each other housing units house 192 inmates in single cells for a total of 712 inmates.

Unit V is orientation and is designed to assist in an adjustment to a new facility, to familiarize the inmate with the basic daily operations and better understanding of the expectations in regard to behaviors at the facility. The administrative building is the first building upon arrival to Unit V and is comprised of the Unit Manager's Office, the Program Supervisor's Office, Processing Assistant's Office, Inmate Records Room, the administrative lobby, staff conference room and the dining facility. The housing unit is comprised of four (4) dormitories, housing sixty-four (64) inmates each, for a total of two hundred fifty six (256) maximum inmate population on the unit. The dormitories are designated Alpha, Bravo, Charlie, and Delta and bottom bunks are reserved for inmates with special needs. Additionally, in the housing unit are the Assistant Unit Manager's Office, the Sergeant's Office, two (2) Case Manager's Offices, Medical, and Educational Classroom, Clothes House, the Barber Shop, and the Canteen. Unit V is responsible for sending a work force of work release inmates to Jimbo's Jumbos Peanut Plant in Edenton, NC, City of Elizabeth City, the Town of Hertford, the County Landfill, and the local area Food Bank. The Department of Transportation is provide a work force of inmates daily. Unit V's workforce consists of workers that work various janitorial, food service, grounds keeping, and recreational assignments. PCI's minimum custody staff is dedicated to protecting the public and providing a safe environment for staff and inmates. Their goal is to encourage a positive attitude and superior work ethic within each inmate.

## SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by March 7, 2016, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the NCDPS PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the clinic, dining area/visitation, and units/dormitories. This auditor did not receive any communications from the staff or the inmates as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by March 21, 2016. The documents, which were uploaded to a UBS flash drive, were organized and easy to navigate. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address some of the standards. After a discussion with the NCDPS PREA Coordinator documentation was provided during the on-site visit. Specific corrective actions during the on-site visit taken to address some of the deficiencies are summarized in this report under the related standards.

The on-site audit was conducted on April 18-19, 2016. DOJ Certified Auditor Bobbi Pohlman-Rodgers and DOJ Certified Auditor Dorothy Xanos conducted the audit. An entrance briefing was conducted with the Regional Security Coordinator, Correctional Facility Administrator, Assistant Correctional Superintendent of Programs II, Correctional Assistant Superintendent IV, and Correctional Captain II/PREA Compliance Manager. During the briefing, it was explained the audit process and a tentative schedule for the two (2) days to include conducting interviews with the staff and inmates and reviewing the documentation. A complete guided tour of the entire facility was conducted including the administrative area, line-up area, master/central control, chapel, training area, mental health area, kitchen and dining area, units/dormitories, vocational and educational areas including library, school offices and classrooms, medical area, gym and maintenance area, warehouse, and minimum custody facility. During the tour, inmates were observed to be under constant supervision of the staff while involved in school and other activities. The facility was clean and well maintained. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing inmates of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in the inmates's rooms or shower/toileting area so inmates are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower area. During the tour, it was observed the shower/toilet areas in the male unit/dorm areas did allow for privacy except in the restrictive/segregated area, the shower doors did not allow for privacy. This was discussed and will be corrected to allow for the privacy in this area.

During the two (2) day on-site visit, there were a total of seven hundred seventy-five (775) inmates in the facility. There are four (4) living unit/dorms and twenty-seven (27) inmates were randomly selected for the interview process. Also this auditor spoke with thirteen (13) inmates asking various questions during the facility tour. A total of forty (40) inmates were formally and informally interviewed on both days of the audit. Inmates were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administration, the hot line, and the grievance process. The community victims' advocacy service and telephone number is available to the inmates. There is evidence of PCI efforts to obtain an MOU with Sentara Albemarle Medical Center (SAMC) to provide confidential emotional support to inmates who are victims of sexual abuse and forensic exams.

Twenty-four (24) staff including those from all three (3) shifts, administrative and supervisory staff, medical and mental health/substance abuse staff, case management staff, contracted staff (teachers), the Correctional Facility Administrator, Assistant Correctional Superintendent of Programs II, Correctional Assistant Superintendent IV, and Correctional Captain II/PREA Compliance Manager were interviewed. Also this auditor spoke with twenty-three (23) staff asking various questions during the facility tour. A total of fifty one (51) staff were formally and informally interviewed on both days of the audit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the Regional Security Coordinator, Correctional Facility Administrator, Assistant Correctional Superintendent of Programs II, Correctional Assistant Superintendent IV, Correctional Captain II/PREA Compliance Manager, Correctional Administrative Services Manager and Sergeant. At the exit debriefing, it was discussed additional documentation was required for several standards and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the PCI Correctional Facility Administrator. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 3

### **Standard 115.11 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015; Policy A.0200 (Conduct of Employees); NC General Statute 14-27.7 (Intercourse and sexual offenses with certain victims; consent no defense) and Pasquotank Correctional Institution (PCI) Policy .1800 (Handling and Identifying Victims of Sexual Abuse), outlines how the facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and inmates who had violated those prohibitions. Additionally, the policy provided guidelines for implementing the facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of inmates.

NC Department of Public Safety Prisons has a designated PREA Coordinator who works statewide to implement the PREA Standards and who indicated she has sufficient time and authority to develop, implement and oversee compliance efforts of one-hundred & forty (140) PREA Compliance Managers. The Correctional Captain II is designated as their PREA Compliance Manager who also indicated that he has sufficient time to oversee the facility's PREA compliance efforts and perform other duties as assigned. It was evident during the staff interviews, staff had been trained and were knowledgeable of PCI Agency's Zero Tolerance Policy including all aspects of sexual abuse, sexual harassment and sexual misconduct in accordance with the requirements .

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

- 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.**

A review of the documentation revealed PCI does not contract for the confinement of inmates with private entities or other entities, including other government agencies. This standard is not applicable to this facility.

### **Standard 115.13 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.1600 (Management of Security Posts); NC General Statute 143B -709 (Security Staffing) and Pasquotank Correctional Institution (PCI) Policy .0200 (Management of Security Post) required each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of inmates, account for departmental adequate levels of staffing, physical plant, video monitoring, and federal standards. The 2015 annual staffing plan review revealed several deviations from the plan, however there were justifications for the deviations from the plan. Additionally, to comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds on a daily basis during all shifts documenting the information on Unit Log books and Shift Reports that contains observations of all areas of the facility. Staff interviews confirmed the process takes place in the facility. The Correctional Facility Administrator had reviewed and approved of the process for all supervisory staff conducting unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment.

### **Standard 115.14 Youthful inmates**

- 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 contained the elements of the standard. PCI did not have any youthful inmates at the time of the on-site visit.

### **Standard 115.15 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.0100 (Operational Searches); Policy F.1600 (Management of Security Posts); Health Services Policy and Procedure TX 1-13 (Evaluation and Management of Disorders of Gender Dysphoria) and Pasquotank Correctional Institution (PCI) Policy .1800 (Handling and Identifying Victims of Sexual Abuse) revealed policy and procedures prohibit any cross-gender strip search or visual body cavity searches or cross-gender pat-down searches to same gender staff absent exigent circumstances, shower procedures, female staff announcing when entering housing area, and prohibiting the search of a transgender or intersex inmate solely for the purpose of determining the inmate’s genital status. Also, the policy indicated any cross-gender searches are required to be documented. There were no cross-gender strip search or pat-down searches conducted during the

past 12 months. Staff and inmates interviews indicated that female staff entering the housing area sometimes announce themselves. In addition, "Female in the Dorm" is announced over the PA system and documented in the logbook, however the Facility Correctional Administrator was advised female staff will need to announce their presence when entering a dorm area. Staff and inmate interviews confirmed inmates are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. During the facility tour, it was evident shower doors in segregation did not allow for privacy. This was discussed and will be corrected to allow for the privacy in this area. A review of the training documentation and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex inmates are conducted in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of inmates are conducted. All staff interviews were able to describe what an exigent circumstance would be and were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches.

### **Standard 115.16 Inmates with disabilities and inmates 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy E.1800 (Non English Speaking Inmate Program) and Policy E.2600 (Reasonable Accommodations for Inmate with Disabilities) contained procedures to be taken to ensure inmates with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy states the facility will not rely on inmate interpreters, inmate readers or any kind of inmate assistants except when a delay in obtaining interpreters services could jeopardize a inmates' safety. There are postings throughout the facility in English and Spanish and intake staff have access to interpreter services. Staff training documentation, pamphlet and inmate PREA orientation packet contained information on providing appropriate explanations regarding PREA to inmates based upon their individual needs. Most staff interviews confirmed the facility does not use inmate assistants and there were no instances of inmate interpreters or readers being used in the past 12 months. Inmate interviews with LEP inmates indicated not always provided information in a language they understand for reading. There was discussion to implement limited English proficient documents in units and during intake. Since the initial review and on-site visit, the documentation was received prior to the submission of this report.

### **Standard 115.17 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 and the Addendum to the Administrative Memorandum 10-2013 contained all the elements required by this standard and all background checks are conducted initially on new employees and promotion decisions of the agency. The initial background checks include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to

state and federal criminal databases to conduct background checks and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. The agency conducts 5-year background checks for all employees and contractors. There is an affirmative duty to disclose any arrests or previous misconduct. Material omissions by an employee is subject to termination. Additionally, contractors who have contact with residents have documented criminal background checks. A sampled review of staff HR records contained the documented criminal background checks and the questions regarding past misconduct (Applicant Verification form) were asked and responded to during the hiring process. The agency provides information to requests from institutional employers where an employee has applied to work.

### **Standard 115.18 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.**

PCI has not been newly designed or had a substantial expansion or modification since August 20, 2012. There was no installation or updating of a video monitoring system, electronic surveillance system, or other monitoring technology at this facility. During the tour, the video surveillance system in the central control was observed. This will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor inmates more efficiently throughout the physical plant of the facility.

### **Standard 115.21 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim’s age. Additionally, it requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to investigative agencies. Documentation and staff interviews confirmed Pasquotank County Sheriff’s Department (PCSD) conducts the criminal investigations of allegations of sexual abuse, sexual harassment and sexual misconduct. There is evidence of PCI efforts to obtain an MOU with Sentara Albemarle Medical Center (SAMC) to provide confidential emotional support to inmates who are victims of sexual abuse. All inmates are offered a forensic medical examinations at no financial cost to the victim. PSI has assigned ten (10) PREA Support Person(s) to serve as victim advocates and who have completed the “PREA Support Person Training”.

### **Standard 115.22 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse, harassment or misconduct for investigation. The PREA policy can be found at the state's website. The facility has reported five (5) allegations of sexual abuse and sexual harassment resulting in administrative investigations and four (4) referred for criminal investigations. All staff interviews reflected and confirmed their knowledge on the reporting and referral process and policy's requirements. Additionally, the staff knew the agency to notified in response to an allegation of sexual abuse, sexual harassment and sexual misconduct.

#### **Standard 115.31 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 requires PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All ten (10) topics covered during PREA training are consistent with this standard's requirements and is tailored to the facility's male resident population. The staff training documentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All staff are provided with a brochure on prevention strategies to maintain a professional atmosphere. A review of sampled training files as well as staff interviews confirmed that staff are receiving their required PREA Training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and or sexual harassment. Additionally, the facility has provided the staff with palm cards identifying specific PREA information i.e. first responder protocol.

#### **Standard 115.32 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 and Policy F .0604 (Community Volunteer Program) requires volunteers and contractors who have contact with inmates to receive PREA training. All volunteers and contractors receive the same training as a facility employee “PREA 101” and the training is documented. All volunteers and contractors are provided with a brochure on a guide to prevention and undue familiarity and sexual abuse with offenders/inmates. Documentation confirmed they are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and or sexual harassment. Interviews with two (2) contracted teachers confirmed their knowledge of the PREA training.

### **Standard 115.33 Inmate 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 requires inmates to receive appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 15 days upon arrival. However, the case management staff provides the inmates with this information immediately upon arrival during their initial intake and orientation process. This information is reviewed verbally with the inmate, handbook and brochure is provided to them for future reference. After the review with the inmate he is asked to sign various forms, to include the Offender PREA Education Acknowledgment Form, verifying receipt for all information regarding orientation to the facility. All inmates are provided a NCDPS Sexual Abuse Awareness for the Inmate which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and is available in Spanish. Documentation of inmate's signatures were reviewed and confirmed during inmate interviews. Most inmates interviewed stated they received this information the same day they arrived at the facility and identified the receipt of the handbook. PREA postings were observed throughout the facility tour.

### **Standard 115.34 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 requires an investigation for all allegations of sexual abuse or sexual harassment. There are ten (10) investigators at the facility who conduct investigations for PCI and all ten (10) have completed the various trainings developed by the

NCDPS Office of Staff Development and Training. All facility investigators were required to attend these trainings. A review of the documentation and staff interview confirmed he attended the required training.

### **Standard 115.35 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation revealed medical and mental health/substance abuse staff received the basic PREA training provided to all staff. All medical and mental health staff received specialized training through Prisons – Health Services Training. Interviews with two (2) medical and mental health staff confirmed their understanding of the requirement to complete the specialized training and verified completing the course. None of the medical staff conduct forensic examinations.

### **Standard 115.41 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 and the Diagnostic Procedures Manual requires prior to placement as part of the screening process each inmate is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness with the OPUS Mental Health Screening Inventory and within 72 hours a mental health practitioner will conduct an initial Mental Health Assessment. Not all inmates are screened within seventy-two (72) hours upon arrival at the facility to determine placement and their special needs. Those inmates who score vulnerable to victim or sexually aggressive are included into the alert system, as well as receiving further assessments, as identified. This intake screening is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Inmates are reassessed at a minimum of every thirty (30) days and throughout their stay at the facility. The facility's policies limits staff access to this information on a “need to know basis”. Most inmate interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission. Staff interviews confirmed a screening is completed on each inmate upon admission to the program. Inmates reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health. Although there have been no transgender or intersex residents admitted to the facility within the past year, staff were aware of giving consideration for the inmate’s on views of their safety in placement and programming assignments. After the on-site visit, a plan was to be identified to ensure screening were conducted within seventy-two (72) hours of an inmate’s admission to the facility. Since the initial review and on-site visit, the documentation was received prior to the submission of this report.

### Standard 115.42 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 and Health Services Policy and Procedure TX 1-13 (Evaluation and Management of Disorders of Gender Dysphoria) precludes gay, bi-sexual, transgender and intersex residents being placed in a particular housing unit, beds or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine an inmate's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all inmates safe and free from sexual abuse. The case management staff utilize various forms and any other pertinent information during the inmate's admission process. Staff interviews described how information is derived from the forms as indicated above and the initial health assessment and mental health/substance abuse screening forms to determine placement and risk level. There are five (5) units designated as inmate housing areas.

### Standard 115.43 Protective custody

- 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 prohibits the use of involuntary restrictive housing unless there is no other option for keeping an inmate who is vulnerable to victimization separate from aggressive inmates. Also, the policy requires a review every thirty (30) days for continued restriction/placement. The inmates participation in programs, privileges, education and work opportunities may be restricted due to facility security issues, however all efforts will be made to provide certain programming within the restricted housing. Any placement of an inmate in involuntary restrictive housing and any type of restrictions are documented.

### Standard 115.51 Inmate 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 and Policy D .0300 (Inmate Use of the Mail) provides multiple internal ways for inmates to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, telephoning the hotline, placing a written complaint in the grievance box, and third party. While touring the entire facility, it was observed in the living areas postings of the PREA information (posters). The victim advocate information postings were limited. Reporting procedures are provided to inmates through the Inmate/PREA Orientation and brochure. All staff and inmate interviews along with the orientation and supporting documentation verified compliance with this standard. Prior to completing the on-site audit, victim advocate information was clearly posted in various areas throughout the facility.

**Standard 115.52 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy G .0300 (Administrative Remedy Procedure) describes the orientation inmates receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with inmate’s grievances regarding sexual abuse or harassment. Inmates may place a written complaint in the grievance box located in various locations (dining area, living areas) throughout the facility. The facility has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process and allow for other individuals to assist an inmate in filing a grievance or to file grievances themselves on behalf of inmate. Inmates are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. Grievances are to be resolved with a written response no later than twenty (20) days. Also, the facility has an emergency grievance procedure requiring an initial response within 24 hours. Inmate interviews and documentation (two grievances) confirmed the grievance process relating to sexual abuse or sexual harassment.

**Standard 115.53 Inmate 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 ensures that inmates are provided access to outside confidential support services, PREA Support Persons and legal counsel. There is documentation of the PCI Correctional Facility Administrator's obtaining the MOU with the Albermarle Hopeline for victim advocate services. There have been no calls from inmates to outside services in the past 12 months. Inmates interviews confirmed they have reasonable and confidential access to their attorneys through visitation, correspondence or by telephone. The Inmate/PREA Orientation contained information of outside services. Inmates interviews revealed limited knowledge of how to access outside services. However, additional education has been provided to the inmates on victim advocate services and the telephone number is clearly posted for inmates.

### **Standard 115.54 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.**

NCDPS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of an inmate. There are two separate reporting options for the receipt of third-party reports of sexual abuse or sexual harassment. They may write to the State-wide PREA Director or send an email through the link provided. This information is reported directly to the State-wide PREA Coordinator who will inform the Correctional Facility Administrator. These reports will be investigated. All inmate interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility including access to their attorney. All staff interviews were able to describe how reports may be made by third parties.

### **Standard 115.61 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 identified the reporting process for all facility staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against inmates or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All facility staff are mandated reporters and random staff interviews confirmed the program's compliance with this standard. Interviews with medical and mental health staff confirmed their responsibility to inform inmates under 18 years old of their duty to report and limitations of confidentiality. All facility staff receive information on clear steps on how to report sexual misconduct and to maintain confidentiality through facility protocol and or their training.

### **Standard 115.62 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 require that immediate action be taken upon learning that an inmate is subject to a substantial risk of imminent sexual abuse. There were no inmates determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with the Correctional Facility Administrator and other random selected staff were able to articulate, without hesitation, the expectations and requirements of NCDPS Policies and PREA Standards, upon becoming aware that an inmate may be subject to a substantial risk of imminent sexual abuse. Staff indicated if an inmate was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the inmate, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the inmate would be referred for mental health services.

#### **Standard 115.63 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 and Pasquotank Correctional Institution (PCI) Policy .1800 (Handling and Identifying Victims of Sexual Abuse) requires the Correctional Facility Administrator, upon receiving an allegation that an inmate was sexually abused while confined at another facility, to notify the Facility Correctional Administrator where the alleged abuse occurred and to report it in accordance with NCDPS policy and procedures. Also according to policy and procedure the Facility Correctional Administrator is to immediately report the incident for investigation and complete an incident report. The Facility Correctional Administrator had received no allegations that an inmate was abused while confined at another facility during the past 12 months.

#### **Standard 115.64 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 and Pasquotank Correctional Institution (PCI) Policy .1800 (Handling and Identifying Victims of Sexual Abuse) requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There have been four (4) allegations of sexual abuse during the past 12 months. Four (4) of which first security staff responded to the report separating the alleged victim and abuser. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that an inmate was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with NCDPS policies and procedures. It was evident that staff have been trained in their responsibilities as first responders. The staff had palm cards containing the policy on the first responder's specific steps to respond to a report of sexual abuse.

**Standard 115.65 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.**

The initial review of the Pasquotank Correctional Institution (PCI) Policy .1800 (Handling and Identifying Victims of Sexual Abuse) and the PCI's "PREA Sexual Abuse Institutional Response Plan" provides a written facility plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, mental health, facility leadership and executive staff. Coordinated Response clearly enumerate the actions to be taken by each discipline or involved staff person. Plans include instructions for accessing Sentara Albemarle Medical Center and Albermarle Hopeline. Interviews with the Facility Correctional Administrator and other staff validated their technical knowledgeable of their duties in response to a sexual assault.

**Standard 115.66 Preservation of ability to protect inmates 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.**

This facility does not maintain collective bargaining agreements therefore this standard is not applicable.

### **Standard 115.67 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 and Pasquotank Correctional Institution (PCI) Policy .1800 (Handling and Identifying Victims of Sexual Abuse) requires the protection and monitoring of inmates and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. NCDPS policy prohibits retaliation against any staff or inmate for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. Various protection methods for inmates are identified in policy. Form OPA-I22 is used to document the retaliation monitoring of staff and the OPA-I24 is used to monitor retaliation of an inmate. These forms provide guidance for things to look at, as well as documenting periodic status checks. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. The Correctional Captain II is responsible to ensure retaliation monitoring is completed as required by policy. This monitoring would include inmate disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff. There were no incidents of retaliation in the past 12 months.

### **Standard 115.68 Post-allegation protective custody**

- 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 contained information on post-allegation protective custody or guidelines for moving an inmate to another housing area (Administrative Restrictive Housing – Protective Custody) or another facility as a last measure to keep inmates who alleged sexual abuse safe and only until an alternative means for keeping the inmate safe can be arranged. If an inmate is placed in the restrictive housing, the inmate is seen every seven (7) days by a mental health staff who documents the status. No inmates who have alleged sexual abuse in the past 12 months were secluded or isolated from the other inmates.

### **Standard 115.71 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 require all staff to refer all alleged incidents of sexual abuse, harassment or misconduct to local law enforcement [Pasquotank County Sheriff's Department (PCSD)] for criminal investigations and the facility to conduct their own administrative investigations. There have been three (3) reported investigations of alleged staff's or inmates inappropriate sexual behavior that occurred in this facility in the past 12 months. All ten (10) facility investigators have received the specialized training as required by the standards. It was evident the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the department. Evidence is collected and prior reports involving the same perpetrator or victim are required to be reviewed. Any investigations where it appears to be criminal activity is referred to prosecution and no interviews are conducted without the approval of the Office of Special Investigations and Compliance.

### **Standard 115.72 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with one of the investigators indicated that they conduct fact finding investigations and do not make conclusions following their investigations (which are administrative in nature) therefore the Facility Correctional Administrator in consultation with legal and his supervisory staff and Human Resources would make a determination regarding disciplinary actions to be imposed and the standard they would use is the preponderance of evidence.

### **Standard 115.73 Reporting to inmates**

- 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 requires that any inmate who makes an allegation that he or she suffered sexual abuse is informed in writing and the policy contains the process for notifying inmates whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. This policy further requires that following a inmate's allegation that a staff member has committed sexual abuse

against the inmate, the facility informs the inmate unless the allegations are “unfounded” whenever the staff member is no longer posted within the inmate’s unit; the staff member is no longer employed at the facility; NCDPS learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving inmate-on-inmate allegations of sexual abuse, the facility will inform the inmate whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. There has been one (1) reported investigation of alleged staff or resident’s inappropriate sexual behavior that occurred in this facility in the past 12 months. The Correctional Facility Administrator validated his technical knowledge of the reporting process during his interview.

#### **Standard 115.76 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 and Policy A .0200 (Conduct of Employees) requires staff disciplinary sanctions up to and including termination for violating facility’s sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. All disciplinary sanctions are maintained in the employees HR file in accordance with NCDPS policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There has been one (1) employee terminated in the past 12 months for violation of the facility’s sexual abuse or harassment policies. The Correctional Facility Administrator interview validated his technical knowledge of the reporting process was consistent with NCDPS policies and procedures.

#### **Standard 115.77 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 and Policy F .0604 (Community Volunteer Program) requires that volunteers and contractors in violation of the facility’s policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with inmates in the case of any violation of the facility’s sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Correctional Facility Administrator. There have been no volunteers or contractors reported in the past 12 months.

### **Standard 115.78 Disciplinary sanctions for inmates**

- 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 and Policy B .0200 (Inmate Disciplinary Procedures) found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions. PCI provides each inmate with an Inmate/PREA Orientation and Inmate Rule Book that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Inmates will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no administrative findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility in the past 12 months. The Correctional Facility Administrator indicated that inmates may also be referred for prosecution if the allegations were criminal.

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

- 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015; Diagnostic Procedures Manual Policy 305.03 (Psychological and Psychiatric Referral) Revision; Health Services Policy and Procedure CP 18 (Clinical Practice Guidelines) and Memo 11-2013 Casemanager PREA requirement require medical and mental health evaluation and, as appropriate, treatment, is offered to all inmates victimized by sexual abuse. Inmates who report prior sexual victimization or who disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening. There were no inmates who disclosed prior victimization during their initial screening process. During the interviews with the medical and mental health staff confirmed that although there were no disclosures, all inmates were offered follow-up meetings with medical and mental health providers.

### **Standard 115.82 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.**

Health Services Policy and Procedure CP 18 (Clinical Practice Guidelines) provides that victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and crisis intervention services. Documentation provided confirmed treatment services are provided to every victim without financial cost. Sentara Albemarle Medical Center provides the emergency services and forensic examinations and Albemarle Hopeline provides victim advocate services for this facility. Interviews with the medical and mental health staff confirmed that inmates have immediate access to emergency medical and mental health services.

### **Standard 115.83 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.**

Health Services Policy and Procedure CP 18 (Clinical Practice Guidelines) and CC 8 (Aftercare Planning for Inmates in Healthcare Services) requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to the Sentara Albemarle Medical Center where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused.

### **Standard 115.86 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 requires a Sexual Abuse Incident Review of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within seven (7) days. PCI Sexual Abuse Incident Review Team consists of the Correctional Facility Administrator, Assistant Superintendent for Custody/Operations, Assistant Superintendent for Programs, Nurse Manager, Psychological Program Manager, and PREA Compliance Manager. There has been one (1) investigation of alleged staff or inmate's inappropriate sexual behavior that occurred in this facility in the past 12 months, which was unfounded. Staff interviews confirmed they would document their review on their PREA Post Incident Review (PIR) form that captures all aspects of an incident.

### Standard 115.87 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 requires the collection of accurate, uniform data for every allegation of sexual assault. The NCDPS PREA Coordinator implemented a data collection protocol and collects all data relating to PREA. NCDPS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the annual report revealed it was completed according to this standard.

### Standard 115.88 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2015 Annual Report indicated compliance with the standard and included all of the required elements. The NCDPS 2015 Annual Report is posted on the NCDPS Website for public review. The facility monitors collected data to determine and assess the need for any corrective actions. The 2015 annual report was readily available on the NCDPS website.

### Standard 115.89 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.**

The initial review of the North Carolina Department of Public Safety Prisons (NCDPS) Policy F.3400 (Inmate Sexual Abuse and Sexual Harassment) revised 8/3/2015 requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

**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.

Bobbie Pohlman-Rodgers

05/30/2016

Auditor Signature

Date