

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

Interim       Final

**Date of Report**    December 9, 2019

## Auditor Information

<b>Name:</b> Karen Albert	<b>Email:</b> practicalsolutionska@gmail.com
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**Company Name:**    Practical Solutions for Public Safety, Inc

<b>Mailing Address:</b> PO Box 158	<b>City, State, Zip:</b> Greer, SC 29652
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<b>Telephone:</b> 703-622-1155	<b>Date of Facility Visit:</b> October 1-3, 2019
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## Agency Information

<b>Name of Agency:</b> Pitt County Detention Center	<b>Governing Authority or Parent Agency (If Applicable):</b> Pitt County, NC Sheriff's Office
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<b>Physical Address:</b> 124 New Hope Road	<b>City, State, Zip:</b> Greenville, NC 27834
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<b>Mailing Address:</b> 124 New Hope Road	<b>City, State, Zip:</b> Greenville, NC 27834
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<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency Website with PREA Information:**    [pittcountysheriff.com/prea](http://pittcountysheriff.com/prea)

## Agency Chief Executive Officer

**Name:**    Major Jeffrey Phillips

<b>Email:</b> Jeff.Phillips@PittCountyNC.gov	<b>Telephone:</b> 252-902-2924
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## Agency-Wide PREA Coordinator

**Name:**    TashaKeisha Brown

<b>Email:</b> TJBrown@PittCountyNC.gov	<b>Telephone:</b> 252-902-2941
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<b>PREA Coordinator Reports to:</b>  Major Jeff Phillips	<b>Number of Compliance Managers who report to the PREA Coordinator</b> None
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## Facility Information

**Name of Facility:** Pitt county Detention Center

**Physical Address:** 124 New Hope Road

**City, State, Zip:** Greenville, NC 27834

**Mailing Address (if different from above):**  
s/a

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

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** pittcountysheriff.com/prea

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

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

ACA

NCCHC

CALEA

Other (please name or describe: PREA Resource Center

N/A

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

### Warden/Jail Administrator/Sheriff/Director

**Name:** Major Jeffrey Phillips

**Email:** Jeff.Phillips@PttCountyNC.gov

**Telephone:** 252-902-2924

### Facility PREA Compliance Manager

**Name:** TashaKeisha Brown

**Email:** TJBrown@PittCountyNC.gov

**Telephone:** 252-902-2941

**Facility Health Service Administrator**  N/A

**Name:** Dr. Mark Cervi

**Email:** MCervi@suddenlink.net

**Telephone:** 252-902-2941

### Facility Characteristics

Designated Facility Capacity:	596	
Current Population of Facility:	436	
Average daily population for the past 12 months:	435	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	16-72	
Average length of stay or time under supervision:	11 days	
Facility security levels/inmate custody levels:	Workers, Minimum, Medium, & Maximum	
Number of inmates admitted to facility during the past 12 months:	9340	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	844	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	383	
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	453 <input type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	186	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	18	

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	92
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	42
<b>Physical Plant</b>	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	20
Number of single cell housing units:	5
Number of multiple occupancy cell housing units:	6
Number of open bay/dorm housing units:	9
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	56
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
<b>Investigations</b>	
<b>Criminal Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	2
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A
<b>Administrative Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

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

The National Prison Rape Elimination Act (PREA) audit was conducted at the Pitt County, NC Detention Center on 10/1/19 to 10/3/19. The Pitt County Detention Center (PCDC) contacted Mr. Tim Fuss to conduct the audit July 15, 2019. Karen Albert, US DOJ probationary auditor, served as the lead auditor. Tim Fuss, US DOJ certified PREA auditor, served as staff to support the audit process. Mr. Fuss and Ms. Albert had previously worked on PREA Audits in the past. Following the initial contact, Mr. Fuss suggested that Ms. Albert take the lead on the audit as part of the probationary period. Ms. Albert contacted the Pitt County staff, and forwarded the Probationary Letter to the agency, who agreed with Ms. Albert being the lead auditor. Mr. Fuss agreed that his activities would be at the direction of Ms. Albert. The contract with between the Pitt County Sheriff's Office and Karen Albert was finalized and signed 8/9/19 and the audit was scheduled.

PCDC is located at 124 New Hope Road, Greenville, NC 27834. The facility is operated by and falls under the jurisdiction of the Pitt County, NC Sheriff's Office (PCSO). PCDC has previously undergone a US DOJ certified PREA audit and found to be compliant with all the PREA standards. The PREA audit report is dated 6/10/16 and is posted on the agency's website: [pittcountysheriff.com/prea](http://pittcountysheriff.com/prea). Mandatory reporting in NC applies only to children, disabled, and elderly.<sup>1</sup> The AT was also aware of the Raise the Age legislation that, effective 12/1/19, adjusts the age of juvenile jurisdiction for nonviolent crimes to age 18.<sup>2</sup>

There were no identified barriers in completing the audit.

### Pre-Onsite Audit Phase:

Upon initial contact, Mr. Fuss informed the PCDC that the notice of the audit needed to be posted throughout the facility. The notice was posted toward the end of July; Ms. Albert requested a timestamped photograph sample of the posting that was received 8/2/19. PCDC staff provided a thumb drive including each standard and applicable supporting documentation prior to the six week period of the audit cycle. The thumb drive was received 7/28/19 by Tim Fuss and was shared with Karen Albert. The lead auditor checked the website to determine the posting of the previous audit, which was accessible. The link to the Survey of Sexual Victimization was not operational at the time of the initial search, but once notified, the agency repaired the link.

The kick-off meeting took place on 8/8/19 with Karen Albert and Pitt County staff participating. During the meeting, primary and backup points of contact for the facility and the audit team were established. The audit team informed the facility representatives that there would be regularly meetings, approximately once a week. Additional topics discussed during the introductory meeting included the Pre-Onsite Audit Resources List to numerous PREA Resource Center documents and the PREA Audit Process Map. During the meeting the use of the PREA Online Audit System (OAS) was discussed. Because the agency had already submitted the PREA Audit Questionnaire, it was agreed that reentering the data in the OAS would be unnecessarily burdensome at this juncture. Confirmation was received that there would be unimpeded access throughout the facility and to documents, staff and inmates. Ms. Albert described the audit process and the role of the audit team. The audit goals and expectations were described as a practice-based, and verification of compliance would be through interviews, documentation, and written procedures. The audit

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<sup>1</sup> Obtained from [nccasa.org/cms/resources/criminal-statutes/mandatory-reporting-in-nc](http://nccasa.org/cms/resources/criminal-statutes/mandatory-reporting-in-nc) on 10/23/19.

<sup>2</sup> Obtained from [ncdps.gov/our-organization/juvenile-justice/key-initiatives/raise-age-nc](http://ncdps.gov/our-organization/juvenile-justice/key-initiatives/raise-age-nc) on 10/23/19.

team described the purpose of the corrective action process that is intended to identify any deficiencies in compliance with the standards. The purpose of recommendations was also discussed as a non-binding recommendation, but a means to improve the audit process or seek “best-practice” operation in the future.

On 8/15/19 the audit team, Karen Albert, conducted a meeting with PCDC staff discussion logistics of the audit such as availability of Internet and use of cell phones to take photographs. It was clarified that no photographs would be taken of inmates or staff. Karen Albert PCDC staff conducted a weekly check-in call 8/22/19. Prior to the call, Ms. Albert forwarded an agenda, and the Request for Information Regarding PREA Incidents and Investigations Documents; draft specialized staff list, and targeted inmates. The PREA Coordinator/Compliance Manager (PC/PCM) was reminded that the interviews would be random, but the forms may help to schedule specialized staff interviews in advance, and to begin a list of inmates who meet the targeted inmate criteria. The inmate names were not to be submitted to the audit team until the onsite visit. The audit team checked in with the PC/PCM on 8/30/19 who indicated that they agency was still on track and ready for the audit.

During the week of 9/3-5/19 the audit team and PC/PCM discussed the pending weather event (i.e., Hurricane Dorian) and the potential impact on the agency and ability of the audit team to travel to the site. After tracking the weather event for several days, on 9/5/19, it was agreed by the audit team and the PCDC to postpone the onsite audit until 10/1-3/19. The PC/PCM revised the PREA notice form to reflect the new dates, and copies of time-stamped postings were emailed to Ms. Albert. Ms. Albert informed the PRC of the rescheduled dates.

On 9/6/19, the audit team received the completed PREA Audit Request for Information outlining related activities for the previous 12 months. There was a total of five allegations of sexual harassment, four allegations of sexual abuse (i.e., two staff-on-inmate and two, inmate-on-inmate), 13 incident reports written, four grievances (two alleging sexual abuse and two alleging sexual harassment), and no hotline calls reported. One criminal case was closed as acquitted, and nine administrative cases were closed with one unsubstantiated and eight unfounded.

On 9/30/19 the audit team conducted a phone interview with the executive director of the Real Crisis Center (RCC). The RCC is the local victim advocacy support services center. During the interview it was discovered that the RCC partners with the PCDC to provide overall victim services in situations of sexual abuse or sexual harassment. The director referred to the Memorandum of Understanding signed 7/2/19 and effective through 5/26/20. The RCC provides a toll-free hotline phone number that is available 24-hours a day, 365 days per year. There services are 100% confidential and at no cost to the inmate. The number is available to inmates through various postings located throughout the facility and in housing units. The RCC does not report any allegations of sexual abuse made by inmate to anyone without permission from the inmate. As such, the RCC is not considered an outside reporting entity.

The audit team did not receive any confidential communication (mail) from the incarcerated inmates housed in the PCDC or any representatives. Although there were contacts with three inmates by the Rape Crisis Center during the past year, there were not any reported calls to Crime Stoppers related to the PCDC. A final call between the AT and PCDC occurred on 9/15/19 when the PC/PCM indicated that they were ready for the audit.

## **Audit Methodology**

### **Inmate Selection:**

On the day of the audit 489 inmates were housed in the facility. Using the inmate housing roster, each fifth or eighth inmate listed in each housing unit was randomly selected. The race, ethnicity, and age were considered for diversity. This random selection process resulted in the cross-representation by race and ethnicity, the range of incarceration from a few days to nine months.

There were 21 randomly selected inmates interviewed and 10 targeted inmates were interviewed. Only one inmate had reported sexual abuse, and there were no transgender or intersex inmates housing in the facility during the onsite visits as reported by the PCM. The two staff specifically interviewed about the status of

transgender inmates reported that there have been transgender inmates in the facility in the past, but they did not believe there were any at the time of the onsite visit. The lead auditor reviewed six files, four of which were in custody at the time of the on-site visit. The remaining two files were of inmates identifying as transgender, as there were no such inmates in custody at the time of the on-site visit. Although a transgender inmate was not interviewed as there were not in the facility, the lead auditor reviewed the files of two transgender inmates held in the past to generally determine the how the inmate was managed throughout the incarceration. The lead auditor reviewed the files including intake screening, classification, medical and mental health (PREA related), sexual abuse and sexual harassment incidents, and reassessment/reclassification records. The following inmate categories were selected for interviews and corresponding files were selected.

**Table 1: Inmate Interviews**

Interview Type	# Interviews Required	# Interviews Conducted	Files	Notes
Total Inmates during site review: 495				
Overall Minimum Number of Inmate Interviews	26	31		
Random Inmate Interviews	13	21	3	
Targeted Inmate Interviews	13	10		
Youthful Inmates	2+	3		
Inmates with a Physical Disability	1	0		
Inmates who are Blind, Deaf, or Hard of Hearing		0		
Inmates who are LEP		1		
Inmates with a Cognitive Disability	1	1		
Inmates who Identify as Lesbian, Gay, or Bisexual	1	1		
Inmates who Identify As Transgender or Intersex	2	0	2	No inmates ID as transgender housed
Inmates in Segregated Housing for High Risk	1	1		
Inmates Who Reported Sexual Abuse	3	1		
Inmates Who Reported Sexual Victimization During Risk Screening	2	2	1	

**Staff Selection:**

There are 186 staff assigned to the PCDC, with an additional 92 contractors and 42 volunteers who have contact with inmates. All specialized staff were interviewed as outlined in Table 2 with the exception of the educator and volunteer coordinator. Additionally, there were no interviews conducted of non-medical cross-gender strip/visual body cavity searches as those searched are prohibited by policy. Using the staff shift roster, every 10<sup>th</sup> officer was selected for interview. Adjustments were made to ensure race/ethnicity, gender, job position, and tenure with the PCDC were considered in the selection process for diversity. Some staff were interviewed for more than one interview protocol based on their roles and responsibilities. Five staff files were reviewed including newly hired staff, newly promoted staff and senior staff. Files were requested as the AT was in the file room. Random files were pulled from the drawer along with the targeted files referenced above.



**Table 2: Staff Interviews**

<b>Staff</b>	<b>Number Interviewed</b>	<b>Notes</b>
Agency Head (or Designee)	1	Undersheriff
Agency PREA Coordinator/Compliance Manager	1	PCM
Facility Head (or Designee)	1	Jail Administrator
Agency Contract Administrator		Jail Administrator
Intermediate/Higher Level Facility Staff	1	
Line Staff Who Supervise Youthful Inmates	1	
Education and Program Staff Who Work with Youthful Inmates		One person; unable to reach during audit period
Non-Med/Cross-Gender Strip/Visual Body Cavity Searches		Against agency policy
Intake Staff	2	
Classification Staff	1	
SAFE-SANE	1	
Community Advocate	1	Real Crisis Center
JDI		
Volunteers with Inmate Contact	1	
Contractors with Inmate Contact	2	
Investigative Staff	1	Criminal
Investigative Staff	1	Administrative/PCM
Screening for Risk of Victimization/Abusiveness	1	Observed Interview
Staff Who Supervise Inmates in Segregated Housing	1	
Incident Review Team Staff	1	PCM
Monitor(s) of Retaliation	1	PCM
First Responder (Security/Non-Security)		All staff asked about response
HR Staff	0	
Director of Training	1	
Mailroom Staff	1	
Food Services Staff Supervising Inmates	1	
Grievance Staff	1	Classification Supervisor
IT Staff	1	
Medical Staff	1	
Mental Health Staff	1	
Inmate Disciplinary Hearing Staff	1	Classification Supervisor
Maintenance Staff Supervising Inmates	1	
Director of Volunteers and Contractors		
Random Staff	18	

## On-Site Audit Phase

On 10/01/19, at approximately 1000 hours the on-site audit began with an in-brief meeting held in the jail administration office with the PCDC leadership, PC/PCM, and two former PC/PCMs. The jail administrator met us later during the meeting. The audit team and staff took the time for introductions and shared some personal employment history. At approximately 1130 hours the audit team began the site review. The audit team stayed together during most of the site review until interviews were initiated after lunch.

The audit team reviewed the booking area from the entry point sallyport through the in-custody change out and move to housing. The audit team observed inmates being processed into the facility including the interview process to determine emergent health care issues as well as sexual safety. A copy of the forms was obtained by the auditors. Three separate posters were visible from each holding area, that indicated zero tolerance, the free hotline number, and sexual safety and advocacy group contact information. A body scanner is used to observe any weapons or other unauthorized items prior to holding inmates in cells. The computer used to view scans is situated with direct observation to the scanner. While scans are viewed only when staff are present, there is a possibility that others may be able to view the computer screen. The jail administrator indicated that a computer privacy screen is being added to ensure no unauthorized observation of the scan produced on the computer.

Once the determination is made that the inmate will not be released on bond in a 4-8 timeframe, the inmate is strip-searched. The strip-search/clothing exchange process occurs in one of four rooms that are through secure doors from the booking area and with pass-through windows for clothing on the other end. Management staff and intake staff indicated that only staff of the same gender as the inmate conduct the strip search and the curtains are closed if a person of the opposite gender is in the property room. The inmate is then issued jail clothing, issued an inmate handbook, and escorted to intake housing if male, and female housing if female.

Intake housing, female housing, and two male medium housing units are located in the newest constructed expansion, F-Block, and is of a podular indirect design. Within each housing unit, there is a centralized shower, toilet area that offer privacy using safety curtains. A toilet and sink were provided in each cell. The cells are designed for double occupancy; however, in many cases inmates were housed in a single cell due to the decrease in the inmate population. Telephones and a kiosk were provided in each housing unit. The kiosk includes a scrolling feature that highlights the zero-tolerance policy and reporting options in both English and Spanish. Zero tolerance and reporting options are also posted in the housing unit at an appropriate height for easy observation. Although sufficient staff are assigned to provide for one officer for each housing unit, these officers serve as escorts for F-Block and well as provided require security/safety rounds. Informal interviews were conducted with two female inmates who indicated that they felt safe and that the agency takes all forms of assault and abuse seriously. While entering the intake unit, the video education had just finished. A raised control room is provided with views into each F-Block housing unit. While in the control room, specific attempts to view toileting areas were attempted, but PCDC had blocked any of the views. Interview areas were located in the housing unit sallyports where classification interviews are reportedly conducted.

E-Block housing was observed; however, this housing has not been opened for more than 10 years due to staffing. Similar to F-Block housing, the four individual housing units are designed as podular indirect but with the control room at the center of the housing block. Intended for medium custody housing, the design provides for appropriate privacy during showing and toileting. The E-Block housing unit is currently used for storage.

D-Block provides for housing smaller groups of inmates including juveniles, restrictive housing, inmates with serious mental illness, and safety cells. High medium and maximum custody inmates are also housed in D-Block. Each housing unit is of a podular indirect design with a raised control room at the center of the housing to allow observation in all housing areas. The cells are configured so that there is no direct observation in the cells; however, safety and security rounds are conducted consistent with the standards (i.e., twice hourly for general population inmates, and four times hourly for special populations). As juveniles

are housed in the area, opaque coverings are placed over the juvenile housing lower windows to prevent casual observation by adult inmates. Telephones, kiosk system, and zero tolerance and reporting options posters were located in each housing unit.

B-Block and A-Block are similarly configured as open dormitory areas with four housing units associated with each housing block. The toilet and shower areas, although visible from the corridor offer a modicum of privacy. The showers are group showers that have a curtain for privacy. From informal interviews, inmates indicated that they respect each other's privacy and shower with only one inmate at a time. Privacy panels are provided to each side of the toilets, so inmates may take a towel with them when they use the facility. Fully enclosed outside recreation areas accessible from each individual housing dormitory. The camera monitored recreation areas are available to inmates on a scheduled basis. Telephones, kiosk system, and zero tolerance and reporting options posters were located in each housing unit.

Two additional housing areas are considered a part of B-Block. B-5 houses the approximately 11 male inmates participating in the Sheriff's therapeutic community program. These inmates can freely access the adjacent outdoor recreation area. The B-6 unit has a capacity of five single cells, each with toilet/sink combination unit. A shower with safety curtain is located in the day space that also includes bench seating and table. The space is used for medical housing or for juvenile females as needed. Telephones, kiosk system, and zero tolerance and reporting options posters were located in each housing unit. During the site review, one female inmate who had indicated upon intake processing of a previous sexual assault, was housed in the unit. The PC/PCM conducted further screening with this inmate with Ms. Albert observing.

Centralized functions such as laundry, kitchen, medical, court, and visitation were also observed during the site review. The laundry room is designed with five rooms, each camera monitored. A camera was also noted behind the washers where there is void space. Inmates operate the laundry under staff supervision. The kitchen, renovated in 2009, provides for two hot meals (i.e., breakfast and lunch) and sandwiches for dinner. The kitchen is sized to prepare and service 1000 meals at any given time. Along with providing meals for inmates and staff, the kitchen program provides meals for the Meals-on-Wheels program. There is an inmate and separate staff restroom with the outer doors being camera monitored. The restroom doors remain secure when not in use; both restrooms are out of sight from the kitchen preparation area. The court/special visitation area is located adjacent to the non-contact visitation area. Much of the area operates as an interstitial space where is not inside the secure perimeter, but it is its own secure perimeter. The room is set up similar to a traditional small courtroom with court holding areas located adjacent. The area is camera monitored, and staff are in the area anytime inmates are present. The medical area includes office space, medication storage, and exam rooms. There is a safety cell located just outside of the medical area for easy access. Zero tolerance posters and reporting information posters were located in each of these areas.

Central control is located centrally in the facility. Two staff are assigned to the control room that monitors all facility cameras, operates doors, and authorizes access into the facility. During the site review the ATs requested to observe several housing units and using the pan/tilt/zoom function, attempted to view inmate toileting areas. All areas observed that could infringe on privacy were blocked out.

There are separate records areas for staff records and inmate records. Active inmate records (i.e., the legal file) are located within the booking area. Classification files, grievances, and discipline files are stored separately in a file storage area located adjacent to the classification offices. Although the PC/PCM office is located in the same area, all PREA files are maintained in the PC/PCM office.

Cross gender announcements were made in all housing units entered with the exception of one. Informal interviews with staff indicated that some staff announce several times at the beginning of the shift. Cameras are located in each dayroom in each housing unit, and in sleeping areas in the dormitories.

On 10/2/19 at approximately 0900 hours, the audit team met with agency staff and the PC/PCM to continue the interview process. Interviews were held in various spaces throughout the facility, but in areas that allowed for discretion so that other inmates or staff could not view the interview. During the day, the AT noticed a public defender waiting to meet his client. Ms. Albert spoke briefly with the public defender to discuss the goals and purpose of PREA audits. The public defender indicated he was aware of PREA and

that he has not had any concerns regarding sexual safety raised by his clients. Mr. Fuss left the agency for several hours at approximately 1200 hours due to a schedule conflict and returned at 1930 hours to complete the staff interviews. The AT left the facility at approximately 2130 hours.

On 10/3/19, Mr. Fuss continued the staff and inmate interviews, and Ms. Albert focused on interviews with the PC/PCM and file review. At approximately 1330 hours, the AT and PCDC leadership, including the jail administrator and the PC/PCM meet to conduct the out-brief meeting. Following the meeting, the audit concluded.

#### **Post Audit Phase:**

Following the on-site audit phase, there were several items of follow up required to complete the audit. The local hospital was contacted to verify the availability of SAFE/SANE resources at the hospital. The nurse manager confirmed that ten staff were currently undergoing SANE training. This information was verified by the Real Crisis Center executive director and PCDC staff.

In cases where there was insufficient supporting document, the AT reached out to the PCDC PCM to obtain information. Generally, almost all responses were received within 24 hours on business days.

## **Facility Characteristics**

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

The Pitt County Detention Center (PCDC) is in Greenville, NC. The United States census estimates a population of 93,137 people living in Greenville. The 196,665 square foot facility is located adjacent to the Pitt County Sheriff's Office and other public services.

The first phase of the PCDC was opened in 1993 (A, B, D Blocks). Subsequent expansions were constructed in 1997 (E Block) and 2009 (F Block). E Block is not currently used due to staffing resulting in the PCDC not holding significant numbers of the Federal prisoners. With the construction of the F Block, the Inmate/Release area, magistrate's office, and expanded kitchen and medical area. The facility capacity is 1132, now closer to 940 with the closing of E Block.

A summary of the housing is provided in Table 3.

**Table 3: Housing Distribution**

Block	Housing Configuration	Classification	Capacity	Typical Population	Staffing	
A-1	Dormitory	Minimum/Workers	45	31	1 Sergeant, 4 Officers	
A-2	Dormitory	Minimum	37	26		
A-3	Dormitory	Minimum	45	30		
A-4	Dormitory	Minimum	45	31		
B-1	Dormitory	Medium	45	31		
B-2	Dormitory	Medium	37	28		
B-3	Dormitory	Medium	45	29		
B-4	Dormitory	Medium	45	30		
B-5	Dormitory	Minimum - Sharp Program	31	11		
B-6	Single Cells	Medical/Juvenile Females	4	2		
D-1	Podular Indirect	Restrictive Housing/Administrative	24	12		1 Sergeant, 4 Officers
D-2	Podular Indirect	Juvenile Male	34	10		
D-3	Podular Indirect	High Medium/Maximum	60	19		
D-4	Podular Indirect	High Medium/Maximum	62	12		
D-5	Podular Indirect	Restrictive Housing/MH Restrictive	36	9		
D-6	Podular Indirect	Housing/Discipline	36	12		
Holding	Holding/Safety	Temporary Holding	20	3		
E-1	Podular Indirect	Unoccupied	48	0	Not currently staffed	
E-2	Podular Indirect	Unoccupied	48	0		
E-3	Podular Indirect	Unoccupied	47	0		
E-4	Podular Indirect	Unoccupied	49	0		
F-A	Podular Indirect	Female	72	56	1 Sergeant, 4 Officers	
F-B	Podular Indirect	Medium	72	42		
F-C	Podular Indirect	Medium	72	41		
F-D	Podular Indirect	Classification	72	17		
	<b>Total</b>		<b>1132*</b>	<b>482</b>		

\*The facility is currently operational with the occupancy of 596 beds. The capacity of “1132” described in the table above applies to full occupancy of all housing areas and double occupancy of most cells.

There are approximately 186 employees assigned to the PCDC not including the 92 individual staff who work under three contracts. The PCDC operates on 12-hour shifts with 26 staff assigned on the day night shifts.

The booking area is accessed from the facility or the vehicle sallyport. An ADA ramp is provided from the vehicle sallyport to the booking area. The pre-booking and booking areas include signage (in the shape of a stop-sign) indicating zero tolerance and providing the telephone number to the PREA coordinator. Additional signage for making anonymous calls to Pitt-Greenville Crime Stoppers to report an incident of

sexual abuse or sexual harassment. Separate signage is provided for access to advocates and emotional support to the local Real Crisis Center.

Health Care coverage is provided on a 24-hour, 7-day per week basis. Medical care is provided by a contract provider. Mental Health care is provided by the local Behavioral Health provider. Similarly, food service is provided by a contract provider. Maintenance is provided by County staff with typically three maintenance generalists are assigned to the PCDC on a 40-hour per week basis.

The visiting area is in a centralized location of the facility making it easily accessible from all housing units. Security operations is located in the central control room operated by two detention officers who communicate with staff via radios and intercoms at all security doors. Each door is monitored via camera to verify identity of the person seeking ingress/egress. Approximately 200 cameras are monitored from central control with the ability to record most cameras. The facility is equipped with fire/life safety detection and alarm systems. Security fencing combined with building structure represent the security perimeter.

Consistent with NC Jail Standards, employees at the PCDC conduct security rounds at least two times per hour on an irregular basis for all general population areas or at least four times per hour on an irregular basis for inmates requiring enhanced supervision (e.g., inmates who are suicidal, have mental health issues, disciplinary sanctions, etc.).

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 2

**List of Standards Exceeded:** 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator; 115.64 Staff first responder duties.

### Standards Met

**Number of Standards Met:** 41

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** Click or tap here to enter text.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 354-372 PREA
  - b. PCDC Flow Chart
2. Interviews
  - a. Jail administrator
  - b. PREA coordinator
  - c. PREA compliance manager
  - d. Classification Supervisor
  - e. Random staff
  - f. Random Inmates
3. Observation
  - a. Posters of Zero Tolerance and Reporting Entities
  - b. Kiosk System

**Findings (By Provision):**

115.11 (a). Policy 354, PREA, outlines the zero tolerance on all forms of sexual abuse and sexual harassment. The policy provides definitions related to sexual assault and sexual harassment, and outlines the procedures for training, supervision and monitoring, and responding to allegation of sexual assault and sexual misconduct. The PREA coordinator and the PCM verified that they use Policy 354 to guide their responsibilities. Random staff and inmates interviewed while onsite informed the AT that they agency does not tolerate any form of sexual abuse or sexual harassment. Posters of the Zero Tolerance policy and outside reporting entities are located throughout the facility. The “ribbon” notice on the kiosk system includes the zero tolerance policy in both English and Spanish.

115.11(b). Policy 354-372, PREA, specifies that the agency has a designated PREA coordinator (PC) who also serves as the PREA compliance manager (PCM) for the agency. The PC reports to the PCDC jail administrator as indicated by documentation provided and interviews with the jail administrator and PCM. Random staff indicated that they report any concerns or incidents to the PCM who addresses the issue immediately. The PCM acknowledged that there is sufficient time to complete her duties “most of the time.” The jail administrator indicated that he takes the PCM’s recommendations seriously, and provides support when necessary.

115.11 (c). The agency operates only one facility. Policy 354-372, PREA, outlines the duties and responsibilities of the PC/PCM including the requirement that the PC/PCM be provided sufficient time and authority to implement and oversee to comply with PREA standards. The PC/PCM is a senior officer position who reports to the jail administrator as noted on the PCDC Flow Chart. Both the PC/PCM and jail administrator verified the direct contact of the PC/PCM to the jail administrator regarding PREA issues. The classification supervisor further verified that the PC/PCM, reports directly to the jail administrator. The PC/PCM reports being able to follow up on issues related to sexual safety and preventative measures such as training and notices to staff when appropriate.



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

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

### 115.12 (a)

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

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 354-372 PREA
2. Interviews
  - a. PREA Coordinator

### Findings (By Provision):

115.12 (a). Policy 354-372, PREA, requires that if the PCDC contracts with another agency for the confinement of inmates, the contract will include a provision obligating the agency to comply with PREA standards as well as allowing the PCDC the opportunity to monitor compliance. The PREA Coordinator

confirmed that the agency does not currently have, or intend to contract with other agencies to house inmates.

115.12 (b). Policy 354-372, PREA, requires that if the PCDC contracts with another agency for the confinement of inmates, the contract will include a provision obligating the agency to comply with PREA standards as well as allowing the PCDC the opportunity to monitor compliance. The PREA Coordinator confirmed that the agency does not currently have, or intend to contract with other agencies to house inmates.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

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

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

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 354-372 PREA
  - b. PCDC Organization Chart
  - c. Pre-Audit Questionnaire (PAQ)
  - d. Memorandum from the jail administrator to shift lieutenants dated 7/21/10
  - e. Memorandum documenting a meeting 12/10/15 between the then PREA coordinator and the administrative captain
  - f. Email from the administrative captain to the jail administrator dated 10/2/19
  - g. Documented evidence of unannounced rounds on all shifts
2. Interviews
  - a. Jail administrator
  - b. PREA coordinator/PREA compliance manager (PCM)
  - c. Intermediate level supervisor
  - d. Random staff

### Findings (By Provision):

115.13 (a). Policy 354-372, PREA, requires that the PCDC develops, documents, and makes best efforts to comply with the staffing plan. The efforts include the use of video monitoring to protect against sexual abuse as well as allowing the PCDC the opportunity to monitor compliance. The jail administrator verified the staffing approach consistent with North Carolina standards, although this was not confirmed by the AT. According to the email submitted to the jail administrator, the revised staffing considered the style of housing, custody level of the inmates, workload on the officers, and the safety for officers and inmates. There were no reported judicial or federal investigative findings applicable to staffing according to the PCM.

115.13 (b). Policy 356, PREA, indicates that written justification for deviations from the post orders are required. This policy focuses more on operational requirements of a post, and not the post designations. Deviations from the staffing plan are not permitted. The PREA coordinator and the intermediate level supervisor indicated that staff absences are filled by staff on an overtime basis if necessary; but posts are not left unstaffed unless an entire housing unit is closed, such as Unit E.

115.13 (c). Based on the initial and supplemental documentation, PCDC has conducted several reviews of the staffing plan, but not necessarily a comprehensive review once a year (i.e., 12/15/16, 5/10/19, 10/2/19). However, the jail administrator, PCM, and PREA coordinator indicated that each time an administrative or criminal investigation is determined unsubstantiated or founded, there is a review of the areas where the incident occurred to include whether there is sufficient/appropriate staffing, if additional video monitoring is required, or if operational modification need to be made.

115.13 (d). Policy 365.1, Security Rounds) outlines procedures for immediate and upper level supervisory staff to conduct and document rounds of all areas. Rounds are to be conducted on both

day and night shifts. All rounds are documented using the Personal i-Button Reader (PIR). Random staff interviews and supervisory staff (both in formal and informal interviews) reported that supervisors conduct unannounced rounds once per shift in accordance with their policy. In accordance with section G of the policy, as well as through staff interviews, staff are not to announce to the next unit that the supervisor is coming.

**Recommendation:**

1. Along with other annual reviews conducted by PCDC, consider including documentation that a comprehensive staffing review is conducted. Incorporated all of the elements provided in §115.13.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 354-372 PREA, Section A, Juvenile Inmates
  - b. Pre-Audit Questionnaire
2. Interviews
  - a. Jail administrator
  - b. PREA coordinator/PREA compliance manager
  - c. Random staff
  - d. Random inmates
  - e. Youthful offenders ("Juveniles")

### Findings (By Provision):

115.14(a) Policy 356.5.A. PREA, defines a juvenile housed in the PCDC as being 16-17 years old. Male juveniles are housed in a separate unit from adult inmates with a capacity of 34 inmates. Ten male juveniles were housed in the facility during the onsite audit. The female housing, since housing them is rare, is located in an area that is typically used for medical housing. The unit has the capacity to house up to five inmates/juveniles, but rarely holds more than two of the same classification. The AT observed the separate housing of the juveniles from adults, and staff's vigilance to maintain that separation. The female juvenile housing is located on a central corridor, so blinds have been placed at the windows to prevent the sight separation. Policy 356.5.A. PREA, stipulates that juveniles will not be placed in an area where shared space could allow contact with other adult inmates (e.g., dayroom, shower area, sleeping quarters). The male juvenile housing provides for an adjacent recreation area and sleeping areas and showers contained within the housing unit. The same is true for the female juveniles with the exception that an adjacent recreation area is not provided.

(b). Policy 356.5.A.3 PREA requires that there be direct staff supervision anytime a juvenile (male or female) is outside of the housing unit. Continuous separation of adults from juveniles was observed during the site visit and confirmed by all random staff and inmate (including juvenile) interviews.

115.14 (c). Policy 356.5.A.4 PREA, clarifies that PCDC uses best efforts possible to avoid placing juveniles in lockdown. The designated juvenile housing areas are both equipped with cells, so any juvenile acting out in the unit can be secured in the cell, but within adult housing. The housing units are out of sight and sounds of adults and still affords the ability for large muscle exercise in the dayroom and/or adjacent recreation area. Youthful offenders are afforded the opportunity to participate

in school programs once interviewed by school personal. No other programs general population programs are offered at the PCDC.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 354-372, PREA
  - b. Memorandum for file dated 7/16/19 signed by jail administrator.
  - c. PREA Employee Training 2019 Document
2. Interviews
  - a. PREA Coordinator
  - b. PREA Compliance Manager (PCM)
  - c. Random staff
  - d. Random inmates

#### Findings (By Provision):



115.15 (a). Policy 356.6.2, specifies that PCDC will not conduct cross-gender visual strip search or body cavity searches except in exigent circumstances and an officer of the same gender is not available. All cross gender strip searches are documented in the Jail Management System in the inmate's file. According to the PCM, PREA coordinator, random staff, and random inmates, no strip searches or body cavity searches have been conducted by persons of the opposite gender within the past 12 months.

115.15 (b). Policy 356.6.1.d, prohibits the restriction of female inmate's access to regularly available programs based on the inability to perform cross gender pat searches. The PREA coordinator, PCM, and female inmates indicated that they are not denied access to programs and services in the facility. There are adequate male and female staff to conduct searches as necessary to allow full access to programs and services.

115.15 (c) Policy 356.6.1.c, prohibits cross-gender pat searches of female inmates absent exigent circumstances (e.g., emergency incidents, medical, or in defense of a third person). Random staff, the PCM, and the PREA coordinator indicated that there are always sufficient staff on duty to conduct necessary searches. Random female inmates interviewed indicated that they have not been searched by a male.

115.15 (d). Policy 356.6.l specifies that inmates are allowed to shower and perform bodily function without being viewed by nonmedical staff of the opposite staff. The shower facility in the intake area allows for privacy of the opposite sex. Staff place signage on the door to indicate to other staff what sex is inside as observed during the facility tour. The housing unit showers and toilet facilities allow for privacy as well. While observing control rooms (both central control, and zone control) at no point can these areas be directly observed. A "black square" covers any sensitive areas. This allows for safety and security observations while ensuring the privacy of the inmates. Policy 356.6.m specifies that announcement will be made when a person of an opposite gender enters a housing unit. The Knock-announce-enter (KAE) system is used by all staff to avoid opposite gender exposure of inmates by staff and visitors. There may have been one occasion when the AT was not announced throughout the onsite visit.

115.15 (e). Policy 356.6, Transgender, Intersex Inmates, stipulates that the PCDC will not search or physically examine a transgender or intersex inmate for the sole purposes of determining the inmates' genital status. Gender identity will be determined after conversation with the inmate or through medical records. Random staff interviews revealed that strip searches are not conducted of transgender or intersex inmates to determine inmate's genital status. Staff responded with an emphatic "NO" response during the interview. Random staff indicated that they would ask how the inmate identifies, and, if necessary, would refer the inmate to medical staff.

115.15 (f). Per a memorandum to file dated 7/19/19, all Pitt County Detention Center Officer staff have completed the training on proper strip search procedures. A copy of the PREA Employee training was provided based on a post-audit request by the lead auditor. The training addresses how to maintain professional boundaries and how to effectively and professionally communicate with inmates. The PCM reported that the staff receive the training materials, it is reviewed in shift briefings and staff are afforded an opportunity to ask, and have answered, any questions they may have.

**Recommendation:**

1. Include in Policy 365.6.1.b, Cross-Gender Viewing and Searches/Pat Search, that if the inmate's gender is not known, the officer or supervisor will ask the inmate's preference for any type of search. This policy clarification would be more consistent with the training, remaining policy directives, and current practice.

2. Consider obtaining video training programs from the PREA Resource Center to supplement current training addressing how to interact with inmates, especially those related to searches. Staff should be able to view these videos online and then, as is currently done, discuss what was viewed during briefings.

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

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

#### 115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 354-372, PREA
  - b. Inmate Record – Limited English Proficient Inmate

## 2. Interviews

- a. PREA coordinator
- b. PREA compliance manager (PCM)
- c. Health care staff
- d. Random staff
- e. Random inmates
- f. Limited English-speaking inmate.
- g. Language line

### Findings (By Provision):

115.16 (a). Policy 356.7, PREA, outlines procedures for managing inmates with disabilities and inmates who are limited English Proficient. The policy requires that the agency provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment as outlined in the standard. All inmate education materials are compliant with Title II of the Americans with Disabilities Act, 42 U.S.C. The AT observed ADA accessibility provisions in housing areas and toileting/shower areas. The kiosk system provides facility information, including information about how to access PREA reporting information and the no tolerance policy. The kiosk system provides for text in both English and Spanish. The agency uses a language line that is available in the medical screening area of the intake area and was used by the lead auditor when interviewing a limited English proficient inmate.

115.16 (b). Policy 356.7, PREA, outlines procedures for managing inmates with disabilities and inmates who are limited English Proficient. Information regarding PREA is available in both English and Spanish in the inmate handbook, kiosk system, and the education video. The video includes closed captioning for persons who are hard of hearing, and the video is shown in both English and Spanish. Random staff indicated that they typically use staff to interpret. Health care staff, staff who work intake, and the PCM indicated that the language line is used.

115.16 (c). Random staff interviews revealed staff do not rely on inmates to interpret, rather they use a bilingual officer or the language line to communicate with those that are limited English speaking. These officers did indicate that there are times when general operations may be communicated to non-English speaking inmates by other inmates who are more fluent; however, official information or directions are provided by staff who speak Spanish. Documentation was provided in the Health Care records to indicate the use of the language line for the LEP inmate.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 357, Hiring and Promotions
  - b. Memoranda signed by Facility Director 7/16/19
  - c. Sample Background Investigation Report
  - d. Memorandum signed by the professional standards lieutenant, PREA coordinator, and jail administrator referencing disclosure of information (undated).
  - e. Staff personnel records
  - f. Copy of Contractor "Responsibilities of the Vendor" document
  - g. Copy of excerpt from Medical contract addressing PREA compliance.
2. Interviews
  - a. Jail administrator
  - b. PREA coordinator/PREA compliance manager

## Findings (By Provision):

115.17 (a). Policy 357, Hiring and Promotions, prohibits the PCDC from promoting or hiring anyone with prohibiting charges to include but not limited to sexual abuse consistent with the standard. The guidelines outlining prohibited behavior are outlined and enforced by the North Carolina Sheriffs' Education Training and Standards Commission. Anyone attempting to be hired with a prohibitive background must go through a certification hearing before certification is granted thus completing the hiring process. As part of the application process, staff are required to sign and have notarized a "Disclosure of Information Form" to allow the background investigators to contact other employers. Each personnel file reviewed contained a copy of the Disclosure of Information Form and the background investigation. The background investigations were consistent with the Sample Background Investigation Report provided by the PREA Coordinator.

115.17 (b). Policy 357, Hiring and Promotions, prohibits the PCDC from promoting or hiring anyone including contractors with prohibiting charges to include but not limited to sexual abuse consistent with the standard. Any contract provided by the PCDC contains a PREA clause of expectations in which to operate inside the facility and around residents inside.

115.17 (c). The PCDC conducts a background investigation on every new employee to include a criminal history inquiry. The criminal history check includes local, state and federal databases. Two records of the most recently hired staff were checked by the lead auditor, and both a background investigation and criminal history check was completed.

115.17 (d). A memorandum dated 7/16/19, signed by the jail administrator, states that all employees and contractors working at PCDC have passed a criminal records background check prior to employment. The PCM verified that criminal history checks are conducted on all employees, contractors, and volunteers.

115.17 (e). Policy 357, Hiring and Promotions, directs that a criminal back records check will be conducted every five years for employees having contact with inmates. A memorandum dated 7/16/19, signed by the jail administrator, states that all long-term employees (over five years) have passed a 5-year criminal records background check. Of five records reviewed, all had verification of a records check within the past five years. Records checks were conducted as part of the PREA audit process in 2016.

115.17 (f). Policy 357, Hiring and Promotions, clarifies that the PCDC has the right to ask any applicant and employee who may have contact with inmates directly about previous conduct. Such request is made during the background investigation as outlined in the Sample Background Investigation Report and verified through review of personnel records. Interviews with staff, the jail administrator, and the PCM verified that if information about an employee's conduct learned from sources other than the employee has resulted in separation from employment.

115.17 (g). All perspective employees are required to complete a personal history statement outlining addresses, criminal history and education level which is confirmed as a part of the background investigation as verified by inspections of personnel records. Omission regarding such conducted can result in separation from employment as verified by the jail administrator.

115.17 (h). Information in possession of the PCDC regarding current/former employees is shared with a perspective employer provided that the current/former employee has signed a waiver allowing for the dissemination of the information.

## Recommendation(s)

1. Consider using the notice of staff's 5-year incremental notification for conducting staff criminal histories in the future. The document is provided several months prior to the staff member's 5-year increment since hiring, thus producing a simplified means of capturing all staff due for an updated criminal history.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

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



- a. Jail administrator
- b. PREA coordinator

**Findings (By Provision):**

115.18 (a). No notable upgrades to the facility in the last 3 years.

115.18 (b). No notable upgrades to the facility in the last 3 years.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes    No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Memorandum dated 7/16/19 signed by jail administrator and Real Crisis Center.
  - b. Policy 360, PREA
  - c. Inmate Handbook
  - d. PREA Sexual Assault Checklist
2. Interviews
  - a. PREA Coordinator
  - b. PREA Compliance Manager (PCM)
  - c. Health Care Provider
  - d. Nurse Manager, Vidant Medical Center
  - e. Executive Director Rape Crisis Center
  - f. Criminal Investigator

### Findings (By Provision):

115.21 (a). The PREA Coordinator clarified that the PCSO criminal investigations unit conducts investigation of sexual abuse. Policy 360, PREA, outlines the procedures for investigation and intervention procedures for reports of sexual abuse or misconduct. Any staff who becomes aware of a potential sexual abuse or misconduct report such to a supervisor who then reports to the jail administrator and the PCM. The supervisor also directs that the area in question be cordoned off to maintain any physical evidence. Interviews of all random staff interviews indicated that as part of the evidence preservation, inmates are not to shower, brush their teeth or take any measures that may degrade physical evidence. No SAFE/SANE examinations were conducted for the PCDC in the past 12 months.

115.21 (b). Policy 360.1.G.14 addresses that the evidence protocol is developmentally appropriate for youth. The Nurse Manager (Emergency Room at Vidant Medical Center) indicated that nursing staff are trained to respond the development level of the youth.

115.21 (c). Policy 360.1.G.7, PREA specifies that medical staff assessment the medical and mental health care needs of the victimized inmate and the predator. If the incident occurred within a 72-hour period, the alleged victim will be transported to the local Emergency Room where the medical examination can be conducted by trained. The PCM reported that all inmates who report sexual abuse are transported to the emergency room at no cost to the inmate.

115.21 (d). The executive director of the Real Crisis Center, the nurse manager and the PREA Coordinator reported that in all cases of alleged sexual assault, the Real Crisis Center (victim advocacy service) is contacted. The PCDC uses a PREA Sexual Assault Checklist when an alleged sexual assault is reported, and one of the checklist items is to contact the Real Crisis Center upon transport of the alleged victim. The executive director of the Real Crisis Center reports that upon arrival of ANY sexual assault victim, the hospital will contact the Real Crisis Center for victim support if they are not already in route. The PCDC has a memorandum of understanding (MOU) that clarifies the role of the Real Crisis Center as the advocacy agency for inmates who have allegedly been sexually victimized.

115.21 (e). Inmates are notified through the Inmate Handbook (in both English and Spanish) of the availability of advocacy services through the Real Crisis Center including their telephone number. The MOU outlines the agreement that the Real Crisis Center will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The executive director of the Real Crisis Center, the PCM, and the PREA coordinator confirmed the agreement to provide these services. There have been no reports of sexual assault in the past year as confirmed by the PCM and a memorandum signed by the jail administrator 7/19/19.

115.21 (f). n/a

115.21 (g). n/a

115.21 (h). n/a

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

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

#### 115.22 (a)

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

#### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 354-372, PREA
  - b. Pre-Audit Questionnaire (PAQ)
  - c. Incidents and Investigations Report
  - d. Interviews with staff
  - e. [Pittcountysheriff.com/prea/](http://Pittcountysheriff.com/prea/) website
  - f. Inmate Handbook
  - g. PREA Sexual Assault Checklist
2. Interviews
  - a. Jail administrator
  - b. Investigative staff - administrative
  - c. Investigative staff - criminal

### Findings (By Provision):

115.22 (a). Policy 360, PREA, specifies that all allegations of sexual abuse and harassment are investigated. The Inmate Handbook, provided in English and Spanish, indicates that all cases of sexual misconduct will be documented and investigated fully. Generally, administrative investigations are

expected to be completed prior to the end of the shift in which the incident occurred. Four reports of sexual abuse and five reports of sexual harassment were filed within the past 12 months. Of the ten cases receiving disposition (one criminal case was reported in the previous year), nine administrative cases were closed; one case was unsubstantiated, and one case was unfounded. The sexual abuse criminal case was closed resulting from acquittal. The PREA coordinator and the PCM indicated that all reports of sexual abuse and sexual harassment are investigated. Investigations first occur with the PCM, serving as the administrative investigator, and if there is reason to believe a criminal assault has occurred, the investigation is forwarded to the Sheriff's Office criminal investigator. The criminal investigator indicated that there has not been a criminal investigation request in the 1.5 years of serving in the position.

115.22 (b). Policy 360, PREA, directs staff who are notified of an alleged incident of sexual abuse is immediately reported the Pitt County Sheriff's Office investigator. The PCSO website specifies that a thorough investigation of all reports. The website further specifies that sexual assaults or harassment can be reported to a staff member, in writing, or by telephone (number provided). The website also offers anonymous reporting to Pitt-Greenville Crime stoppers – a non-recorded line. The PCM/administrative investigator reported that the investigations typically begin within 72 hours, and if it is determined that the investigation is of a criminal nature, it will be forwarded to the jail administrator, who confirmed that the investigation is then immediately directed to the PCSO criminal investigator.

115.22 (c). The facility uses trained, sworn Pitt County Sheriff's Office (PCSO) staff to conduct criminal investigations. The investigator performs duties under the Policy 360, PREA, and their training. The PREA coordinator reports that any investigation determined to be administrative and not criminal are then referred to the PREA coordinator. The PREA Sexual Assault Checklist provides for a line item for contacting PCSO to assume the investigation; a telephone number is provided. The criminal investigator reported training as including evidence collection, interview and interrogation, and sexual assault taken at Wake Tech community college. Both the criminal and administrative investigators have completed the National Institute of Correction online course: Investigating Sexual Abuse in a Confinement Setting.

115.22 (d). n/a. The facility uses trained, sworn Pitt County Sheriff's Office staff to conduct criminal investigations.

115.22 (e). n/a. The facility uses trained, sworn Pitt County Sheriff's Office staff to conduct criminal investigations.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No

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

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Memorandum for file dated 7/19/19 signed by the jail administrator.
  - b. Policy 355, PREA
  - c. Pre-Audit Questionnaire
  - d. Signed Roster of training completion
2. Interviews
  - a. PREA Compliance Manager (PCM)
  - b. PREA Coordinator
  - c. Random Staff

### Findings (By Provision):

115.31 (a). Policy 355.1, Staff Training, stipulates that all employees who have contact with inmates are trained on the ten topics outlined in the standard. A copy of the training guide was provided and incorporated the topics outlined in the standard. All random staff interviewed indicated they received the training, although some required some prompting. A memorandum for file dated 7/16/19 indicated that all employees, contractors, and volunteers have received the required PREA training. Documentation of employee confirmation of receipt of training was provided with signatures of staff by shift and date of training and receipt of the (dated from 4/2/19 – 4/14/19).

115.31 (b). Policy 355.1, D, PREA, requires that the training is tailored to the gender of the inmate, including cross gender and transgender viewing and searches. The PCDC facility houses both male and female inmates, and staff receive annual training to be able to respond to the needs of the inmates as outlined in (a) above.

115.31 (c). All current staff receive annual training on PREA in addition to any other training as required by the state certification agency and /or the agency based upon its needs. Those who were not on staff during the 4/19 training received the training as part of the pre-service training program as reported by the PCM.



115.31 (d). The memorandum dated 7/16/19 indicated that all employees, contractors, and volunteers have received the required PREA training. Documentation of employee confirmation of receipt and understanding of the training was provided with signatures of staff by shift and date of training and receipt of the (dated from 4/2/19 – 4/14/19).

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 355.3 Volunteer and Contractor Training
  - b. Memorandum for file signed by the facility director 7/19/19

- c. Copy of the Medical Contract
- d. Copy of Food Service Contract dated 7/1/19
- e. Signed confirmation of training/training roster
- f. Contractor brochure
- g. Pre-Audit Questionnaire

2. Interviews

- a. Maintenance Supervisor
- b. Medical Provider
- c. Mental Health Care Provider
- d. Food Service Supervisor
- e. PREA Coordinator
- f. PREA Compliance Manager

**Findings (By Provision):**

115.32 (a). Policy 355.3, Volunteer and Contractor Training stipulates that all volunteers and contractors who have contact with inmates will be trained on their responsibilities under the agency's PREA policy. A memorandum dated 7/16/19 indicated that all employees, contractors, and volunteers have received the required PREA training. A separate memorandum dated 7/19/19 indicated that all full- and part-time medical and mental health care practitioners who work regularly in the PCDC have received training required by PREA. The contracts for the food service and medical services were reviewed and inmate the requirement that the contractor ensure compliance with agency procedures and training requirements related to PREA. The contractor brochure, issued to all non PCDC staff upon assignment per the PCM, includes information regarding: zero tolerance, PREA as an abuse of power, history of victimization, red flags, some things to consider, how to maintain appropriate boundaries, and a duty to report. All contractors and volunteers receive training and the contractor brochure as part of the orientation. The maintenance supervisor, medical provider, and mental health care provider confirm that training was received. Documentation of the training, receipt of the contractor brochure is provided by a signed roster by the contractors and volunteers.

115.32 (b). All contract staff receive the same type of training regarding PREA as reported by the PCM. The kitchen manager reported completion of the PREA training required by the contract company, but also the annual PCDC training. The contractor brochure is provided to all contractors and volunteers, and includes the topics outlined in (a) above.

115.32 (c). Memorandum dated 7/16/19 indicated that all employees, contractors, and volunteers have received the required PREA training. Signed rosters of contractor and volunteers training occurring throughout 5/19 were provided for the 92 attendees.

**Standard 115.33: Inmate education**

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

**115.33 (a)**

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

**115.33 (b)**

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

**115.33 (c)**

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

**115.33 (d)**

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

**115.33 (e)**

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

**115.33 (f)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Memorandum for file dated 7/16/19 signed by jail administrator. (all inmates received PREA training)
  - b. Policy 354-372, PREA
  - c. Inmate Handbook
  - d. Risk of Victimization and Abusiveness (PREA) Intake Form
  - e. Pre-Audit Questionnaire (PAQ)
  - f. PREA Video Signature Form
  - g. Review of Inmate Records
2. Interviews
  - a. Random inmate interviews
  - b. Random staff interviews
  - c. Staff who work in intake
3. Observations
  - a. Zero Tolerance signage
  - b. Intake process
  - c. Kiosk system in housing units

### Findings (By Provision):

115.33 (a). The audit team observed inmates undergoing the detention admission process (See also §115.41). Policy 355.2, PREA, outlines that all new inmates receive information during the intake process explaining the zero-tolerance policy and how to report incidents or suspicion of sexual abuse/harassment. Signage in both English and Spanish is posted throughout the intake area indicating zero tolerance for sexual abuse/harassment and options for reporting these abuses. Inmates sign stating that they have received a copy of the PREA handout included in the Inmate Handbook. In some cases, inmates received the Inmate Handbook as they were being processed for housing. Staff ensure that all inmates received and continue to have the handbook as they are being escorted to their assigned housing unit. The 21 random inmates and one limited English-speaking inmate indicated that they received information in their preferred language of the zero-tolerance policy toward sexual assault/harassment. The Pre-Audit Questionnaire indicates that there were 9340 inmates committed to

the facility and received information explaining the agency's zero tolerance policy. The files reviewed and the 31 inmates interviewed verified that they received a copy of the handbook.

115.33 (b). Of the 9340 inmates committed to the facility, 383 were reported to have been committed 30 days or more. However, inmates received video training (PREA, What You Need to Know) on the first business day following an inmate's admission. The PREA coordinator wheels a video monitor into the intake housing pod each business day and has all newly committed inmates view the video. At the conclusion of the video, the PCM asks the participating inmates if they have any questions or concerns, and has the inmate sign verifying that s/he has reviewed the video. The interviewed inmates verified that they watched the video while in intake housing. The audit team observed the video education, and opportunity for inmates to ask questions, during the onsite tour. As necessary, the PREA coordinator moves the video monitor to other locations (e.g., women's housing, restrictive housing, youthful offenders). Moreover, each kiosk located in the housing units continually scrolls information about zero tolerance in both English and Spanish. Zero-tolerance posters are located in each housing unit.

115.33 (c). All inmates committed to the facility undergo the processing outlined in 115.33 (a) and (b). Admissions from other facilities do not diverge from the intake process as verified by the PREA coordinator and staff who work in intake. As one facility, inmates under the authority of the Pitt County Sheriff's Office are not transferred to other facilities except in the case of mutual agreement housing, and inmates are informed of the zero-tolerance policy prior to transfers.

115.33 (d). The Inmate Handbook is provided in English and Spanish. The housing unit kiosks provide scrolling information outlining the zero-tolerance policy in English and Spanish. Posters indicating zero-tolerance and reporting options are located throughout the facility and in each housing unit in English and Spanish. The PREA coordinator reports that she will read materials, if necessary, for inmates who are unable to read or those with special needs. The education video is provided in English and Spanish. Mental health providers are available to assist with special needs inmates at no costs to the inmate.

115.33 (e). All inmates sign the PREA Video Signature Form upon completion of the review of the video. The video is closed captioned for inmates who are hearing impaired. The AT observed two signature forms and the folder where the signature forms are maintained. Interviewed inmates indicated that they signed the signature forms.

115.33 (f). Inmates are informed upon admission of the zero-tolerance policy. Zero-tolerance signage is posted throughout the facility including housing units. Inmate Handbooks are issued to each inmate prior to being housed in the facility.

### **Recommendations:**

1. Consider modifying the Risk of Victimization and Abusiveness (PREA) Intake Screening form to reflect that the inmate will receive the PREA handout prior to being housed in the detention facility.

## **Standard 115.34: Specialized training: Investigations**

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

#### **115.34 (a)**

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

#### 115.34 (b)

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 355.4, Specialized Training: Investigations
  - b. Memorandum dated 7/16/19 signed by jail administrator.
  - c. Certificates of completion: PREA: Investigating Sexual Abuse in a Confinement Setting
2. Interviews
  - a. PREA Compliance Manager (PCM)
  - b. Jail Administrator
  - c. Criminal Investigator

**Findings (By Provision):**

115.34 (a). Policy 355.4, Specialized Training: Investigations, requires that all investigators have received the specialized training required to conduct investigation in confinement settings.

115.34 (b). Policy 355.4, Specialized Training: Investigations, requires that the specialized training shall include the criteria as outlined in this standard. A certificate of completion of the National Institute of Corrections PREA: Investigating Sexual Abuse in a Confinement Setting was provided for the two criminal investors and the PCM who serves as the administrative investigator. The criminal investigator interviewed reported employment with the PCSO for more than 10 years and assignment to investigations for more than two years. Additional training reported by the criminal investigator included topics such as interview and interrogation, sexual assault and evidence collection as provided by North Carolina Justice Academy, the state's training academy, or through local community colleges utilizing curriculum that requires a pre and posttest marking successful completion.

115.34 (c). Agency documentation of training is provided by certificate of completion as outlined in (b) above; if the training conducted within the North Carolina Justice Academy, rosters are maintained of attendees.

115.34 (d). n/a

**Recommendation(s):**

1. Consider incorporating scenarios in the training curriculum to allow staff to use problem-solving and decision-making skills, as well as confirming understanding of training, in identifying and addressing issues of sexual safety.

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

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

**115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual

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

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

#### Auditor Overall Compliance Determination

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



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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 355.5 Specialized Training: Medical and Mental Health Care
  - b. Medical Contract
2. Interviews
  - a. Medical Care Provider
  - b. Mental Health Care Provider
  - c. PREA Compliance Manager (PCM)

### Findings (By Provision):

115.35 (a). Policy 355.5 Specialized Training: Medical and Mental Health Care outlines the training requirements for full- and part-time health care practitioners to be trained in topics specified in the standard. The medical contract outlines the requirements for the health care provider agreement to comply with the policy and meet the training requirements. Training is provided to all staff working at the PCDC including the medical and mental health care staff. A summary of the policy is issued to all staff, including health care staff that outlines the criteria for detecting, preserving evidence, responding to incident, and how to report. The medical and mental health care providers confirmed during the interview that they had received the training. A memorandum for file signed by the jail administrator acknowledges that all full- and part-time medical and mental health care practitioners received the required training.

115.35 (b). n/a. All forensic exams are conducted at the local hospital. Policy 355.5 Specialized Training: Medical and Mental Health Care stipulates that PCDC staff will not conduct forensic exams. Interviews with medical staff confirmed that PCDC staff do not conduct forensic exams. All alleged victims of sexual abuse are transported to the local hospital.

115.35 (c). Documentation of the receipt of training and the summary PREA document is provided by signed roster by OASIS staff (between 4/23/19 – 5/28/19), health care including dental (between 3/8/19 – 6/28/19).

115.35 (d). Health care staff are contracted or employed by Pitt County, NC. There are no health care employees hired by the agency and volunteer health care providers as reported by the PREA Coordinator. All health care providers are contractors or hired by Pitt County, NC. Documentation of the receipt of training and the summary PREA document is provided by signed roster by OASIS staff (between 4/23/19 – 5/28/19), health care including dental (between 3/8/19 – 6/28/19).

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

### 115.41 (a)

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

### 115.41 (b)

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

### 115.41 (c)

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

### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No

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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 356.3, Screening for Risk of Sexual Victimization and Abusiveness
  - b. Risk of Victimization and Abusiveness (PREA) Intake Screening
  - c. PCDC Nursing Assessment
  - d. Brief Jail Mental Health Screen
  - e. Inmate Records
2. Interviews
  - a. PREA Compliance Manager
  - b. Intake officer
  - c. Medical staff
  - d. Random inmates
  - e. Inmate with Limited English Proficiency
  - f. Random staff
  - g. Grievance/Discipline Officer
3. Observations

a. Intake process

**Findings (By Provision):**

115.41 (a). Policy 356.3, Screening for Risk of Sexual Victimization and Abusiveness specifies that all inmates, including those transferred from another facility, will be screening during intake using an objective screening instrument for their risk of being sexually abused by other inmates or sexually abusive towards other inmates. PCDC uses the Risk of Victimization and Abusiveness (PREA) Intake Screening form to screen for potential victimization and abusiveness. The PCDC Nursing Assessment and Brief Jail Mental Health Screen are completed by the nurse in the intake area once the inmate is processed into the facility. The PCM, intake staff, and medical staff interviewed indicated that it is during the intake process that the initial screening occurs. The responses of any inmates that answer in the affirmative to any of the risk assessment instrument questions are referred to the PCM whose office is in the corridor to intake.

115.41 (b). Policy 356.3, Screening for Risk of Sexual Victimization and Abusiveness specifies Intake screenings occur within 72 hours of arrival to the facility. The PCM and the intake officer reported that the screening typically occurs within eight hours. A review of inmate records revealed that the screening occurred within eight hours.

115.41 (c). Policy 356.3, Screening for Risk of Sexual Victimization and Abusiveness specifies that inmates will be screened during intake using an objective screening instrument. The Risk of Victimization and Abusiveness (PREA) Intake Screening form is used for screening. The intake officer confirmed that all questions are asked during the intake process. A review of inmate records confirmed that the forms are consistently completed.

115.41 (d). Policy 356.3, Screening for Risk of Sexual Victimization and Abusiveness specifies that intake screening include all of the criteria outlined in the standard. The criteria are specified on the Risk of Victimization and Abusiveness (PREA) Intake Screening form. The intake officer confirmed that all questions are asked during the intake process. A review of inmate records confirmed that the forms are consistently completed.

115.41 (e). Policy 356.3, Screening for Risk of Sexual Victimization and Abusiveness specifies that staff will use any additional information such as history, perception, or other information when assessing for sexual abusiveness. The Risk of Victimization and Abusiveness (PREA) Intake Screening form includes questions related to the inmate being charged with a crime of violence while incarcerated. The intake officer confirmed that all questions are asked during the intake process. A review of inmate records confirmed that the forms are consistently completed.

115.41 (f). Policy 356.3, Screening for Risk of Sexual Victimization and Abusiveness specifies that the inmate's risk level will be reassessed at any time and when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Random staff reported that they forward any additional information they receive to the PCM.

115.41 (g). Policy 356.3, Screening for Risk of Sexual Victimization and Abusiveness specifies that the inmate's risk level will be reassessed at any time and when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Random staff reported that they forward any additional information they receive to the PCM.

115.41 (h). Policy 356.3, Screening for Risk of Sexual Victimization and Abusiveness specifies that inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked during the risk screening relating to questions outlined in the standard.

The grievance/discipline coordinator confirmed that inmates are not disciplined for failing to disclose information.

115.41 (i). The PCM reports that she retains all copies of the Risk of Victimization and Abusiveness (PREA) Intake Screening forms in a locked office. Information is not disseminated unless there is a need to know. There were no known complaints that an inmate's information had been disseminated, and random inmates interviewed indicated that they were not aware of their information being disseminated.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 356.4, Use of Screening Information
  - b. Policy 356.5, Classification and Administrative Separation Issues
  - c. Pre-audit Questionnaire (PAQ)
  - d. Inmate Records
2. Interviews
  - a. Classification Supervisor
  - b. PREA Compliance Manager (PCM)/Risk Screening Officer
  - c. Random Inmates
  - d. Line Staff Supervising Inmates in Segregation
  - e. Inmate with Limited English Proficiency
  - f. Random Staff
3. Observation
  - a. Shower Areas

### Findings (By Provision):

115.42 (a). Policy 356.4, Use of Screening Information stipulates that the intake screening forms along with other classification information, will be used to make objective based decisions regarding an inmate's initial housing, program, and work assignments, etc., in a manner that promotes the safety and security of staff, inmates and others. Inmates deemed to be at risk of sexual abuse will be recommended for separation from those inmates deemed to be a high risk or being sexually abusive. The PREA coordinator will be notified whenever an inmate is approved for separation due to their propensity toward victimization or abusiveness. Random inmates and random staff indicated that staff are cognizant of the need to protect the inmate population and it is a high priority.

The PCM reports that she interviews all inmates who provided an affirmative response to any of the question. The inmate is given the opportunity to be placed in protective custody if they are a potential victim, lesbian, gay, intersex or transgender. The inmates sign the Request not to be placed on Administrative Segregation/Protective custody form if they wish to be housed in general population. The inmates with limited English proficiency indicated that he reported a concern about being victimized in a general population housing unit, and that the staff moved him to another general population housing unit as he did not want to be placed in protective custody; the inmate reported that he felt safe. The PAQ and PCM indicated that no inmates were involuntarily segregated within the past 12 months.



115.42 (b). Policy 356.4, Use of Screening Information clarifies that individualized determinations are made about how to ensure the safety of each inmates. The PCM/Risk Screening Officer and the Classification Supervisor indicated that, when necessary, they confer to determine the most appropriate housing for each individual inmate - particularly those who responded affirmatively to any question on the intake screening form.

115.42 (c). Policy 356.5, Classification and Administrative Separation Issues specifies that all initial housing assignments, housing changes, program assignments, and work assignments for transgender and/or intersex inmates will be made on a case-by-case basis. Based on documentation provided of a formerly incarcerated transgender inmate, the housing assignments and housing changes were based solely on the inmates' behavior while incarcerated, although the inmate's own perception of safety were considered.

115.42 (d). Policy 356.5, Classification and Administrative Separation Issues requires that transgender and intersex inmates' placement and programming assignments will be reassessed at lead two times per year, or once every six months. All reassessments are documented by classification personnel and maintained by the PREA Coordinator. Of the three records of transgender inmates reviewed, all were reviewed in approximately six months or considerably more often.

115.42 (e). Policy 356.5, Classification and Administrative Separation Issues directs that to the extent possible, consistent with safety and security needs, a transgender or intersex inmate's own view with respect to his/her own safety will be given serious consideration. A review of three records of formerly incarcerated transgender inmates verified that the inmate's own view of with respect the their safety are given serious consideration. In virtually all cases, as request by the inmate, housing was in general population, except in cases where the inmate's behavior dictated otherwise.

115.42 (f). Interviews of random staff and random inmates confirmed that all inmates are afforded the opportunity to shower separately from other inmates. The shower areas were observed by the AT and privacy panels or breakaway curtains are provided at each shower. In areas where there is more than one shower head in a shower area, informal interviews with inmates verified that the inmates are respectful of others' privacy and do not share the shower.

115.42 (g). Policy 346.5, Classification and Administrative Segregation specifies that gay, lesbian, transgender, intersex, or bi-sexual inmates will not be placed in dedicated facilities, units, or wings of the facility solely on the basis of their sexual orientation or status. There are no designated housing units or areas where transgender and/or intersex inmates are housed as reported by the classification supervisor, PCM, and the AT observation and informal interviews.

**Recommendation(s):**

1. Consider installing breakaway shower curtains in housing units with showers containing multiple shower heads so more than one inmate can shower at one time.

## **Standard 115.43: Protective Custody**

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

#### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  
 Yes  No

#### 115.43 (b)

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 356.5, Classification and Administrative Separation Issues
2. Interviews
  - a. PREA Compliance Manager (PCM)
3. Observation
  - a. Interview by of female inmate who indicated previous sexual assault

### Findings (By Provision):

115.43 (a). Policy 356.5, Classification and Administrative Separation Issues outlines the procedures for using protective custody to house inmates requiring separation. The policy indicates that inmates at high risk for sexual victimization will not be placed in protective custody unless an assessment of all available, alternative means of housing the inmate have been made. With the exception of females, all newly arriving inmates are housed in intake housing or juvenile housing – all of which were observed by the AT as being single cell occupancy. Female inmates who indicate in the affirmative any question on the intake screening form are housed in the medical housing area. These females are, in effect, in protective custody until seen by the PCM to ensure the inmate's safety.

115.43 (b). Policy 356.5.B, Protective Custody, directs that inmates have access to programs, privileges, education and work opportunities; reasons for denial are documented in accordance with the standard. The PREA coordinator and the PCM verified that the female inmates are provided opportunities consistent with the general population inmates. While onsite, the AT observed one female inmate in protective custody who was received during the night shift; the PCM conducted the reassessment of the protective custody status. The inmate indicated that the previous sexual assault incident occurred at a young age and was not a consideration while confined. The PCM offered mental health counseling at no cost if the inmate so desired.

115.43 (c). Policy 356.5.B.1 Protective Custody, requires written documentation and approval by the jail administrator if protective custody is required beyond 24 hours. The rationale for maintaining the inmate in protective custody must be approved by the jail administrator. The PCM reported that they have not had to maintain an inmate in protective custody in more than two years. There was no indication in the records reviewed, inmates interviewed, or staff interviewed that an inmate has been maintained in protective custody beyond the secondary screening.

115.43 (d). Policy 356.5.B.2, Protective Custody clarifies if alternative housing cannot be arranged, including transfer to another facility, the jail administrator must approve the placement to include the basis for the decision and the reason why no alternative means of separation can be arranged. The PCM reported that they have not experienced having to house inmates in protective custody.

115.43 (e). Policy 356.5.B.4, Protective Custody requires that inmate will be reviewed every 30 days to determine whether there is a continued need for separation from the general population. Reviews are conducted every 30 days by classification staff and are forwarded to the PREA coordinator for written approval. The PCM reported that they have not experienced having to house inmates in protective custody.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  
 Yes    No    NA

### 115.51 (c)

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

### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Memorandum for file dated 7/16/19 signed by jail administrator.
  - b. Policy 358, Reporting PREA Incidents
  - c. Grievances filed by inmate during document review
  - d. Inmate Handbook
2. Interviews
  - a. PREA Compliance Manager (PCM)
  - b. Grievance Coordinator
  - c. Executive Director Real Crisis Center
  - d. Random staff
  - e. Random inmates
3. Observation
  - a. Posters of Reporting Entities

## Findings (By Provision):

115.51 (a). Policy 358, Reporting PREA Incidents, allows for inmates to report sexual assault or harassment to any staff member without fear of retaliation; submit a grievance at any time regarding allegations of sexual abuse consistent with the procedures outlined in the Grievance Policy section; the detention center phone system; a third party (e.g., family member, fellow inmate, transfer facility, friends, attorneys, chaplains, probation officers, etc.); using the medical procedure via “sick call slip;” Pitt County Sheriff’s Office website as a resource to provide more information on who to report an incident to once the inmate is released from Pitt County Detention Center; and/or to a public or private entity or office that is not part of the agency including Pitt-Greenville Crime Stoppers Hotline: (toll-free, non-recorded line); Real Crisis Center; Juveniles may report abuse to 1-800-4-A-CHILD. Random inmates were able to cite one or more of the above ways to report an incident. Random staff also described one or more of the above ways in giving direction to me if I needed to report an incident. The PCM verified that all inmates are trained in the use of the phone for reporting sexual abuse/sexual harassment. The Inmate Handbook provided in both English and Spanish provides for reporting via the grievance process.

115.51 (b). Policy 358.1, Inmate Reporting, clarifies the entities, other than the PCSO, inmates may report abuse or harassment including: Pitt-Greenville Crime Stoppers Hotline, Real Crisis Center, and juveniles may report abuse to 1-800-4-A-CHILD (1-800-422-4453). These entities are also listed in the Inmate Handbook with applicable contact information. Interviews with random staff and inmates verified that alternative outside entities were available for reporting sexual abuse and sexual harassment. An outside reporting mechanism was tested by the AT and found to be working properly. The executive director of the Real Crisis Center confirmed that they can receive calls from the PCDC.

115.51 (c). Policy 358.1.10, Inmate Reporting, provides for inmates to report sexual abuse verbally, in writing, anonymously, and from third parties. Random staff and random inmate interviews verified the understanding that inmates could report incidents and immediate action would be taken. Inmates reported that they could report to staff and that they have seen staff take immediate action reinforcing that the staff in the facility take PREA seriously.

115.51 (d). Policy 358. 11, Inmate Reporting, staff can privately report sexual abuse and sexual harassment of inmates to their supervisors or any other facility supervisor if his/her immediate supervisor is the predator. Staff may also contact Pitt-Greenville Crime Stoppers Hotline or use the Pitt County Sheriff’s Office website. Random staff interviewed indicated that would report any incident involving a staff member to their immediate supervisor; or if the incident involved their immediate, they would report to the next level above their supervisor or to the PREA Coordinator.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

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

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes    No    NA

#### 115.52 (f)

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

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative



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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 358.4 Exhaustion of Administrative Remedies
  - b. Grievance records
  - c. Inmate Handbook
2. Interviews
  - a. Shift Lieutenant
  - b. Classification/Grievance Supervisor
  - c. Discipline Officer
  - d. PREA Compliance Manager

**Findings (By Provision):**

115.52 (a) Policy 358.4 Exhaustion of Administrative Remedies outlines the process for inmate grievances regarding sexual abuse. The policy allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Any inmate grievance alleging sexual abuse by PCDC staff, shall not be referred to the staff member who is the subject of the complaint. After the jail administrator and/or PREA Coordinator issues a decision on the grievance, a copy of the grievance and all responses shall be forwarded to the PREA Coordinator for record keeping. All random inmates interviewed reported that they would report any issues through verbal (telling an officer), in writing (filing a grievance), or through third party.

115.52 (b). Policy 358.4, Exhaustion of Administrative Remedies, directs that the PCDC responds to each complaint within seven days of receiving a grievance. Interviews with the classification/grievance supervisor and shift lieutenant verified that grievances are responded to within the designated timeframe. As outlined in the agency policy, all emergency grievances alleging "substantial risk" of imminent sexual abuse or harassment require an initial response within 48 hours, and a final decision be issued within five days. The grievance coordinator confirms a review of all deadlines on a daily basis.

115.52 (c). Policy 358.1, Inmate Reporting, provides for multiple ways of reporting in part to avoid submitting to a staff member that is subject of the complaint. The Inmate Handbook describes procedures to allow the inmate to hand a complaint/grievance to any staff member, including medical staff. Random staff interviewed indicated that they accept grievances/complaints regularly, and they give them to their supervisor. Random inmates interviewed indicated that they felt comfortable that the staff take inmate complaints seriously and that staff follow through on all grievances/complaints.

115.52 (d). Policy 358.4, Exhaustion of Administrative Remedies, requires that the facility responds to each complaint within seven days of receiving the grievance if not sooner. The PCDC jail administrator along with the PREA Coordinator will issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The jail administrator and/or PREA coordinator may claim an extension of time to respond up to 70 days, if the normal time for response is insufficient to make an appropriate decision. Interviews with the PREA Coordinator and the grievance coordinator confirmed this practice. Each of the grievances reviewed indicated responses within several days.

115.52 (e). Policy 358.4, Exhaustion of Administrative Remedies, permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. If the inmate declines to have third party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. Random inmate interviews confirmed their understanding of the ways to report. One of the inmates interviewed who reported an incident explained that another inmate alerted the staff on his behalf so as not to draw attention to himself.

115.52 (f). Policy 358.4, Exhaustion of Administrative Remedies, clarifies that if a staff member receives a complaint from an inmate, immediate action is taken to remove the inmate from the situation. An inmate interviewed who had reported an incident in the facility, stated that once it was brought to the attention of a staff member, the alleged perpetrator was immediately removed from the housing unit. Random staff interviews confirmed that staff use a protocol checklist to follow in responding to inmate complaints. Protocol checklists retained by the PCM were reviewed by the AT.

115.52 (g). Policy 358.4, Exhaustion of Administrative Remedies, states that the facility does not allow for grievances filed in bad faith as a means of misusing the system. Interviews with random staff and random inmates substantiated that the facility takes sexual abuse seriously. Policy allows for disciplining an inmate for filing a grievance related to an alleged sexual abuse or harassment only where the agency demonstrates that the inmate filed a grievance in bad faith. The discipline officer confirmed that no inmates have been charged for filing a grievance in bad faith, but is aware of the authorization to do so.

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

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

#### 115.53 (a)

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

#### 115.53 (b)

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

#### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy, 354-372, PREA
  - b. Pre-Audit Questionnaire (PAQ)
  - c. Memorandum of Understanding with Real Crisis Center
  - d. Inmate Handbook
2. Interviews
  - a. PREA Coordinator
  - b. Real Crisis Center (RCC) executive director
  - c. Mail room staff
  - d. Inmate interviews
  - e. Staff interviews

### Findings (By Provision):

115.53 (a). Policy 358, PREA outlines the procedures for inmates to access confidential support services. PCDC has entered into a Memorandum of Understanding with the Real Crisis Center to provide services victim advocacy and emotional support services related to sexual abuse. The mailing address, telephone number and email address for the Real Crisis Center (RCC) is provided in the Inmate Handbook (English and Spanish) and the housing unit kiosk (English and Spanish). The telephone number is toll-free, and is not monitored, as tested by the AT when onsite, but inmates must enter their identification PIN into the telephone system to make the call, therefore these calls are not anonymous unless contact is by mail as described below. The policy specifies that staff provide inmates private telephone calls to the RCC if requested. The Real Crisis Center executive director reports three direct referrals (i.e., inmates contacting them directly) over the past 12 months; however, they are in contact with the PCDC at least monthly to check on any additional issues and/or to offer

support to inmates generally. Moreover, private space is provided in the facility for confidential meetings if requested. The PREA Sexual Assault Checklist, expected to be completed following each report of sexual abuse, advises the staff to contact the RCC (telephone number is provided) as inmates are being transported to the hospital. The RCC executive director and the Vidant Medical Center nurse practitioner verified that RCC is contacted anytime an inmate is transported to the hospital for a reported sexual assault. No incidents have been reported in the past 12 months. Random inmates interviewed indicated that they were aware of outside confidential sources. While some inmates could not recall who specifically provided the service, they were aware that the information was available on the kiosk system.

Policy 358, PREA, specifies that staff will provide inmates with mailing addresses and telephone numbers (including toll-free hotline numbers) for immigrant services agencies for persons detained solely for civil immigration purposes. The information is also provided on the housing unit kiosk (English and Spanish). The mailroom staff verified that letters that are marked legal and are addressed to one of the approved agencies listed in the database were allowed to be sealed and mailed. The AT confirmed that the RCC and Crime Stoppers were on the list.

115.53 (b). Inmates are informed via the Inmate Handbook that calls are confidential. Policy 358, PREA clarifies that inmates can request and receive a private call to the RCC. The mailroom staff indicated that inmate mail addressed to or received from the RCC is not opened for inspection; however, inmates are expected to include their return address on any outgoing mail.

115.53 (c). A memorandum of understanding (MOU) between the Pitt County Sheriff and the REAL Crisis Center dated, 7/22/19 is effective until May 26, 2020. The MOU outlines the understanding that the RCC agrees to provide confidential counseling services to sexual assault victims at the hospital and upon release. The Pitt County Sheriff's Office agrees to provide training to RCC staff. The RCC executive director verified that the RCC provides training to detention officers and RCC staff attend the PREA training for all staff and volunteers.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 358.8 Pitt County Detention Facility
  - b. Inmate Handbook
2. Interviews
  - a. Random inmates
  - b. PREA Compliance Manager (PCM)
3. Observation
  - a. Posters posted in housing units
  - b. Kiosk system

**Findings (By Provision):**

115.54 (a). Policy 358.8 states any outside or third party (e.g., fellow inmate, staff member, family member, friend, attorney, chaplain, probation officers, etc.) may report a sexually abuse incident by contacting the jail administrator and/or PREA Coordinator directly. Random inmate interviews revealed that they know how to report an issue related to sexual abuse or sexual harassment whether it be in writing (kiosk or note), verbally, or by a third party. The Inmate Handbook indicates that there is a link on the Pitt County Sheriff's Office website for reporting incidents, as well as contact information for Crime Stoppers, and the REAL Crisis Center. While on-site the AT observed reporting-information posted in the housing units and other areas that an inmate may frequent (e.g., medical, intake, etc.). The same information was located on the kiosk system.

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

**Standard 115.61: Staff and agency reporting duties**

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

**115.61 (a)**

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
 Yes  No

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

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

- a. Policy 358.2, Staff, Contractor, and Volunteer Reporting
- b. Pre-Audit Questionnaire (PAQ)

## 2. Interviews

- a. Jail Administrator
- b. PREA Compliance Manager (PCM)
- c. Medical staff
- d. REAL Crisis Center
- e. Random staff
- f. Random Inmate

### Findings (By Provision):

115.61 (a). Policy 358.2, Staff, Contractor, and Volunteer Reporting states that any employee, contractor, or volunteer who has knowledge, suspicion or information regarding an incident of sexual abuse or harassment that occurred in the PCDC, or any other facility; has knowledge, suspicion or information concerning retaliation against an inmate for reporting an incident of sexual abuse; or who has knowledge, suspicion or information concerning any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or harassment whether in the PCDC, or any other facility, are required to immediately report the information or incident directly to their immediate supervisor. The supervisor will immediately contact the jail administrator and the PREA Coordinator who is responsible for initiating an investigation into the allegations. Random staff interviews confirmed that all staff know how to respond and report an incident to the proper channels. The staff have a protocol checklist that they are trained in using, and random staff verified that they do not fear retaliation for reporting incidents of sexual assault or harassment.

115.61 (b). Policy 358.2, Staff, Contractor, and Volunteer Reporting directs that all information gathered regarding a PREA incident is kept confidential and communicated only to those that need to know the information. Policy further clarifies that apart from the reporting to designated supervisors or officials, employee's, volunteers, and/or contract staff will not reveal any information related to a sexual abuse report to anyone other than necessary to make treatment, investigation, and other security and management decisions. The PCM and random staff confirmed the expectation of confidentiality.

115.61 (c). Medical staff confirmed that they have a duty to report information related to reports of sexual misconduct.

115.61 (d). Policy 358.2, Staff, Contractor, and Volunteer Reporting refers to North Carolina Law Code Section 7B-301 that states if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the PREA Coordinator will report the allegation to the Department of Social Services. The PREA Coordinator and jail administrator confirmed compliance with the policy. The PAQ documents that there have been no incidents in the last 12 months that would meet the criteria.

115.61 (e). Policy 358.2, Staff, Contractor, and Volunteer Reporting, states that the PCDC will fully investigate allegations, including those received from other facilities/agencies. The PCM documents all incidents reported. Observation while onsite of the PCM office showed a systematic way to securing the investigation files and a way of tracking those cases that require follow up. Random staff interviews confirmed that the facility takes sexual assault very seriously and that alleged incidents are responded in a timely manner. The staff train and respond utilizing a checklist to ensure that a reported incident is not compromised. Random inmate interviews confirmed that the staff take all allegations very seriously in their timely response.

### Standard 115.62: Agency protection duties

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

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 358.2, Staff, Contractor, and Volunteer Reporting
2. Interviews
  - a. Random Staff
  - b. Random Interviews
  - c. Incident revealed during inmate interview

### Findings (By Provision):

115.62 (a). Policy 358.2, Staff, Contractor, and Volunteer Reporting states that if an employee, volunteer or contractor learns that an inmate may be subject to a substantiated risk of imminent sexual abuse, he/she will take immediate action to protect the inmate. The employee, volunteer or contractor will immediately report this information to his/her supervisor and will complete an Incident Report for immediate dissemination to the jail administrator and the PREA Coordinator. The jail administrator and/or the PREA Coordinator will immediately, upon receipt of the Report, initiate an investigation and will, if needed, consult with Classification Staff to determine the appropriate steps to take to immediately protect the inmate. Random staff and random inmate interviews confirmed that the PCDC responds to incidents without delay. An incident involving an inmate was reported to the AT during an interview; the inmate indicated that the staff responded quickly to this issue.

## Standard 115.63: Reporting to other confinement facilities

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



### 115.63 (a)

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

### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Memorandum for file dated 7/19/19 signed by the jail administrator
  - b. Policy 358.2, Staff, Contractor, and Volunteer Reporting
  - c. Pre-Audit Questionnaire (PAQ)
2. Interviews
  - a. Jail administrator
  - b. PREA Coordinator
  - c. PREA Compliance Manager (PCM)
  - d. Intake Officer

### Findings (By Provision):

115.63 (a). Per the memorandum dated 7/19/19, signed by the jail administrator, and the PAQ the PCDC has not received any allegations reported of sexual abuse of inmates while confined at another facility in the last 12 months. Policy 358.2, Staff, Contractor, and Volunteer Reporting states that inmates transferred from another facility who report an allegation of sexual abuse while confined in the transferring facility, the inmate must be referred to the health care provider to be assessed and evaluated. The intake officer receiving the inmate will complete an Incident Report for dissemination to the jail administrator and PREA coordinator. The intake officer confirmed that if a report is made, the officer will report the incident to the PREA compliance manager.

115.63 (b). The PREA Coordinator or designee is responsible for contacting the administrator of the transferring facility to advise him/her of the allegation. All notifications are documented and are maintained by the PREA Coordinator. Notifications to the transferring agency head should be provided as soon as possible, but no more than 72 hours after receiving the allegation. PCDC will document that it provided such notification within 72 hours of receiving the allegation. The PCM confirmed that no such allegations have been received in the past 12 months, but, if received, the jail administrator would be notified. The jail administrator confirmed that he would notify an administrator from the transferring facility to advise of the alleged incident.

115.63 (c). Policy 358.2, Staff, Contractor, and Volunteer Reporting stipulates that all reports of PREA incidents are documented through use of an incident report and logged by the PCM for necessary follow-up and tracking. The PCM confirmed that documentation is made once the transferring agency is notified. There were no notifications reported in the past 12 months.

115.63 (d). Policy 358.2, Staff, Contractor, and Volunteer Reporting states that all allegations are investigated. The PCM and the jail administrator confirmed that any reports of alleged sexual assault are investigated. No such notifications were reported in the past 12 months.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

## 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 360.1, Investigation and Intervention Procedures
  - b. PREA Sexual Assault Checklist
  - c. Staff Training Lesson Plans and Records
  - d. Contractor brochure
2. Interviews
  - a. PREA Compliance Manager
  - b. Random staff
  - c. Random inmates
  - d. Shift Lieutenant
  - e. Medical staff
  - f. Inmate with Limited English Proficiency
  - g. Targeted Inmate: Alleged Victim of Sexual Harassment
3. Observation
  - a. Copies of the PREA Sexual Assault Checklist in supervisors' offices

### Findings (By Provision):

115.64 (a). Policy 360.1, Investigation and Intervention Procedures, outlines the procedures for staff to take immediate action when a PREA related incident is reported, using the criteria outlined in the standards. Interviews with the shift lieutenant/commander and PCM confirmed the use of the PREA Sexual Assault Checklist to ensure that each step is taken so that the incident is properly investigated. Copies of the form were noted in each supervisor's office during the site visit. Staff training lesson plans were reviewed, and staff verification via signature and date, confirmed staff had been trained on

the proper procedures. Random inmates reported that they feel comfortable that the staff take their sexual safety seriously including providing an immediate and appropriate response to their complaints/grievances.

115.64 (b). Health care staff and volunteers receive similar training as the custody staff in responding to incidents of alleged sexual assault. The training was verified by reviewing the lesson plan and observing the signed and dated verification of the attendees. Non-custody staff also receive a copy of the Contractor Brochure that outlines their responsibilities upon notification of an alleged sexual assault. The medical staff interviewed indicated understanding of the steps to seek assistance and preserve any evidence.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 360.1, Investigation and Intervention Procedures
  - b. Contractor Brochure
  - c. PREA Sexual Assault Checklist
  - d. Training lesson plans and sign-in sheets
  - e. Investigation Report of Sexual Harassment Incident
2. Interviews
  - a. PREA Compliance Manager
  - b. Random staff
  - c. Health care staff
  - d. Targeted Inmate: Victim of Sexual Harassment

### Findings (By Provision):

115.65 (a). Policy 360.1, Investigation and Intervention Procedures, outlines the process for coordinating a response to an alleged incident of sexual abuse to include the responsibilities of first responders, health care staff, advocacy groups, and investigators consistent with Standard 115.64. The staff training and Contractor Brochure outline the procedures and all staff, contractors, and volunteers attend training to reinforce their individual responsibilities as verified by signed/dated training rosters of attendance. Random and health care staff interviews confirmed their understanding of the coordinated response. An inmate who reported a sexual harassment incident to the auditor while on site confirmed that the agency took immediate action to resolve the issue. The investigation report indicated that the incident was unsubstantiated, but the alleged perpetrator and victim were housed separately and placed on a "Keep Separate" list.

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

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

#### 115.66 (a)

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

#### 115.66 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

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

a. NC Department of Labor – Employment at Will

2. Interviews

**Findings (By Provision):**

115.66 (a). North Carolina is an employment at will state and therefore does not participate in collective bargaining. There was no indication that an employee would avoid appropriate sanctions for violating procedures.

115.66 (b). Auditor is not required to audit this provision.

**Standard 115.67: Agency protection against retaliation**

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

**115.67 (a)**

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

**115.67 (b)**

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

**115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 358.7, Agency Protection Against Retaliation
  - b. Pre-Audit Questionnaire (PAQ)
2. Interviews
  - a. PREA Compliance Manager (PCM)
  - b. PREA Coordinator
  - c. Jail administrator
3. Observation
  - a. Tracking Board in PCM Office

### **Findings (By Provision):**

115.67 (a). Policy 358.7 Agency Protection Against Retaliation states that all inmates, employees, contractors and volunteers who report sexual abuse or harassment or who cooperate with any related investigation are protected from retaliation by other inmates or staff. The PREA Coordinator and the PCM are responsible for monitoring retaliation. The jail administrator confirmed that retaliation against anyone who reports misconduct is not tolerated. The PAQ and PCM indicated that no incidents of retaliation have occurred within the past 12 months.

115.67 (b). Policy 358.7, Agency Protection Against Retaliation, specifies that inmate disciplinary reports, inmate housing or program changes, negative staff performance reviews or reassignments are monitored for any case that is open, substantiated or unsubstantiated. The PCM verified that monitoring occurs consistent with policy, and the AT viewed a tracking system on a white board located in the PCM's office that records when inmates/staff are due for verification of no retaliation.

115.67 (c). Policy 358.7, Agency Protection Against Retaliation, stipulates that for at least 90 days following the submission of the report, or longer upon the discretion of the PREA Coordinator, the PREA Coordinator will monitor the conduct and treatment of inmates and staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to determine if there are changes that may suggest possible retaliation by inmate or staff. The PREA Coordinator will, at a minimum, ensure the activities/reports consistent with the standard are reviewed during the 90-day period that may suggest retaliation. All reviews are documented and maintained by the PCM for record keeping purposes. The PCM confirmed that staff issues may be directed to the PREA Coordinator or the jail administrator if access to employee files if appropriate.

115.67 (d). Policy 358.7, Agency Protection Against Retaliation, stipulates that for at least 90 days following the submission of the report, or longer upon the discretion of the PREA Coordinator, the PREA Coordinator will monitor the conduct and treatment of inmates and staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to determine if there are changes that may suggest possible retaliation by inmate or staff. The PCM confirmed that she is expected to meet with the inmates and staff as well as review files.

115.67 (e). Policy 358.7, Agency Protection Against Retaliation, clarifies that the PCDC takes steps to ensure the safety of any individual who cooperates with an investigation. The PREA Coordinator and the PCM confirmed that they will monitor anyone who is connected with an investigation.

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



## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 356.5, Classification and Administrative Separation Issues
2. Interviews
  - a. PREA Compliance Manager
  - b. Staff supervising inmates in segregation

#### Findings (By Provision):

115.68 (a). Policy 356.5, Classification and Administrative Separation Issues, clarifies that If segregation housing is used by the facility it does so in a manner that complies the criteria outlined in Standard 115.43. The PCM and the staff supervising inmates in segregation housing indicated that all reasonable attempts are made to house inmates in general population if it is safe to do so. The staff supervising inmates in segregation could not recall the last time an inmate was placed in segregation for his/her protection. Policy requires that the inmate's status will be reviewed every 30 days to determine whether there is a continued need for separation from the general population. Reviews are conducted every 30 days by classification staff and are forwarded to the PREA Coordinator for written approval.

## INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 354-372, Investigation and Intervention Procedures
  - b. PREA Sexual Assault Checklist
  - c. PREA Sexual Assault/Harassment Administrative Investigation Form
2. Interviews
  - a. Jail administrator
  - b. Investigator
  - c. PREA Compliance Manager (PCM)
  - d. Shift lieutenant/commander
  - e. Random Staff
  - f. Random inmates
3. Observation
  - a. PREA Sexual Assault Checklist posted in each supervisor's office

**Findings (By Provision):**

115.71 (a). Policy 360.1, Investigation and Intervention Procedures, outlines the procedures for initiating administrative and criminal investigations for reports of sexual abuse or misconduct. Staff or others receiving information about an allegation are to report the finding directly to their immediate supervisor who then immediately forward the jail administrator and the PREA coordinator so that an administrative or criminal investigation can be initiated by the PREA Coordinator and PREA Investigator. The policy further requires that the investigation is initiated promptly and objectively, and generally by the end of the shift in which the incident occurred. The PREA coordinator reported that supervisors will initiate contact with the PREA investigator when the PREA coordinator is not on duty. A copy of the PREA sexual assault checklist was provided and indicates the process of initiating an investigation, including contacting a PCSO deputy/detective without delay to take over the investigation (a telephone number is provided). This use of the PREA Sexual Assault Checklist was confirmed by the shift lieutenant/commander, the PCM, and the jail administrator. Interviews with inmates revealed that the agency responds immediately and addresses each complaint without hesitation and investigates each complaint thoroughly

115.71 (b). Policy 355.4, Specialized Training: Investigations, specifies that investigators who investigate allegations of sexual abuse are trained in conducting sexual abuse investigations in confinement settings. The two investigators have completed the PREA: Investigating Sexual Abuse in a Confinement Setting as verified by the certificates of completion dated 7/18/19 or 7/24/19. Further, the investigator interviewed indicated receiving training in interview and interrogation specific to sexual assault at a local community college.

115.71 (c). Policy 360.1, Investigation and Intervention Procedures, specifies that the PREA investigator gathers and preserves direct and circumstantial evidence, including any available evidence, electronic monitoring data; will interview all alleged involved or witnessing person, and review prior complaints related to the alleged perpetrator. The interviewed investigator had not conducted a criminal investigation at the time of the interview but was able to describe the appropriate procedures. The 13 random staff described the process for reporting incidents and preserving evidence. The investigator reports using a standard uniform collection of evidence procedure to collect evidence; interviews are conducted with the alleged victim, suspect(s), and witnesses.

115.71 (d). Policy 360.1 Investigation and Intervention Procedures #5, specifies that when the quality of evidence appears to support criminal prosecution, the PREA investigator may conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The investigator reported that the district attorney is contacted prior to compelling interviews.

115.71 (e). The investigator reported that victims are not subjected to a polygraph examination before proceeding with the investigations. There is no specific policy that allows for the use of polygraph examinations to verify alleged victims' statements.

115.71 (f). Policy 360.1, Investigation and Intervention Procedures #12, requires that investigators determine whether staff action, failures to act, or failure of staff to follow policies and procedures contributed to the incident so correction action can be taken. The PREA coordinator and the jail administrator reported that all substantiated incidents are reviewed by the PREA coordinator, the jail administrator, and other staff who may have knowledge of the incident to determine if follow up action, staffing changes, or electronic monitoring devices should be considered to prevent future incidents.

115.71 (g). Policy 360.1, Investigation and Intervention Procedures #6, stipulates that all criminal investigations are documented in a written report that contains a thorough description of the physical, testimony, and documentary evidence and attaches copies of the evidence where feasible. The agency investigator indicated understanding of the reporting requirements but has not conducted a sexual assault investigation since being assigned as an investigator.

115.71 (h). Policy 360.1, Investigation and Intervention Procedures #13, stipulates that all substantial allegation of conduct that appear to be criminal will be referred for prosecution. The investigator reported that all cases that appear to be criminal in nature are presented to the district attorney's office.

115.71 (i). Policy 360.1 Investigation and Intervention Procedures #6, stipulates that all written reports are maintained for as long as the alleged abuser is incarcerated or employed at the PCDC, plus five years.

115.71 (j). Policy 360.1 Investigation and Intervention Procedures #6 Note, clarifies that investigations are not terminated on the basis of the alleged abuser or victim no longer being in control at the PCDC. The agency investigator and the PREA coordinator indicated that investigations continue even if an alleged abuser leaves the facility. The PREA coordinator further stated that if a pending inmate release is known, the PREA coordinator obtains contact information from the inmate.

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

115.71 (l). An outside agency is not used for investigations.

#### **Recommendations:**

1. Review and revise the PREA Sexual Assault Checklist to reflect the name of the current PREA coordinator. Verify the accuracy of other information in the process flow.
2. Consider including a reference in the policy and procedure that inmates who allege sexual abuse are not required to submit to a polygraph examination.

### **Standard 115.72: Evidentiary standard for administrative investigations**

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

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 360.1, Investigation and Intervention Procedures.
2. Interviews
  - a. Agency investigator
  - b. PREA Coordinator

### Findings (By Provision):

115.72 (a). Policy 360.1, Investigation and Intervention Procedures, clarifies that the agency does not impose a standard higher than the preponderance of the evidence when determining whether an allegation of sexual abuse or harassment is substantiated. The agency investigator confirmed that nothing has risen to the level of criminal in nature in the last 12 months, and that if a case was referred to them they would not impose a higher standard.

## Standard 115.73: Reporting to inmates

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

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

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

### 115.73 (d)

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

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 362 Follow-up Reporting to Inmates
  - b. Memorandum to file dated 7/16/19
2. Interviews
  - a. PREA Coordinator
  - b. PREA Compliance Manager (PCM)
  - c. Investigator
  - d. Targeted Inmate (Reported Sexual Harassment)
3. Observation
  - a. Secured file storage in locked PCM office.

### Findings (By Provision):

115.73 (a). Policy 362 Follow-up Reporting to Inmates, states that following an investigation into an inmate's allegation that he/she suffered sexual abuse, the PREA Coordinator will inform the inmate whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. All communication is completed in written format. The PREA Coordinator maintains copies of all written follow-up reports for documentation purposes. Inmates are sent notification that the complaint has been received and upon completion of the investigation. An interviewed inmate who had reported a harassment incident corroborated this practice and had received notification.

115.73 (b). n/a. All investigations are conducted by the Pitt County Sheriff's Office.

115.73 (c). Policy 362 Follow-up Reporting to Inmates clarifies that unless the inmates allegation(s) have been unfounded, the PREA Coordinator will inform an inmate following an allegation that a staff member has committed sexual abuse against the inmate, whenever the staff member is no longer posted in his/her housing unit; the staff member is no longer employed by the facility; the facility learns the staff member has been indicted on a charge of sexual abuse within the facility; the facility learns the staff member has been convicted on a charge related to sexual abuse within the facility. The investigator and PCM confirmed that the investigation and notice does not end until there is a finding. A memorandum dated 7/16/19 received while onsite confirmed by the PREA Coordinator indicates no staff allegations in the last 12 months.



115.73 (d). Policy 362 Follow-up Reporting to Inmates, directs that following an inmate's allegation that he/she has been sexually abused by another inmate, the PREA Coordinator will inform the alleged victim whenever the abuser has been indicted on a charge related to sexual abuse within the facility; or the abuser has been convicted on a charge related to sexual abuse within the facility. The PCM confirmed that she meets with inmate when there is such an update regarding the investigation.

115.73 (e). All notifications are kept in the file for record keeping and documentation purposes. This was collaborated by interview with the PCM and observation of file storage.

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

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 363.1 "Disciplinary Sanctions"
  - b. Memorandum to file dated 7/16/19
2. Interviews
  - a. PREA Coordinator

### Findings (By Provision):

115.76 (a). Policy 363.1, Disciplinary Sanctions states that staff are subject to disciplinary action up to and including termination for violating any agency sexual abuse or harassment policies. Termination is mandatory for staff who has engaged in substantiated claims of sexual abuse. All County personnel policies regarding discipline are followed in these cases. A memorandum provided by the PREA Coordinator indicates no staff disciplinary actions occurred in the last 12 months.

115.76 (b). Policy 363.1, Disciplinary Sanctions states that staff are subject to disciplinary action up to and including termination for violating any agency sexual abuse or harassment policies. Termination is mandatory for staff who has engaged in substantiated claims of sexual abuse. All County personnel policies regarding discipline are followed in these cases. A memorandum provided by the PREA Coordinator onsite indicates no staff disciplinary actions in the last 12 months.

115.76 (c). Policy 363.1, Disciplinary Sanctions states that disciplinary sanctions for violations of agency policies relating to sexual abuse and harassment (other than actually engaging in sexual abuse or harassment) are commensurate with the nature and circumstances of the acts committed; the staff member's disciplinary history; and the sanctions imposed for comparable offenses by other staff with similar histories. A memorandum provided by the PREA Coordinator onsite indicates no staff disciplinary actions in the last 12 months.

115.76 (d). Policy 363.1, Disciplinary Sanctions states that any terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their own resignation, are reported to the Pitt County Sheriff's Office and other relevant law enforcement agencies, unless the activity was clearly not criminal, and also to relevant licensing bodies (for individuals who may have specialized licenses, i.e., nurses, contractors, engineers, North Carolina Professional Standards agencies, etc.). In these cases, the PREA Coordinator is responsible for making written notifications and for maintaining copies of all notifications for documentation and recordkeeping purposes. A memorandum provided by the PREA Coordinator indicates no staff disciplinary actions in the last 12 months.

## Standard 115.77: Corrective action for contractors and volunteers

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

### 115.77 (a)

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Memorandum dated 7/16/19 signed by jail administrator.
  - b. Policy 363.2 "Contractor and Volunteers"
2. Interviews
  - a. PREA coordinator
  - b. Jail administrator

### Findings (By Provision):

115.77 (a). Volunteers and contractors are held to the same standard as employees. Any volunteer or

contractor that violates the policy is revoked from entering the facility. Policy states, "Any contractor or volunteer who engages in sexual abuse is immediately prohibited from any further contact with inmates and is to be immediately reported to the, Pitt County Sheriff's Office and any other relevant law enforcement agency(s), unless the activity was clearly not criminal, and also to relevant licensing bodies, if applicable. The PREA Coordinator will be provided and will maintain documentation of all relevant reports. The PREA coordinator reported that no volunteer/contractor services were postponed or terminated for violations of PREA related allegations/investigation in the past 12 months.

115.77 (b). No volunteer/contractor services were postponed or terminated for violations of PREA related allegations/investigation in the past 12 months as indicated by the onsite interview with the PREA Coordinator and Jail administrator.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

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

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. PREA Policy 363.3, Inmates.
  - b. Pre-Audit Questionnaire
  - c. Inmate Handbook
2. Interviews
  - a. PREA Compliance Manager (PCM)
  - b. Discipline Officer
  - c. Mental Health Therapist
  - d. Random staff
  - e. Random inmates

### Findings (By Provision):

115.78 (a). PREA Policy 363.3, Inmates, states that inmates are subject to disciplinary action(s) pursuant to the procedures outlined in the Inmate Discipline Policy following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt of inmate-on-inmate sexual abuse. The discipline officer and the PCM indicated that inmates are subject to discipline under the inmate discipline procedures if deemed appropriate. The Inmate Handbook outlines the discipline process including charges related to sexual assault or sexual harassment.

115.78 (b). PREA Policy 363.3, Inmates, states that any sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The discipline officer and the

PCM indicated that there has not been an occasion when this occurred. The PAQ also reflected that there have been no administrative filings or criminal filings within the past 12 months.

115.78 (c). PREA Policy 363.3, Inmates, states that any disciplinary process will consider whether an inmate's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. The discipline officer confirmed that all disciplinary action includes the evidence relied upon and the inmate's previous behavior – both positive and negative.

115.78 (d). PREA Policy 363.3, Inmates, states that the PCDC will consider whether to require an offending inmate to participate in any therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The PCM will refer the inmate to the mental health therapist who will initiate contact at no cost to the inmate. The mental health therapist confirmed this practice.

115.78 (e). PREA Policy 363.3, Inmates, states that the PCDC will discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact." As indicated by the interview with the PREA Coordinator, PAQ, and memorandum on file there have been zero incidents involving staff in the last 12 months.

115.78 (f). PREA Policy 363.3, Inmates, states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The discipline officer confirmed that no incidents of false reporting have resulted in disciplinary action.

115.78 (g). PREA Policy 363.3, Inmates, states that the PCDC prohibits all sexual activity between inmates and will discipline inmates for such activity. PCDC will not deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Interviews with both random staff and inmates while onsite indicate that there is a zero tolerance on all behaviors covered under the PREA standards. The Inmate Handbook addressed such violations.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 361.1 Medical/Mental Health Services
  - b. Risk of Victimization and Abusiveness (PREA) Intake Screening
  - c. Memorandum for file dates 7/16/19
2. Interviews
  - a. PREA Compliance Manager (PCM)
  - b. Medical Staff
  - c. Mental Health Therapist

### 3. Observation

- a. Inmate who indicated prior sexual assault being interviewed by PCM

#### **Findings (By Provision):**

115.81 (a). Upon entrance into the facility, inmates are asked the same screening questions as evidence by the Risk of Victimization and Abusiveness (PREA) Intake Screening. If an inmate indicated that they had been previously sexually victimized they are referred to the PCM who meets with the inmate and offers the services of medical and mental health intervention at no cost. All inmates are separately screened by medical and mental health as a part of the admissions process. During the onsite visit, the AT observed the PCM conduct a screening consistent with the policy of an inmate who reported a previous sexual assault. Policy 361.1 Medical/Mental Health Services states that all inmates at PCDC who have disclosed any prior sexual victimization during a screening pursuant to PREA Standards are offered a follow-up screening within 14 days with a medical or mental health practitioner. Medical Staff will forward any information pertinent from the screening to the PCM after completion. A memorandum provided by the PREA Coordinator indicates no incidents occurred in the last 12 months.

115.81 (b). Upon entrance into the facility, inmates are asked the same screening questions as evidence by the Risk of Victimization and Abusiveness (PREA) Intake Screening instrument. If an inmate indicated that they had been previously perpetuated sexual abuse undergoes medical and mental health followup within 14 days. A memorandum provided by the PREA Coordinator indicates no incidents in the last 12 months.

115.81 (c). Upon entrance into the facility, inmates are asked the same screening questions as evidence by the Risk of Victimization and Abusiveness (PREA) Intake Screening. If an inmate indicated that they had been previously sexually victimized they are referred to the PCM who meets with the inmate and offers the services of medical and mental health intervention at no cost. All inmates are separately screened by medical and mental health as a part of the admissions process. During the onsite visit, the AT observed the PCM conduct a screening consistent with the policy of an inmate who reported a previous sexual assault. Policy 361.1 Medical/Mental Health Services states that all inmates at PCDC who have disclosed any prior sexual victimization during a screening pursuant to PREA Standards are offered a follow-up screening within 14 days with a medical or mental health practitioner. Medical Staff will forward any information pertinent from the screening to the PCM after completion. A memorandum provided by the PREA Coordinator indicates no incidents occurred in the last 12 months.

115.81 (d). Policy 161.1, Medical/Mental Health Services specifies that information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments. Or as otherwise required by Federal, state and local law. The medical and mental health providers confirmed that they share information only on a need to know basis.

115.81 (e). Medical and mental health practitioners reported that they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Medical and mental health staff maintain secondary materials (i.e. forms, logs) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time of the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.



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

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

#### 115.82 (a)

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

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

- Documents: (*Policies, directives, forms, files, records, etc.*)
  - Policy 361.1 Medical/Mental Health Services
  - Memorandum for file dated 7/16/19

2. Interviews
  - a. Medical Staff
  - b. PREA Coordinator

### Findings (By Provision):

115.82 (a). Medical and mental health staff report that they provided medical and mental health services at the level or higher as people on the street. Policy 361.1.D, Medical/Mental Health Services, provides that PCDC will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse while incarcerated at PCDC. The evaluation and treatment will, as appropriate, include the following services: follow-up services, treatment plans and, when necessary, referrals for continued care following their release from the detention center or transfer to or placement in other facilities. A memorandum on file states that the facility is unaware of any incidents.

115.82 (b). The facility provides for 24-hour medical care in the facility through contract services. Mental health is also provided through a contract service and referrals are made by the medical staff or upon request of the inmate. A memorandum on file states that the facility is unaware of any incidents.

115.82 (c). In the event of a sexual assault, inmates are offered service with untimely delay. Policy 361.1 Medical/Mental Health Services states that should an inmate be a victim of sexually abusive vaginal penetration while incarcerated he/she will be offered pregnancy testing by the health care provider. Should pregnancy result from victimization, the victimized inmate will receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. A memorandum on file states that the facility is unaware of any incidents.

115.82 (d). Inmates are treated regardless of their ability to pay. Policy 361.1 Medical/Mental Health Services states that all treatment services are provided without cost to the victim, regardless of whether the victim names the perpetrator or cooperates with an investigation into the alleged sexual abuse. To the extent possible, all services provided will be consistent with the community level of care. A memorandum on file states that the facility is unaware of any incidents. Medical staff and mental health staff confirmed during interviews that inmates are provided such services without financial cost.

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

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

#### 115.83 (a)

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

#### 115.83 (b)

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

### 115.83 (c)

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

### 115.83 (d)

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Memorandum to file dated 7/16/19
  - b. Risk of Victimization and Abusiveness (PREA) Intake Screening
2. Interviews
  - a. Medical Staff
  - b. Mental Health Staff
  - c. PREA Compliance Manager (PCM)
  - d. PREA Coordinator
  - e. Intake staff

**Findings (By Provision):**

115.83 (a). Upon entrance into the facility, inmates are asked the same screening questions as evidence by the screening instrument. If an inmate indicated that they had been previously sexually victimized they are referred to medical and mental health. It should be noted that all inmates are screened by medical and mental health as a part of the admissions process. Policy 361.1 Medical/Mental Health Services states that all inmates at PCDC who have disclosed any prior sexual victimization during a screening pursuant to PREA Standards are offered a follow-up screening within 14 days with a medical or mental health practitioner. Medical Staff will forward information pertinent from the screening to the PREA Coordinator after completion. A memorandum on file states that the facility is unaware of any incidents.

115.83 (b). Upon entrance into the facility, inmates are asked the same screening questions as evidence by the Risk of Victimization and Abusiveness (PREA) Intake Screening Instrument as verified by the intake officer. If an inmate indicated that they had been previously sexually victimized they are referred to the PCM who conducts an interview and then refers the inmate to medical and mental health. All inmates are screened by medical and mental health as a part of the admissions process.

115.83 (c). Policy 361.1 Medical/Mental Health Services requires that inmates are provided medical and mental health services consistent or higher level with the community level of care. The level of service was confirmed by the medical provider and the mental health provider.

115.83 (d). Policy 361.1 Medical/Mental Health Services specifies that a female victim of sexual abuse will be offered a pregnancy test by the health care provider. The health care staff indicated that test would be conducted at the hospital, but at no cost to the inmates.

115.83 (e). Policy 361.1 Medical/Mental Health Services indicates that should pregnancy result from victimization, the victimized inmate will receive timely and comprehensive information about the timely access to all lawful pregnancy related medical services. A memorandum on file states that the facility is not aware of any such incidents.

115.83 (f). Policy 361.1 Medical/Mental Health Services indicates that appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis will be offer to the inmate. The medical staff indicated that these services would be directed by the hospital and that health care staff would comply with the physician's orders.

115.83 (g). Inmates are treated regardless if they have money. Policy 361.1 Medical/Mental Health Services indicates such services will be provided at no cost to the inmate. A memorandum on file states that the facility is unaware of any incidents.

115.83 (h). n/a

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

improvement and submit such report to the facility head and PREA compliance manager?

Yes  No

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 364 Sexual Abuse Incident Review Team
2. Interviews
  - a. Jail administrator
  - b. PREA Coordinator

### Findings (By Provision):

115.86 (a). Policy 364 Sexual Abuse Incident Review Team states that consistent with the requirements contained in PREA Standards, the jail administrator will ensure that a Sexual Abuse Incident Review Team is established to review all substantiated and unsubstantiated allegations of sexual abuse or harassment. Allegations deemed unfounded upon investigation will not be required to be reviewed by the Team. The PCM and the jail administrator confirmed during interviews that all incidents are reviewed.

115.86 (b). Policy 364 Sexual Abuse Incident Review Team states that incidents are to be reviewed within 30 days of the conclusion of the investigation. While onsite this practice was confirmed with the interview of the PREA Coordinator.

115.86 (c). Policy 364 Sexual Abuse Incident Review Team outlines that the team consists of the shift lieutenant, detention captain, PREA coordinator/investigator, medical health services administrator or mental health counselor. Composition of the team was verified onsite by the PREA Coordinator and the jail administrator. The PREA Coordinator confirmed the following responsibilities of the review team:

1. Considering whether the allegation or investigation indicates a need to change policies and practices to better prevent, detect, or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, or intersex identification status or perceived status, gang affiliation, or by other factors or group dynamics at the facility;
3. Examine the area of the facility where the incident allegedly occurred to determine if any physical barriers existed which may have enabled the abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.86 (e). Policy 364 Sexual Abuse Incident Review Team states that to the extent possible, the jail administrator and the PREA Coordinator will implement the recommendations of the Review Team. Should the jail administrator and/or PREA Coordinator be unable to implement the recommendations of the Review Team, they will document the reasons for not doing so. All documentation is maintained by the PREA Coordinator for record keeping and reporting purposes. (Documentation may include requests for funding made for new equipment, staff or renovations that were disapproved by the funding authorities, or other requests for outside assistance that were denied.) The above practice was confirmed during the onsite visit with the PREA Coordinator and the jail administrator.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

## 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. Policy 371, Data Collection
  - b. Survey of Sexual Victimization, 2017
2. Interviews
  - a. PREA Coordinator
  - b. Jail administrator

### Findings (By Provision):

115.87 (a). Policy 371, Data Collection, outlines the requirement to collect data consistent with the standard. The agency collects uniform and accurate data as verified by the PREA Coordinator and the online submission of the Survey of Sexual Victimization, 2017.

115.87 (b). Policy 371, Data Collection requires that aggregate incident-based data be conducted annually. An annual report is created and published by the facility as verified by the PREA coordinator and the online submission of the Survey of Sexual Victimization, 2017.

115.87 (c). The agency complies and participates with the Survey of Sexual Victimization. A copy of the previous year's survey was provided to the auditors and was posted on the PCSO website: [pittcountysheriff.com/prea](http://pittcountysheriff.com/prea).

115.87 (d). Policy 371, Data Collection requires that the PCDC maintains, reviews and collects data as needed from all available incident-based documents including reports, investigation fiels, and sexual abuse incident report. An annual report is created and published by the facility as verified by the PREA coordinator and the online submission of the Survey of Sexual Victimization, 2017.



115.87 (e). PCDC does not contract with any other facility.

115.87 (f). The DOJ has not request information.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. .
2. Interviews
  - a. Jail administrator
  - b. PREA Coordinator

### Findings (By Provision):

115.88 (a). Policy 371.2 Data Review for Corrective Action outlines procedures that data collected is reviewed by the team to look for improvements in its effectiveness in preventing sexual abuse or sexual harassment.

115.88 (b). The PREA Coordinator confirmed that the prepared reports are used as a comparison from the previous year's report(s).

115.88 (c). Any reports prepared regarding PREA are reviewed and signed off by the jail administrator as confirmed by the PCM and the jail administrator.

115.88 (d). The PCM and the jail administrator report that the agency redacts any information necessary that would pose a threat to safety and security.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. 371.3 "Data Storage, Publications and Destruction"
2. Interviews
  - a. PREA Coordinator
  - b. Jail administrator

### Findings (By Provision):

115.89 (a). The PCM confirmed that all data collected is retained securely by the PCM in her locked office.

115.89 (b). Reports are posted to the agency website. 2016 was placed on the website.

115.89 (c). All personal identifiers are removed.

115.89 (d). Data is kept for 10 years as per the agency policy.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  - a. 2016 Audit posted on the website
2. Interviews

### Findings (By Provision):

115.401 (a). This is the second audit for the facility as their first was in 2016.

115.401 (b). The Agency only operates one facility as confirmed by the jail administrator and as observed while onsite.

115.401 (h). The AT had complete and total access to the facility to include any necessary files while onsite.

115.401 (i). The AT was provided information in a timely manner that was requested by email or while onsite.

115.401 (m). The Auditors were provided confidential space for both staff and inmate interviews.

115.401 (n). Inmates were provided with a mailing address to send correspondence prior to the onsite visitation. No correspondence was received prior to the onsite assessment.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

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

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

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

### **The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
2. Interviews
  - a. Jail administrator
  - b. PREA Compliance Manager (PCM)

### **Findings (By Provision):**

115.403 (f). Upon completion of this report the agency understands that it must post this report on its website or be made available upon request by the public as acknowledged by the jail administrator and the PCM.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>3</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>4</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Karen Albert \_\_\_\_\_

[Click here to enter text.](#)

**Auditor Signature**

**Date**

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

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