

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: June 10, 2016

Auditor Information			
Auditor name: Dan McGehee			
Address: PO Box 595 White Rock, SC 29177			
Email: mc72fsud@aol.com			
Telephone number: 803-331-0264			
Date of facility visit: May 24-25, 2016			
Facility Information			
Facility name: Pitt County Detention Center			
Facility physical address: 124 New Hope Rd, Greenville, NC 27834			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 252-902-2941			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Major Jeff Phillips			
Number of staff assigned to the facility in the last 12 months: 154			
Designed facility capacity: 596			
Current population of facility: 419			
Facility security levels/inmate custody levels: workers, minimum, medium, maximum			
Age range of the population: 16-17 year old juveniles/ 18-73 year old adults			
Name of PREA Compliance Manager: N/A		Title: N/A	
Email address: N/A		Telephone number: N/A	
Agency Information			
Name of agency: Pitt County Detention Center			
Governing authority or parent agency: <i>(if applicable)</i> Pitt County Government			
Physical address: 124 New Hope Rd, Greenville, NC 27834			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 252-902-2941			
Agency Chief Executive Officer			
Name: Major Jeff Phillips		Title: Chief of Detention Services	
Email address: jeff.phillips@pittcountync.gov		Telephone number: 252-902-2924	
Agency-Wide PREA Coordinator			
Name: Bobby Sowards		Title: PREA/Classification Officer	
Email address: bobby.sowards@pittcountync.gov		Telephone number: 252-902-2941	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Pitt County Detention Center (PCDC) was conducted by McB Consultant Services, LLC, Dan McGehee, lead auditor with the assistance of Richard Bazzle, both Department of Justice Certified PREA auditors on May 24 and 25, 2016 in Greenville, North Carolina. Six weeks prior to the audit, the PREA coordinator submitted for review the Pre-audit questionnaire as well as an electronic file for each standard containing written documentation for standards compliance. The facility also sent the agency PREA policy in its entirety, the inmate handbook, the grievance policy, and other related documentation which the auditors reviewed prior to arriving in Greenville. Also six weeks prior to the audit, the auditors received pictures documenting the PREA announcement posters with the dates of the PREA audit and contact information for the auditors. These posters were visible in various locations within the facility for six weeks prior to the audit. As a result, one letter from an inmate was received by the auditors prior to the audit.

The audit commenced on May 24 at 8:30 AM in the training room of the PCDC. Present for the entrance briefing were the Major, both captains, the day shift lieutenant and the PREA Coordinator. The auditors introduced themselves and the lead auditor discussed in detail the audit schedule and audit activities. A time of questions and answers followed. At 9:10 the auditors separately toured the entire facility to include office areas, living areas, medical, booking, transport, court, and visitation. Auditors observed posters announcing the PREA audit throughout the facility to include living units, staff breakrooms, and visitation. Zero tolerance signs were also posted throughout. In the living units, a screen with scrolling announcements about PREA was easily viewed by inmates. In talking informally with staff throughout the facility, all were knowledgeable about PREA, as were inmates.

At 11:00 AM, the auditors and tour staff returned to the conference room and were joined by the Major for a debriefing. The auditors shared the following concerns with assembled staff:

1. Inmate phones need to be tested by staff randomly and routinely and documented to ensure they work for hot-line reporting.
2. PREA signs for zero tolerance should be added in the training and break rooms.
3. Information on the website, as well as PREA signs, needs to be changed to delete the term "monitored" and insert "not recorded". Inmate training should reflect this change.
4. The phone call to Real Crisis Center needs to be a free call and not recorded. Inmate training needs to reflect this change.
5. Add signage in housing units "Only one inmate showering at a time". Amend inmate training to reflect this practice.
6. Toilet and shower curtains need to be installed in living units B-1, B-2, B-3, B-4, B-5, A-1, A-2, A-3, and A-4.

Staff was in agreement with all suggestions and began working on the changes, which were completed within two weeks after the on-site visit.

Regarding the inmate letter alleging a PREA complaint, the lead auditor discussed the situation with the day shift Lieutenant. She indicated the inmate had filed a grievance which was thoroughly investigated by the agency. The auditor reviewed the grievance documentation alleging the sexual harassment and the facility's response prior to interviewing the inmate. Video tape was reviewed. The allegation was unfounded as there was no proof that the incident had occurred. The inmate was further interviewed by the auditor where the inmate admitted that this was an accurate account of how the incident was handled.

The auditors spent the balance of the day and the next morning interviewing thirteen inmates from the different housing areas using the recommended DOJ protocols that indicate their general knowledge of a variety of PREA protections and their specific knowledge of how to report abuse or harassment. They also interviewed eighteen staff to include the Major, facility Captains and Lieutenants, the PREA Coordinator, Medical and Mental health providers, the Intake supervisor and officers and various line supervisors and officers throughout the facility. Interviews indicated that all personnel were acutely aware of their responsibility and duties relating to PREA.

On May 25, the auditors arrived at the facility at 6:00 AM and were available to staff assigned to the night shift, which ended at 7:00 AM. The auditors attended the Lieutenant briefing, the Sergeant's briefing, and shift briefing for the on-coming day shift. All operations were normal and the auditors observed the exchange of information as well as the accounting of equipment exchanged. PREA and the auditors were mentioned in all meetings.

Detailed discussions were then held with the Major, Captains, PREA coordinator, and the day shift Lieutenant regarding the PCDC policy on transgender inmates and the procedure and access of the victim advocate. Auditors wanted both changed so that policy and practice would comply with the requirements of the standards.

Auditors then spent the balance of the morning completing staff interviews. At 11:00 AM, the lead auditor met with the PREA Coordinator and the day-shift Lieutenant to develop a detailed action plan on any remaining deficiencies. They included the following:

- The lead auditor spoke with the director of the REAL Crisis Center about the MOU and services the REAL Crisis center provides for victims of sexual abuse or harassment at PCDC. They discussed the process of officer assisted calls to the Center although the calls are not recorded and made in a private office. The Director said she was fine with this process and that she would work with the staff at PCDC to revise the MOU to include the appropriate language.

The staff at PCDC were in agreement with all the corrections to be implemented and agreed that they would be able to implement these changes within two weeks; therefore, a detailed action plan was not necessary. Documentation was submitted electronically to the lead auditor as promised within two weeks to satisfy all deficiencies.

At 12:00 PM the auditors met with the Major, captains, and other staff to summarize the audit activities. The lead auditor expressed his thanks for the PCDC working with McB Consultant Services in becoming PREA compliant and outlined the remaining tasks of becoming PREA compliant. It is evident that the leadership of the PCDC has made PREA compliance a high priority and put much effort to ensure the sexual safety of the inmates in their care.

The auditors exited the facility at 1:00 PM

DESCRIPTION OF FACILITY CHARACTERISTICS

The Pitt County Detention Center is a 196,665 square foot facility equipped to house approximately 500 inmates. It was built in 1993 with approximately 308 beds, A/B Block. The first addition was built in 1997 which added E-Block and an additional 96 beds. E-Block is currently closed and not a part of this audit. The second addition occurred in 2009. This addition (F-Block) provided a new processing center (Pre-Booking), Intake/Release, Magistrate's Office, expanded kitchen, a new medical room, and added 192 beds. Pitt County Detention Center has a linear style layout. There are approximately 180 employees, not including contract staff. PCDC has four rotating shifts with approximately 32 Officers and a day shift total of 50.

There are three designated housing units which are comprised of maximum, medium, and minimum security and custody levels. The housing units range from dormitory style to wet cells which can occupy one or two inmates. There are a total of twenty sub-housing units; nine are dormitory style and eleven are single/double cell occupancy. On the first day of the audit, the Pitt County Detention Center's population was 419, including sixteen juvenile males. The center has a diverse population of men and women ranging from the age of sixteen to seventy seven. It has the capability to house both juvenile males and females in separate housing units away from adults via sight and sound. PCDC uses indirect supervision. The center contracts its Medical and Mental Health services to Eastern Carolina Medical Service. Medical and Mental Health services are available 24 hours/365 days a year to inmates. Investigators are available at all times upon request. The center also contracts food service and commissary through Aramark.

PCDC uses video visitation for all family visits. Professional visitors may also use this feature if they wish. The center has an in-house court room in which they hold inmate First Appearances as well as Superior Court hearings on the first Monday and Tuesday of every month. PCDC has covered transportation via vans and cars; two secure sally port areas are used for these vehicles entering/exiting the facility.

PCDC utilizes over 200 video cameras with the ability to record in most areas. Officers are trained in defensive tactics, restraint devices, electronic Taser Devices and OC spray. PCDC also has an Emergency Response Team (ERT) with at least 40 hours of specialized training a year in First Responder, Less Than Lethal Weapons, Open/Closed Cell extractions, Cell Searches, and Fire Prevention. ERT members have an armory/equipment room where their less than lethal weapons and equipment are stored until needed. Officers carry handheld radios which provide communication with staff throughout the Detention Center with the capability to communicate with the entire Pitt County Sheriff's Office and our 911 Communications Center.

The security operating system is located in the central control room and is operated by two officers who communicate with staff via intercoms at all secure passage doors as well as camera views and radio communication if necessary. Currently the control room operators control access into all secure areas of the facility with the help of a secondary control room. PCDC is in the process of combining these two control rooms to make one central room to be staffed by three Officers with the capability to control access into all secure areas of the facility, along with the capability of an intercom system at each secure passage door; as well as camera view and radio communication remaining the same. This upgrade is anticipated to be completed by the end of the year (2016). All buildings are equipped with fire/life safety detection and alarm systems. The center is surrounded by a perimeter fence and security razor wire with perimeter gates operated by key only. Key access is restricted to essential personnel only.

Consistent with recognized North Carolina Jail Standards, employees at PCDC conduct security rounds at least two times per hour (every thirty minutes) on an irregular basis for all general population areas or at least four times per hour (every fifteen minutes) on an irregular basis for inmates requiring more supervision, i.e. suicidal, mental health, known management problems, or disciplinary sanctions, consistent with PCDC policy. All rounds are documented using the Personal I-button Reader (PIR), in conjunction with camera views and security round logs. The PIR records the name of the Officer conducting the supervision round, the date and time, and location being checked.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 6

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

The Pitt County Detention Center (PCDC) has implemented a zero tolerance policy as detailed in its PREA Policy which comprehensively addresses the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy contains necessary definitions, sanctions and descriptions of the agency strategies and responses to sexual abuse and sexual harassment. This policy forms the foundation for the program's training efforts with inmates, staff, volunteers, contractors, and others.

The agency has designated a PREA Coordinator, Bobby Sowards. The PREA Coordinator reports directly to the Chief of Detention, Sheriff's Department. He indicates that he has sufficient time and authority to develop, implement, and oversee the agency efforts toward PREA compliance.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Agency Organizational Chart
- Interviews with PREA coordinator
- Completed Pre-Audit Questionnaire

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The PCDC does contract with external entities to house or confine inmates. PCDC has a current contract with the US Marshall Service to house inmates.

Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire
- Interviews with PREA Coordinator

Standard 115.13 Supervision and monitoring

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

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

The PCDC has developed, implemented and documented a staffing plan that provides adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. The facility takes into consideration the factors listed in the standard to determine adequate staffing needs. A formal, annual written review of the staffing plan is conducted at least once a year to determine compliance with the standard.

The PCDC conducts unannounced rounds on all shifts and documents these using the Personal I-Button Reader (PIR) as verified by policy, interviews, and observed PIR use in making rounds. PREA Policy prohibits staff from alerting others that these rounds are occurring

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy, Post Orders
- Completed Pre-Audit Questionnaire
- Documented evidence of unannounced rounds on all shifts
- Organizational Chart
- Interviews with PREA Coordinator

Standard 115.14 Youthful inmates

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

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

Agency policy states that youthful inmates are not placed in a housing unit in which the youth have sight, sound or physical contact with any adult inmate through use of shared dayroom or other common space. In areas outside of the housing units, youthful inmates are always escorted and constantly supervised.

After booking, youth are escorted to separate living units for juveniles, male and female separate.

Agency policy does not allow isolation units to comply with this provision.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy

- Completed Pre-Audit Questionnaire
- Interviews with PREA Coordinator
- Pictures documenting juvenile male and female housing units

Standard 115.15 Limits to cross-gender viewing and searches

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

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

The PREA Policy 356.6 prohibits cross-gender strip searches of females unless in exigent circumstances as an exception. It also prohibits staff from performing intrusive or invasive body cavity searches under all circumstances, except emergency only. Cross-gender pat searches are authorized only in exigent circumstances and with supervisor approval. Policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

PREA Policy and practice ensures that inmates are able to shower, perform bodily functions, and change clothing with privacy. Policy and practice require announcement when staff of the opposite gender enters the housing unit and the shower/toilet area. Interviews with inmates and staff confirm this as the policy and practice of the program on a consistent basis.

The PCDC reports that it has conducted no cross-gender strip or cross-gender visual body cavity searches of inmates in the last 12 months. Additionally, PCDC reports no cross-gender pat down searches of females were conducted. There were no exigent circumstance searches in any category conducted.

PREA policy and practice prohibit searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

The agency has provided training to staff regarding how to conduct cross-gender pat down searches and searches of transgender and intersex inmates in a professional manner.

A signed statement from the PREA Coordinator and Facility Director that no cross-gender strip searches/body cavity searches have been done in the last 12 months was reviewed and received, as well as a signed statement that all Pitt County Detention Center Officer staff have completed training on the proper cross gender and other search procedures.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interviews with the PREA Coordinator
- Interviews with random staff and facility staff
- Training documentation, Search Procedures Lesson Plans

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

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

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

The agency Policy requires the program to ensure inmates with special needs 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 harassment. Policy further prohibits the use of inmates/clients as interpreters when dealing with first responder situations or any allegations/investigations of sexual abuse or harassment. PCDC uses both TTY phones and languages lines for deaf and languages and documents in the inmate's automated file.

PREA posters and brochures are located throughout the facility in English and Spanish.

This information also scrolls continuously on video monitors throughout the housing units.

The agency reports that there have been no instances in the past 12 months where inmate interpreters have been used.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-audit questionnaire
- Interviews with the PREA Coordinator
- Interview with Major
- Interviews with random facility staff and inmates regarding use of interpreters
- Samples of PREA posters and brochures translated into Spanish
- PREA Training materials for resident education

Standard 115.17 Hiring and promotion decisions

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

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

The PREA Policy prohibits the hiring, promotion or retention of any employee that has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility. PCDC does not hire or promote an individual who has been convicted of engaging or attempting to engage in sexual activity that was facilitated by force, or coercion, or if the victim did or could not consent. The policy states that background checks must be conducted upon hire and every five years thereafter, on all employees, contractors. PCDC reports that all employees and contractors working at Pitt County Detention Center have passed criminal records background checks prior to employment.

The institution has a policy and practice requiring the agency to provide information on substantiated allegations of sexual

abuse or sexual harassment involving a former employee, upon receiving a request from an institutional employer for whom such employee has applied to work.

The policy imposes a continuing duty on current employees to self-report any such misconduct as described above.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interviews with PREA Coordinator
- Interview with HR Staff

Standard 115.18 Upgrades to facilities and technologies

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

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

DC leadership has not had any acquisitions of new facilities or substantial expansions, modifications or retrofitting of the current facility. The facility has three camera systems that it is in the process of upgrading to one system. The 200 cameras are located throughout the facility and monitored in the control rooms. The images are clear even on those that were installed in the early 90s.

The agency considers a variety of factors when upgrading technology in the facility including primarily sight lines, blind spots, and inaccessible areas. Interviews with facility staff indicate that placement of cameras and mirrors are assessed regularly to continue to enhance the safety for all inmates.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- List of video camera locations
- Interviews with facility staff and day shift lieutenant

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency is responsible for investigating allegations of sexual abuse, and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Investigations are conducted by Pitt County Sheriff's Office.

Pitt County has maintained a county-wide response to sexual assault since 1998. Instead of multiple agency MOUs throughout the community, Pitt County utilizes this protocol. The purpose of this protocol is to establish and maintain a clear, consistent, and effective community-wide approach to the issue of sexual assault. This protocol represents the combined efforts of professionals from law enforcement, medical personnel, advocacy, and the judicial system. Inmates who experience sexual abuse have access to forensic medical examinations, without financial cost, if evidence indicates it is appropriate. SAFE/SANE nurses are available at Vident Medical Center, located at 2100 Stantonsburg Rd, Greenville, NC

PCDC uses Pitt County Protocol for Sexual Assault.

Reviewed and received a statement from the PREA Coordinator and Facility Director that Vidant Medical Center has not performed any SAFE/SANE examinations for the Pitt Co Detention Center in the past 12 months.

The agency conducts an internal investigation of employee misconduct. All agency investigators have received the specialized training required for this standard. Records of investigators' training was reviewed.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy, Pitt County Sexual Assault Protocol
- Completed Pre-Audit Questionnaire
- Interview: Day Shift lieutenant
- Sexual Assault/Crisis center correspondence from Tracy Kennedy, Assistant Director/Lead Sexual Assault Victim Advocate, REAL Crisis Intervention, Inc. 1011 Anderson St, Greenville NC
- Community Resources for Sexual Assault Victims

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

The agency policy requires that all allegations of sexual abuse and sexual harassment must be referred for investigation to appropriate law enforcement authorities. Pitt County Sheriff's office is the law enforcement agency that conducts all criminal investigations at Pitt Co Detention Center.

Compliance with the standard was demonstrated through interviews with the PREA Coordinator

The PCDC reports one allegation of sexual abuse or sexual harassment has been received in the past 12 months; when investigated it was unfounded. There have been no criminal or administrative investigations in the past 12 months related to sexual abuse or sexual harassment.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire

- Interviews with staff

Standard 115.31 Employee training

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

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The agency policy requires all new employees to have in-depth training on PREA and Sexual Harassment in the Workplace. Annual refresher training on PREA is also required for all employees. A review of the PREA training materials shows training on the eleven specific topics found in the standard. Training was tailored to the attributes and gender of the inmates in the facility. 154 staff have been trained on PREA. All staff sign a PREA acknowledgement form stating they have received PREA training and understand their responsibilities.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- PREA Training for new Employees (Lesson Plan)
- Training rosters and acknowledgment forms
- Review of random staff personnel files and training records
- Interviews with random staff regarding their PREA training and knowledge

Standard 115.32 Volunteer and contractor training

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

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

The agency's PREA policy requires all volunteers and contractors who may have contact with inmates to be trained on PREA requirements. The training materials cover all required topics. Volunteers and contractors use the same lesson plan and power point as the employees; however the training is adjusted to the job and the amount of inmate contact they had. Volunteers and contractors also received a pamphlet with more information.

Volunteers receive five hours of orientation training which includes the PREA policy and related topics. All volunteers and

contractors are required to sign a PREA Acknowledgement Form that states they have been trained on PREA and understand their obligations therein. The agency reports that 127 volunteers and contractors have been trained in the past 12 months.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Volunteer application form
- PREA Training curriculum and materials for volunteers
- PREA Acknowledgement Form for Volunteers and Contractors
- Training sign-in sheets for volunteers and contractors
- Interviews with PREA Coordinator

Standard 115.33 Inmate education

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

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

The agency reports that 9,369 inmates have been admitted in the past 12 months and all have been provided comprehensive age-appropriate information within 10 days of intake. All inmates in PCDC are provided PREA orientation materials at intake. Staff interviewed indicates that intake education normally happens on the first day the inmate is admitted to the agency. Inmates are provided the Inmate Handbook which includes a PREA Handout in English and Spanish. These documents provide detailed information about PREA, the agency's Zero Tolerance policy, key definitions of certain conduct, how an inmate can protect him/herself, and how to report sexual abuse or harassment.

The PREA standard requires that training occurs within 10 days of intake which is met. Inmates receive comprehensive age-appropriate education regarding PREA within 72 hours and before being classified into their housing assignment. Inmates watch a 16 minute video provided by the Department of Justice plus preview the inmate training document, which is discussed after the video. Interviews with staff that provide the PREA education indicate this training is conducted as required after the inmate enters the facility.

Inmates sign a PREA acknowledgement form to demonstrate they have received PREA training and they understand their rights under PREA and specifically understand the ways they can report sexual abuse and sexual harassment.

Information about PREA is continuously and readily available and visible to inmates. The agency displays PREA posters in common areas of the facility with the abuse hotline number in **bold print**.

The information also constantly displays in the housing units on a video announcement screen in English and Spanish.

PREA brochures in English and Spanish are also available throughout the facility. The facility provides translation services for all PREA educational materials for inmates with special needs e.g., limited English proficient, deaf, visually impaired, limited reading skills, etc.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- PREA client Acknowledgement form
- Inmate Handbook

- PREA Handout
- Inmate PREA training Lesson Plan
- PREA Resident Training rosters
- PREA Posters and Brochures posted and displayed in the facility
- Interviews of random inmates, facility intake staff, facility staff member who provides comprehensive PREA training for inmates
- Review of resident case files and signed PREA Inmate Acknowledgement Forms

Standard 115.34 Specialized training: Investigations

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

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

In addition to the general training provided to all employees, the investigators at PCDC receive training in conducting investigations in the confinement setting. This specialized training provided by the National Institute of Corrections includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The agency maintains documentation that PCDC investigators have completed the required specialized training in conducting sexual abuse investigations in a confinement setting. Certificates were presented for the auditors to review.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Training documentation for five staff completing the specialized training
- Interviews with staff

Standard 115.35 Specialized training: Medical and mental health care

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

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

corrective actions taken by the facility.

The agency PREA Policy ensures that all full-time and part-time medical and mental health care practitioners who work regularly in the facility have been trained in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual and abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse or harassment. This specialized medical and mental health training was provided by the day shift Lieutenant. The medical and mental health training had their own power point and lesson plan tailored to their job functions. SAFE and SANE investigations are completed at the local hospital by trained medical staff.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Training lesson plans and Power Point
- Interview with medical and mental health staff, PREA Coordinator
- Training logs of medical and mental healthcare staff from the agency

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The agency policy requires that all inmates have an initial needs assessment/intake summary performed within 72 hours of entering the facility. This intake process utilizes a variety of assessment processes to gather information about the inmate. The screening process is thorough and gathers a significant amount of information. The history, perceptions and observations by officers is used as a guide for placement.

1,064 inmates who have entered the facility within the past 12 months whose length of stay in the facility was for 72 hours or more were screened as required by this standard.

Additional information received in the intake assessment through other relevant screening instruments adds key information that is used to house inmates appropriately.

The agency has implemented appropriate controls on the dissemination of the information received during intake. The intake officer and classification staff conduct all screening. Inmate files are kept in four locations: the automated record in Jail Management Systems, the inmate file kept in classification, pertinent information in each housing unit and a confidential medical record which is accessed only by medical staff. An additional confidential record on special cases is maintained by the PREA Coordinator.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Risk assessment instrument
- Intake packet with health history checklist, suicide screening and medical records

- Interviews with counselors who do intake screenings
- Interviews with PREA Coordinator, Staff responsible for risk screening, random sample of inmates

Standard 115.42 Use of screening information

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

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

Agency PREA policy requires that all information gathered through the intake and assessment process be used to ensure appropriate classification and placement of the inmate as well as any necessary security or protective precautions required to ensure an inmate’s sexual safety.

PCDC PREA Policy requires the facility staff to make individualized determinations of how to ensure the safety of each inmate. The PREA Coordinator is notified of any inmate who is at risk of victimization or at risk of predatory behavior and ensures that appropriate precautions are taken.

In order to protect the inmate’s safety, isolation cells may be used for less than 36 hours in the intake process to determine appropriate housing placement. This occurs only in special cases.

Agency policy on equitable treatment of inmates prohibits placing lesbian, gay, bi-sexual, transgender or intersex clients in a particular housing/bed or other assignment solely on the basis of such identification or status, and prohibits considering LGBTBI or status as an indicator of likelihood of being sexually abusive.

PREA Coordinator indicates that if the agency ever receives an individual that is transgender or intersex, an independent determination based on the offender’s risks/needs would be made at intake or before, in conjunction with the offender’s classification regarding whether the agency could provide an appropriate and safe housing setting for the resident.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Completed Risk Assessments
- Risk assessment guide
- Interviews with counselors who do intake screening
- Interviews with PREA Coordinator, (any T/I inmates)

Standard 115.43 Protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

Agency PREA Policy states that inmates at high risk for sexual victimization shall not be placed 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 abusers. If the facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 48 hours while completing the assessment. Such inmates have access to privileges and work opportunities to the extent possible. If involuntary segregated housing assignment is made, the facility shall document the bases for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interviews with PREA Coordinator

Standard 115.51 Inmate reporting

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

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

The agency provides inmates multiple internal ways to report sexual abuse and sexual harassment, retaliation, and staff neglect. Inmates receive education about reporting at intake, through comprehensive PREA education within 10 days and through visible and available information in the facility at all times. The various reporting methods include verbally telling a staff member, medical staff, volunteer, contractor or the PREA Coordinator; calling the abuse hotline; submitting a written grievance; having a third-party submit an oral or written complaint on the inmate's behalf.

Inmates are provided access to telephones in the facility. Policy allows a free call to a hotline and an advocate. Telephone availability requires that the resident be allowed unimpeded and free access to a phone in a private setting to call the abuse hotline which is external to the agency.

Inmates are provided the hotline number and information about making reports to the hotline. Posters and brochures in English and Spanish are located around the facility and provide the telephone number to inmates in a visible manner. Staff at the facility may use this hotline to privately report abuse as well.

There are no inmates in this facility detained solely for civil immigration purposes.

Interviews with inmates and staff clearly demonstrate that all are very knowledgeable about PREA and the variety of methods to report sexual abuse and sexual harassment. Inmates know exactly where the posters are located and how to call the abuse hotline. Inmates have been trained on the use of the new phone system and hotline.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interviews with random facility staff and inmates
- Interviews with PREA Coordinator

- Grievance complaint form (blank)
- Information on the hotline
- Tour of the facility where abuse hotline numbers are readily available to inmates and staff
- Inmate educational materials (Inmate handbook; PREA handout; posters; brochures, etc.)

Standard 115.52 Exhaustion of administrative remedies

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

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

The agency states there have been two allegations of sexual assault/harassment both of which were unfounded and no emergency grievances in the past 12 months. The agency has a formalized grievance policy. The inmate handbook and Policy informs inmates of the grievance process. PREA standards require that no time limit be placed on the filing of grievances filed for sexual abuse or sexual harassment. The PREA standards prohibit requiring an inmate to use any informal grievance process or to have to try to resolve the grievance with staff first for allegations of sexual abuse. The agency policy makes clear that a parent or legal guardian of an inmate may also file an appeal on behalf of the inmate. The agency PREA policy provides for emergency grievances of a PREA incident where the inmate is subject to a substantial risk of imminent sexual abuse that must be resolved within 48 hours as required by the PREA standards. An inmate is not disciplined for filing a grievance alleging sexual abuse where it is determined that the grievance was filed in good faith.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy, Grievance policy
- Completed Pre-Audit Questionnaire
- Inmate handbook
- Inmate Grievance Complaint form blank
- Parent notification of ability to file on behalf of inmates

Standard 115.53 Inmate access to outside confidential support services

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

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

The agency had two alleged reports of sexual assault/harassment, which were determined to be unfounded. Documentation was reviewed, and inmate and staff interviewed in the administrative case. In the criminal case, the inmates were no longer at the facility, however, the auditor reviewed the case file where it appeared all PREA protocols had been followed. The case was determined to be unfounded by the District Attorney.

In the criminal case, the agency called the REAL Crisis center whose employee reported to the hospital, interviewed the inmate, and at the inmate's request contacted the inmate's mother.

The PCDC maintains a Memorandum of Understanding with REAL Crisis Intervention, Inc. to provide inmates with access to an outside victim advocacy group for emotional support services related to sexual abuse, if necessary. Telephone number for the advocacy group is provided in each housing unit on the kiosk; additionally, information is available on signs and posters throughout the facility, and in the medical unit. Also, a Crime Stopper's telephone number is posted along with the outside advocate's information. Telephone conversations placed to these groups are not recorded.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- MOU with REAL Crisis Intervention, Inc.
- Information brochure with victim's advocacy group
- Resident educational materials
- Interviews with random sample of inmates
- Interview with PREA Coordinator

Standard 115.54 Third-party reporting

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

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

Pitt County PREA policy establishes a method of receiving third-party reports of sexual abuse and sexual harassment. Inmates are provided information about the grievance process through the inmate handbook.

The Pitt County Detention Center website provides information on how to report sexual abuse and sexual harassment to any staff member.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- County website: www.pittcountysheriff.com/prea

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The agency PREA Policy requires staff to immediately report any suspected or alleged abuse or neglect to the statutorily required entities. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person’s statute, Pitt County Detention Center will report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Policy also prohibits staff from revealing any information related to a sexual abuse report except to the extent detailed in policy and in compliance with this PREA standard.

Policy also requires medical and mental health practitioners to report sexual abuse to designated supervisors and officials, and to inform inmates at the initiation of services of their duty to report and the limitations of confidentiality.

PREA Policy also requires the facility head or designee to promptly report the allegation to the appropriate agency office and to the alleged victim’s parents or legal guardians.

Policy also dictates that the facility reports all allegations of sexual abuse and sexual harassment to the facility’s designated investigators.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interview with PREA coordinator
- Interviews with random sample of staff and medical staff
- PREA handout, information given during booking process

Standard 115.62 Agency protection duties

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

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

The agency reports that there have been no situations in the past 12 months where the facility determined an inmate was subject to substantial risk of imminent sexual abuse.

Agency PREA policy states that the agency takes immediate action to protect an inmate if that inmate is found to be at imminent risk of sexual abuse.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire

- Interviews with random sample of staff
- Interview with Major

Standard 115.63 Reporting to other confinement facilities

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

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

PCDC reports that in the past 12 months, the facility has received no allegations that a Pitt County inmate was abused while confined at another facility.

PREA Policy requires that the administrator facility manager report any abuse allegation received regarding an inmate abused at another facility to the facility head where the sexual abuse is alleged to have occurred. Policy requires this notice to occur as soon as possible but no later than within 72 hours of receiving the allegation. Pitt County Detention Center reports that in the past 12 months, the agency has received no notifications of sexual abuse from other facilities.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interview with PREA Coordinator

Standard 115.64 Staff first responder duties

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

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

The PCDC reports that in the past 12 months, there have been zero allegations that an inmate was sexually abused. The one allegation of sexual harassment was determined to be unfounded.

Interviews with staff members indicated that all are aware of procedures required of first responders in an alleged sexual misconduct incident.

The steps taken follow the PREA protocol when there is an incident of sexual abuse: separate the alleged victim and abuser, preserve and protect the crime scene, instruct the *alleged victim* to not take any action that could destroy physical evidence, instruct the *alleged abuser* to not take any action that could destroy physical evidence.

Policy states that first staff responder who is not a security staff member, request that the alleged victim not take any

actions that could destroy physical evidence, and then notify security staff.

Policy Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interviews with random staff
- Review of documentation of alleged sexual harassment which was determined to be unfounded

Standard 115.65 Coordinated response

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

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

The agency has a written institutional plan detailing coordinated actions taken in response to an incident of sexual abuse involving staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Policy Materials, Interviews and Other Evidence reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Grievance report of alleged sexual harassment

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

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

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

The agency does not have any collective bargaining agreements in place and has not had any at any time. Pitt County is non-union and therefore has no union collective bargaining agreements. Thus, it was determined this standard is not applicable.

Standard 115.67 Agency protection against retaliation

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

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

The agency reports that in the past 12 months there have been zero incidents of retaliation reported, known or suspected. The agency PREA Policy states that retaliation against any inmate or staff member that reports sexual abuse/sexual harassment or participates in an investigation is not tolerated. Policy designates the PREA Coordinator as the staff member charged with monitoring retaliation. Policy also states that the requirements of this standard would be met in the event the facility has an allegation or suspicion of retaliation. Interviews with the PREA Coordinator indicate the requirements of this standard would be met in the event the agency does gain knowledge, suspicion of or an actual allegation of retaliation. There was one allegation of sexual harassment. An interview with the inmate indicated no retaliation for reporting the incident.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interview with the PREA Coordinator

Standard 115.68 Post-allegation protective custody

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

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

Agency policy states that inmates at high risk for sexual victimization will not be placed in involuntary segregation or protective custody unless an assessment of all available, alternative means of housing the inmate have been made and a determination has been reached that there are no other, available alternative means of separation from likely abusers.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interviews with PREA Coordinator and Major

Standard 115.71 Criminal and administrative agency investigations

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

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

The PCDC conducts administrative agency investigations but does not conduct criminal investigations. Criminal investigations are conducted by the Pitt County Sheriff’s Office.

The facility reports that in the last 12 months, there have been no allegations of conduct that appear to be criminal. The PREA policy governs the conduct of administrative investigations.

Facility policy requires that an investigation into an allegation of sexual abuse and sexual harassment be conducted promptly, thoroughly, and objectively, including reports received from third parties and anonymously. A review of submitted documentation indicated that investigative staff of Pitt County Detention Center has received specialized training in sexual abuse investigations. This training was provided through the National Institute of Corrections. The credibility of anyone involved in an investigation will be assessed on an individual bases and not determined by the person’s status as staff or inmate. No inmate is required to submit to a polygraph as a condition of proceeding with the investigation. Administrative investigations are required to determine if staff actions or failures to act, physical layout of facility, staffing patterns or institutional operations, etc. contributed to the abuse. If the allegation appears to be criminal in nature, it will be referred to the Pitt County Sheriff’s Office for investigation. The departure from the facility of the abuser or alleged victim does not provide a basis of terminating an investigation.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Training records for staff who have completed the Investigations specialized training
- Interview with person who conducts internal investigations
- Interview with PREA Coordinator
- Review of training curriculum for Conducting Internal Investigations or other appropriate material

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The PCDC PREA policy states that they impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interview with PREA Coordinator

Standard 115.73 Reporting to inmates

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

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

The agency reports that there have been one (1) criminal and one (1) administrative investigation of alleged inmate sexual assault/harassment that were completed by the agency in the past 12 months. The auditor reviewed the documentation for the criminal investigation, which was referred to the district attorney and determined to be unfounded. It appeared that all PREA protocols had been followed. The auditor reviewed the documentation of the alleged sexual harassment, the administrative investigation into the allegation, and the notification to the inmate that the allegation was determined to be unfounded.

The agency's PREA policy is consistent with this PREA standard and interviews with staff confirm a practice that demonstrates compliance.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interview with staff
- Interview with PREA Coordinator
- PREA Inmate notification form/Investigative results

Standard 115.76 Disciplinary sanctions for staff

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

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

The agency reports that in the past 12 months, there has been zero staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Additionally, there has been

zero staff in the past 12 months that have been disciplined for violations of the agency sexual abuse or sexual harassment policies. There has been zero staff that has been reported to law enforcement or licensing boards for violating agency policies. The agency PREA policy requires that staff be subject to disciplinary action up to and including termination of employment for violations of sexual abuse, harassment or sexual misconduct.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interview with PREA Coordinator

Standard 115.77 Corrective action for contractors and volunteers

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

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

The agency reports that there have been zero contractors/volunteers reported to law enforcement or relevant licensing bodies in the past 12 months for engaging in sexual abuse of inmates. Interviews with facility officials indicate that the practice of the agency conforms to this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interview with staff, PREA Coordinator

Standard 115.78 Disciplinary sanctions for inmates

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

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

The agency reports that in the past 12 months there have been zero administrative findings of inmate-on-inmate sexual use at the facility; additionally, the agency reports there have been zero criminal findings of guilt for inmate-on-inmate sexual abuse in the last 12 months.

The agency has a formalized discipline policy applicable to inmates that is followed. Agency practice prohibits all sexual activity between inmates.

Because there have been no incidents where inmates were disciplined for PREA-related conduct, the auditor could not interview anyone and no documentation exists to review.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Discipline policy
- Interview with PREA Coordinator
- Inmate handbook
- Interview with medical staff

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

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

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

OC reports that in the past 12 months, five (5) inmates have disclosed prior victimization during screening and were offered follow-up meetings with mental health practitioner. Agency policy requires the 14-day follow-up meeting with medical or mental health practitioner if sexual victimization or sexual perpetration is disclosed during screening at intake. Agency policies and practice ensure confidentiality of information received. Information related to sexual victimization or abusiveness is limited to informing security and management for assignments relating to treatment plans, housing, bed, and work assignments.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit questionnaire
- Screening instrument
- Interviews with screening staff and medical/mental health staff
- Interview with PREA Coordinator

Standard 115.82 Access to emergency medical and mental health services

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

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

corrective actions taken by the facility.

The agency reports no inmate victims of sexual abuse in the past 12 months; thus there were no medical records for this auditor to review for inmate victims. Agency policy states that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All victims are transported to Vidant Medical Center where SANE medical exams are conducted by trained, certified personnel.

The PREA Coordinator ensures victims receive rape crisis intervention services and advocates from the REAL Crisis Intervention, Inc. Policy states inmates receive treatment services without cost, regardless of whether the victim names the perpetrator or cooperates with an investigation into the alleged sexual abuse.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Inmate Handbook
- Interviews with staff from crisis intervention facility
- Interview with security staff

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

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

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

The agency has had no victims of sexual abuse in the past 12 months; thus, the auditor was not able to interview any inmate victims or review any corresponding documentation of practice.

Agency policy requires that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All victims are transported to Vidant Medical Center where SANE medical exams are conducted by trained, certified personnel. The agency ensures victims receive rape crisis intervention services and advocates from REAL Crisis Intervention, Inc. Inmate victims of sexual abuse are offered tests for sexually transmitted infections as medically necessary and STI prophylaxis is offered to victims. All inmates of sexual abuse have access to free medical treatment. Follow-up treatment for inmate victims once they leave the agency is coordinated by the mental health staff. Inmates continue to receive services (both medical and mental health as appropriate) and monitors their progress until they are released from custody.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Inmate Handbook
- MOU with organization providing services
- The advocacy groups providing service
- Information provided by PREA Coordinator

Standard 115.86 Sexual abuse incident reviews

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

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

PCDC reports that in the past 12 months, there has been one criminal and one administrative investigations of alleged sexual abuse completed at the facility.

Agency policy states that the facility conducts an incident review at the conclusion of every sexual abuse investigation, and such review occurs within 30 days of the conclusion of the investigation.

Agency policy review team consists of upper level management officials with input from those individuals who would have information to provide in such incidents. The review team is responsible for fulfilling the specific requirements addressed in this PREA standard.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interview with PREA Coordinator
- PREA Incident Listing Form

Standard 115.87 Data collection

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

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

The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control and uses a standardized instrument and set of definitions. The agency aggregates the data annually and prepares a report. The agency PREA policy and practice requires the collection of the data per this standard. The agency's PREA Coordinator is responsible for preparing this aggregate data report for the agency. The report is to be posted on the PCDC website. (The DOJ has not requested such data from the agency).

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interview with the PREA Coordinator

Standard 115.88 Data review for corrective action

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

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

Interviews with the agency director and PREA coordinator demonstrate compliance with this standard. Once the PREA Coordinator has completed the annual report, it is forwarded to the Major for review. The report will be made readily available to the public for review through its website. To comply with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations, specific information may be redacted from the report when placed on the website.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Interview with PREA Coordinator
- Interview with the Major

Standard 115.89 Data storage, publication, and destruction

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

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

The agency's PREA Coordinator reports that the first annual report will be available to the public at least annually through its website. Interviews with the facility director and PREA Coordinator demonstrate compliance with this standard. State law addresses required records retention period pursuant to PREA Standards for at least 10 years after the date of initial collection.

Policy, Materials, Interviews and Other Evidence Reviewed

- PREA Policy
- Completed Pre-Audit Questionnaire
- Website: www.pittcountysheriff.com/prea
- Interview with PREA Coordinator
- Interview with Facility Director

- PREA Incident Listing form

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.

D. Dan McShee

June 10, 2016

Auditor Signature

Date