

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

Interim Final

Date of Report November 25, 2020

Auditor Information

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Company Name: Jennifer L. Feicht Consulting, LLC.	
Mailing Address: P.O. Box 308	City, State, Zip: St. Petersburg, PA 16054
Telephone: (724) 679-7280	Date of Facility Visit: November 13-15, 2018

Agency Information

Name of Agency: South Carolina Department of Corrections		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 4444 Broad River Rd.		City, State, Zip: Click or tap here to enter text.	
Mailing Address: SAME		City, State, Zip: Click or tap here to enter text.	
Telephone: Columbia, SC 29210		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: The mission of the South Carolina Department of Corrections is: Safety--we will protect the public, our employees, and our inmates. Service--we will provide rehabilitation and self- improvement opportunities for inmates. Stewardship--we will promote professional excellence, fiscal responsibility, and self-sufficiency.

Agency Website with PREA Information: <http://www.doc.sc.gov/preaweb/>

Agency Chief Executive Officer

Name: Bryan P. Stirling	Title: SCDC Director
Email: Stirling.Bryan@doc.sc.gov	Telephone: (803) 896-8555

Agency-Wide PREA Coordinator

Name: Kenneth James

Title: PREA Coordinator

Email: James.Kenneth@doc.sc.gov

Telephone: (803) 896-6436

PREA Coordinator Reports to:
Salley Elliott – Chief Legal & Compliance Officer

Number of Compliance Managers who report to the PREA Coordinator 21

Facility Information

Name of Facility: Graham (Camille Griffin) Correctional Institution

Physical Address: 4450 Broad River Rd., Columbia, SC 29210

Mailing Address (if different than above): Click or tap here to enter text.

Telephone Number: (803) 896-8590

The Facility Is:

Military

Private for profit

Private not for profit

Municipal

County

State

Federal

Facility Type:

Jail

Prison

Facility Mission: This institution houses special needs women (17) years of age and older. The institution also functions as a major special management unit with the ability to house female death row inmates and county safekeepers.

Facility Website with PREA Information: <http://www.doc.sc.gov/institutions/camille.html>

Warden/Superintendent

Name: Marian Boulware

Title: Warden

Email: Boulware.marian@doc.sc.gov

Telephone: (803) 896-8590

Facility PREA Compliance Manager

Name: Kathy Small

Title: Associate Warden - Programs

Email: Small.Kathy@doc.sc.gov

Telephone: (803) 896-8590

Facility Health Service Administrator

Name: Stephanie McMillan

Title: Health Care Authority

Email: McMillan.Stephanie@doc.sc.gov

Telephone: (803) 896-8590

Facility Characteristics			
Designated Facility Capacity: 916		Current Population of Facility: 655	
Number of inmates admitted to facility during the past 12 months			Not provided
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			Not provided
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			Not provided
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			634
Age Range of Population:	Youthful Inmates Under 18: 17	Adults: 17-74	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of youthful inmates housed at this facility during the past 12 months:			3
Average length of stay or time under supervision:			735 days
Facility security level/inmate custody levels:			Sec. Lvl. 2
Number of staff currently employed by the facility who may have contact with inmates:			136
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			32
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			2
Physical Plant			
Number of Buildings: 20		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		4	
Number of Open Bay/Dorm Housing Units:		6	
Number of Segregation Cells (Administrative and Disciplinary):		16	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Graham (Camille Griffin) does have a limited number of cameras inside of the facility and on the perimeter. At the time of the onsite audit, the only cameras inside the perimeter were in the visitation area and the Pre-Release Program Building.			
Medical			
Type of Medical Facility:		F/T Medical Facility	
Forensic sexual assault medical exams are conducted at:		Palmetto Health in Columbia, SC	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			800
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			20

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.

Graham (Camille Griffin) Correctional Institution was the sixth South Carolina Department of Corrections facility to undergo a PREA audit.

Prior to the onsite portion of the audit, this Auditor had discussions with the PREA Coordinator for the department to begin to gather information. Pre-audit information was provided to this Auditor on a USB drive.

The onsite phase of the audit was occurred November 13-15, 2018. All agency information was gathered prior to the audit at Turbeville, the first PREA audit for the agency. The same agency information was utilized for this audit.

The onsite phase began with an initial meeting including the Warden, Associate Warden and the Department's PREA Coordinator. The purpose of the initial meeting was to walk through the components of the onsite phase, discuss this Auditor's methodology for conducting the onsite phase and to provide an opportunity to ask questions. The majority of the first day of the onsite visit was spent touring the entire facility and starting the interviews of staff. Interviews were conducted in accordance with the PREA Auditor Handbook (September 2017).

The population count on the first day of the audit was (655) inmates in the facility. In accordance with the PREA Auditor Handbook, this Auditor conducted more than the required (30) interviews with inmates from different areas of specification. Randomly selected inmates were chosen by each wing on each housing unit. Specialized interviews included:

- Inmates who disclosed sexual abuse on the risk assessment
- Inmates who reported sexual abuse at the institution
- Inmates with disabilities
- Inmates who identify with the LGBTI population
- Inmates who identified in more than (1) specialized interview category

Nineteen staff interviews included random staff from each shift operated at the facility. The facility operates (12) hour shifts for the security personnel. Specialized interviews included:

- Warden
- Associate Warden - Programs/PREA Compliance Manager
- Health Care Authority (HCA)
- Medical Personnel (Head Nurse)
- Medical Personnel (Contracted Agency Nurse)

- Qualified Mental Health Professional (QMHP)
- Human Resources
- First Responder – Security Staff
- Classification Case Manager
- Counselor for Youthful Inmates
- Supervisory Staff

While onsite at the facility, this Auditor reviewed risk assessments that have been completed with inmates when they arrive at the facility.

Grievance materials for the preceding (12) months were reviewed during the pre-audit phase. These materials were provided by the PREA Coordinator.

Additionally, during the interview with the human resource office, random personnel files were reviewed by choosing those files directly from the drawer in the personnel office.

Throughout the rest of the audit, staff provided information to this Auditor regarding any items that were in the process of being corrected, such as new shower curtains being ordered, mirrors being installed, etc. The Associate Warden was very helpful during the onsite phase of the audit.

Because the facility has the local rape crisis center, Sexual Trauma Services of the Midlands, has a staff member located at the facility, this Auditor was able interview her during the onsite audit phase.

At the end of the onsite visit, this Auditor met with the Warden, Associate Warden and the PREA Coordinator to provide a synopsis of the items needing correction that had been identified to that point and to congratulate them on the positive work that was done thus far. This is the first facility in the SCDC system to receive an “Exceeded Standard” as part of the initial audit review.

After the onsite audit, this Auditor had the opportunity to speak with staff from the local hospital, Palmetto Health in Columbia, SC.

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.

Graham (Camille Griffin) is one of two female facilities in the South Carolina Department of Corrections that was built in 1973. This facility is not only the Reception and Evaluation Center (R&E) for all female inmates entering the SCDC, which opened in January 1993, but it is the only female institution to house youthful inmates under the age of (18).

Graham (Camille Griffin) is a Level 2 (L2) facility. According to SCDC's website, a (L2) facility is a medium security facility. Housing is primarily double bunk, cell type with some (L2) facilities having double bunk cubicles. With single fenced perimeters and electronic surveillance, (L2) institutions provide a higher level of security than a (L1) facility.

There are (20) buildings inside the secure perimeter. Of those (20) buildings, (6) are housing units. Of those (6) housing units, there are a mixture of open bay, dorm style units and single and multiple occupancy cell housing units.

In addition to the general buildings that are in most if not all facilities, such as a full-time medical department with observation cells, commissary, canteen, education, kitchen/dining, maintenance, administration, Graham (Camille Griffin) also includes an operating prison industry for manufacturing of apparel for the department, an Addictions Treatment Unit (ATU), a Work Release Program (WR) and a program run by the Department of Employment and Workforce for those inmates that are within (6) months of their maximum sentence date.

The institution provides an education program so inmates can work towards obtaining their GED, or a diploma if they are under (18) years of age. There is a welding program which was being reestablished at the time of the onsite audit phase.

Low staffing levels is a major problem for the South Carolina Department of Corrections as a whole and that is true for Graham (Camille Griffin), although not to the extent of some of the other facilities. It is difficult to find staff to work and who will stay to become tenured staff. At the time of the onsite audit, there were (29) open positions at Graham (Camille Griffin), with the majority of those positions being in the security division.

Department administration feels that it is difficult due to the low pay of the corrections officers in the facilities. There are more opportunities in the for-profit business sector in South Carolina for higher pay, better hours and non-threatening work environments.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 1

The following standard has been determined to “Exceed Standard”: 115.53: Inmate Access to Outside Confidential Support Services.

Number of Standards Met: 20

Number of Standards Not Met:

24

The following standards have been determined “Does Not Meet Standard”. 115.13: Supervision and Monitoring; 115.16 Inmates with Disabilities and Inmates with Limited English Proficiency; 115.17: Hiring and Promotions; 115.21: Evidence Protocol and Forensic Medical Examinations; 115.32: Volunteer and Contractor Training; 115.33: Inmate Education; 115.34: Specialized Training: Investigations; 115.35: Specialized Training: Medical and Health; 115.41: Screening for Risk of Victimization and Abusiveness; 115.42: Use of Screening Information; 115.43: Protective Custody; 115.61: Staff and Agency Reporting Duties; 115.63: Reporting to Other Confinement Facilities; 115.67: Agency Protection Against Retaliation; 115.68: Post-Allegation Protective Custody; 115.71: Criminal and Administrative Agency Investigations; 115.72: Evidentiary Standard for Administrative Investigations; 115.76: Disciplinary Sanctions for Staff; 115.77: Corrective Action for Contractors and Volunteers; 115.78: Disciplinary Sanctions for Inmates; 115.81: Medical and Mental Health Screenings; History of Sexual Abuse; 115.83: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers; 115.86: Sexual Abuse Incident Reviews; 115.87: Data Collection

Summary of Corrective Action (if any)

All standards which are identified as “Does Not Meet Standard” has the information listed in the narrative section of that standard to begin the corrective action process. Please see each standard determined not to meet the standard for additional information.

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 South Carolina Department of Corrections has instituted a zero-tolerance policy in relation to PREA within all (21) correctional Institutes under its supervision. This policy indicates that sexual abuse by staff on inmates or by one inmate to another inmate is strictly prohibited. Additional policies have been put into place to prevent, detect, and respond to sexual abuse and sexual harassment.

The South Carolina Department of Corrections (SCDC) employs an agency wide PREA Coordinator. At the time of this onsite phase, the PREA Coordinator was Mr. John Barkley. Since this audit, Mr. Barkley has retired and a new PREA Coordinator has been hired and started on April 15, 2019.

Mr. Kenneth James is the new PREA Coordinator and is responsible for the oversight of one PREA

Compliance Manager (PCM) at each facility in the SCDC system. Mr. James is housed in the headquarters office of SCDC and reports directly to Salley Elliott, Chief Legal and Compliance Officer.

While Mr. Barkley was the PREA Coordinator, he was proactive in assisting all institutions to become PREA compliant. He hosted quarterly meetings for all PCM's to attend. In addition, he received grant funding for PREA implementation at four pilot sites. This grant funding ended in September 2018.

Graham (Camille Griffin) Correctional Institution has an assigned PREA Compliance Manager. As with all South Carolina institutions, the Associate Warden (A/W) of Programs also functions as the PREA Compliance Manager (PCM). When questioned about whether the A/W-PCM has enough time to complete all PREA related activities, she indicated that he feels that for the most part he has enough time to complete all of her responsibilities with PREA.

Based upon discussions with the A/W-PCM at Graham (Camille Griffin) and the A/W-PCM and Assistant PCM at Ridgeland Correctional Institution, this Auditor believes that having more than one individual working on obtaining and maintaining PREA compliance in facilities of the same size is an excellent idea. It is my recommendation that SCDC considers assigning an assistant PCM to the A/W of Programs at Graham (Camille Griffin) Correctional Institution.

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 OR the response to 115.12(a)-1 is "NO".) 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.

At the time of this onsite audit, the SCDC had sent (1) female inmate to the California Department of Corrections and Rehabilitation (CDCR) due to the inmate's past career and issues staff were having with this inmate. Additionally, during subsequent audits at male SCDC facilities, the agency has contracted with a private company, CoreCivic, to house a small number of SCDC inmates.

The PREA Coordinator has provided this Auditor with the contract between the SCDC and CoreCivic. There has not been any contract provided between SCDC and CDCR. Initially there was no information provided regarding how the SCDC will monitor CoreCivic or CDCR for compliance with PREA standards.

In order for the facility to come into compliance with this standard, the agency has provided documentation noting how the PREA Coordinator for the agency will monitor CoreCivic for compliance with PREA standards. Additionally, it should be noted that the agreement with CDCR is an intrastate compact and therefore requires both state entities to abide by all applicable laws.

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? 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.

While SCDC does develop staffing plans for all of its correctional institutions, the policy, process and end product were not in full compliance with all PREA standards.

At the time of the onsite audit visit, the Division of Security was responsible for developing all staffing plans for each facility. Once that staffing plan was developed, the Deputy Director forwards the plan to the institution's Warden for review. The Warden may make comments in response to the plan; however, the final version was determined by the Division of Security.

The agency-wide PREA Coordinator was not included in the staffing plan development or approval process, but now works in conjunction with the PCM's to write a PREA staffing plan that aligns with the staffing plan developed by the security division but includes PREA specific information. The new staffing plan for this facility was provided and includes all (11) required elements.

When developing the staffing plan, blind spots that exist in the facility must be given consideration on how to correct those areas. The staff informed this auditor of some planned camera placements throughout the facility. The following areas were outlined in a memo requesting cameras for placement.

1. Welding
2. Maintenance
3. Back of Cafeteria Area
4. Horticulture
5. Apparel Plant
6. DEW Trailer
7. Canteen Line
8. Commissary/Laundry/Hair Care
9. All Units
10. All Angels of the Yard
11. Yard – Common Area
12. ICS Building
13. Gym
14. Perimeter

Additionally, several areas, even with the planned camera placements, were identified during the onsite audit visit as needing additional corrections.

1. All Housing Units
 - a. All housing units need to install the approved PREA shower curtains. At the time of the onsite audit phase, there were solid shower curtains throughout the majority of the facility.
 - b. Ensure that all toilets have covers on them to ensure inmates are not in constant view while performing bodily functions.
 - c. Photographs were provided showing the covers were placed across the entrance to the toilet areas and shower doors were placed across the shower entrances.
1. ATU and WR Housing Units
 - a. Work Release Unit (WR)
 - i. After much discussion with facility staff and the agency PREA Coordinator, it was determined that the following cells should be removed from service.

Photographs were provided to show that these cells have been closed and are no longer in use.

- Cell 109
- Cell 110
- Cell 116
- Cell 117
- Cell 209
- Cell 217

ii. Additionally, on the top tier in Cell 225, the placement of lockers in the cell block the view into all parts of the room. These lockers must be moved so that there is an unobstructed view into that cell. No information was provided regarding this item.

iii. There is a laundry area in this unit for inmates to do their own laundry and is open all the time as inmates work all shifts. There is a major blindspot in this area and a camera should be placed in this room to observe activity. No information was provided regarding this item.

iv. There is a cleaning closet in a hallway which remains open all the time, according to staff and inmate interviews, and creates an unmonitored area. This closet should remain locked at all times, unless a staff member opens it to allow inmates to obtain cleaning items. No information was provided regarding this item.

b. Addictions Treatment Unit (ATU)

i. After much discussion with facility staff and the agency PREA Coordinator, it was determined that the following cells should be removed from service. Photographs were provided to show that these cells have been closed and are no longer in use.

- Cell 234
- Cell 242

2. Welding Shop

a. Information was provided to this Auditor that this area was to have a camera installed by 5/31/19, however, there was not verification provided that this work was completed.

3. Kitchen Area

a. Pots and Pans Area – There is a mirror that is installed in this area; however, it is turned in the wrong direction for viewing any blindspots. This mirror needs to be turned to view any blindspots in the area. No information was provided regarding this item.

4. Prison Industry Building

a. There is a stock room behind the cage in this building. There is currently a mirror that should be positioned to view into that stockroom, however, it is askew and must be repositioned to view into that stockroom. No information was provided regarding this item.

5. Commissary/Laundry Area/Haircare

a. There is a mirror in the laundry area, however, it was pointing towards the floor. This mirror needs to be repositioned in order to view blindspots in the area.

b. There are blindspots created in the commissary due to high stacks of mattresses and boxes on shelves. The facility should lower the stacks of mattresses and boxes and add cameras to the area to monitor these blindspots.

c. No information was provided regarding these items.

6. Canteen

- a. The facility will be adding three to four cameras in the Canteen. As with other facilities, this Auditor recommends that the Canteen Manager also has a monitor, either in her office or portable or both, to view all camera views and take immediate action if needed. No information was provided regarding this item.

A memo was provided to this Auditor outlining the priorities for new camera installations. However, no additional information was provided regarding whether those placements were made and if not, how the agency and facility addressed the issues that were identified as a result of this audit.

The staffing shortage at the time of the onsite audit was discussed during interviews with headquarters staff and with the staff at the facility. In light of this situation, information was requested regarding how the facility met the staffing plan, instances where it was not been adhered to and when it was not adhered to, how was this handled. The facility was also required to provide information on how the camera placement assisted in the supervision of inmates in light of the staffing levels. At the time of this report, no documentation was provided regarding the requirements related to the staffing plan.

In addition, documentation of any deviation from the staffing plan was to be recorded and justification provided for each occurrence of deviation. This documentation should be utilized when developing subsequent plans. It should also be kept for review during the next PREA Audit.

Standard 115.13 requires that all mid- to high-level administrative staff perform unannounced rounds throughout the facility on all shifts and in all areas where inmates have access. These rounds are being documented on an "Unannounced Rounds" sheet that must be signed when that staff member visits that particular area.

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.

At the time of the onsite audit, Graham (Camille Griffin) Correctional Institution housed all female inmates under the age of (18) years old. At that time in the state of South Carolina, juveniles could only be sentenced to an adult facility if they are (17) years of age.

At the time of the onsite audit, the facility housed all "youthful offenders – inmates who are between the ages of 17 and 27" in the Whitney Housing Unit. This is an open dorm style unit.

The Whitney Housing Unit has two sides, the "A-Side" and "B-Side". Each side of the unit has a capacity of (75) inmates each. "A-Side" housed general population inmates. "B-Side" housed the "youthful offenders". At the time of the onsite audit, there were (37) inmates on the "Y Unit". Of those (37) inmates, only (1) was (17) years old. Three of those inmates were between the ages of (18) and (21).

Those inmates up to the age of (21) were all housed in one row of beds against the far wall, which is furthest away from the officer's post, and there was a mirror placed at the end of this row of beds. A couple of beds separated the (17) year old from the (18) to (21) year olds.

As this is an open dorm style housing unit, there was no separation of sight and sound between the (17) year olds and the inmates over (18) years old. While all other housing units have (1) corrections officer posted, this unit had (2) corrections officers posted inside.

In addition to not having sight and sound separation for their sleeping area, the youthful inmates did not have sight and sound separation for showering and dayroom.

At the time of the onsite audit visit, Graham (Camille Griffin) was not in compliance with the Youthful Inmate standard.

However, since that time, a South Carolina law (S.916 – "Raise the Age" Legislation) has gone into effect as Act No. 268 on June 17, 2016. This act directs that as of July 1, 2019, no individuals will be sent to an adult facility until their 18th birthday. As this law is now fully in effect, the facility is no longer housing any individuals under the age of (18).

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) 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 here for facilities with less than 50 inmates before August 20, 2017.) 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?
 Yes No NA

115.15 (d)

- Does the facility implement a policy and practice 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

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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 agency and facility have provided training to staff members regarding how to appropriately search inmates at the facility. All staff were clear that only female staff members could conduct any type of search on the female inmates. While there are male staff that work at the facility, they do not conduct any type of searches.

During the onsite visit, one main area of non-compliance was indicated within standard 115.15 (d), ensuring that inmates have the ability 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. This area was noted below.

1. All Housing Units
 - a. All shower stalls in housing units need to have the approved PREA shower curtains installed. At the time of the onsite audit, the showers either did not have any shower curtains or had solid shower curtains.
 - b. Some or all toilet stalls were missing covers to ensure that all inmates have the ability to perform bodily functions without being in constant view.

In order to prove compliance that these areas, the facility sent this Auditor photographs of the shower with stainless steel doors in place and curtains to cover the toilets. In addition, information was provided in a memo that the facility would be ordering a number of cameras for installation.

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

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Interviews with staff and inmates regarding the PREA information provided to inmates by the agency and facility revealed that while staff were providing information to inmates regarding PREA, the staff were not verifying whether or not the inmate understood the information that was being given to them, especially for those that had a disability or who were limited English proficient. The agency was required to develop a policy and procedure for ensuring that all inmates understand the PREA information that is given to them.

During this portion of the audit, it was also asked if inmates had all PREA related information readily available to them. It was noted that the RHU and R&E units did not display the reporting line information (*22 and *63) on the rolling phones or information regarding contacting the rape crisis center, Sexual Trauma Services of the Midlands. The facility corrected this situation and posted signs on all rolling phones in the facility. Photographs of the phones with signs posted on them were sent to this Auditor as verification that this issue was corrected.

The facility had (1) inmate in custody who was deaf during the onsite audit. This Auditor was able to interview this inmate by utilizing a translator fluent in American Sign Language (ASL). This inmate was able to read and indicated that she communicates with staff members mostly through writing her requests and staff responding through writing as well. She was also able read lips to a certain extent.

Through staff interviews, it was clear that they were aware of the translation line if it was needed. All said that they had not had occasion to use it. And all staff were clear that they would not utilize other inmates to translate in situations which they felt were related to PREA.

As noted in this report, the facility was a pilot testing site for tablets. The PREA brochure was loaded onto these tablets for inmates to be able to access.

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, or 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

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The South Carolina Department of Corrections provided information regarding the hiring and promotion process for review. There are several items which either were not included or needed further explanation and supporting documentation.

After review of the policies provided, it did not appear that PREA standards have been incorporated into the policy. Although the PREA standards were incorporated into some of the practices of the agency.

Prior to hiring any new employees, contractors or volunteers, the Recruiting Office at Headquarters conducts a NCIC background check to ensure the individuals are appropriate to work with inmates. While the initial background check documentation was included in the personnel files reviewed by this Auditor, there was no documentation to verify a follow-up background check required every five years.

During the interview with the Human Resources staff at the facility, it was noted that Headquarters staff completes those background checks, however the local facility does not receive that documentation. During that discussion there was also a question as to what time frame those follow-up background checks take place.

In order to come into compliance with the five year background check requirement, the agency decided that the system which will be utilized throughout the Department will be to fingerprint all employees and contractors and this information will be entered into the State Law Enforcement Division (SLED) database.

By doing this, an alert will be sent to the agency as soon as the employee or contractor has involvement with law enforcement in the state of South Carolina. At the time of this audit, Graham (Camille Griffin) Correctional Institution had not had all employees and contractors fingerprinted. As of May 17, 2019, information provided by the agency's PREA Coordinator, the facility has not been scheduled to have this completed.

A copy of the SCDC employment application was provided for review. It does not appear that the required questions are incorporated into this application. Those required questions are asked follows.

1. Has the individual 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);
2. Has the individual been convicted of engaging or attempting to engage in sexual activity

- in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has the individual been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

These three items were to be incorporated into the employment application process, either in the written application or in the interview process. In addition to the inclusion in the application for employment, these questions were also to be incorporated into the promotion application and/or interview.

During an interview with the Human Resources Director, it was unclear if the agency asks the PREA specific questions of correctional facilities contacted as part of the reference checking process. The agency was required to contact all prior institutional employers to request information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

A policy and procedure was to be developed to ensure that any correctional institution where an applicant has worked prior to applying for employment with SCDC is contacted to request the above-noted information.

Additionally, SCDC has not been providing the same information to other correctional facilities who are inquiring for a new applicant. SCDC was to develop a policy and procedure for providing the required information regarding sexual abuse and sexual harassment to any other correctional facility requesting that information for a new applicant.

The facility was required to determine if any of the new hires for the preceding (12) months worked at any other confinement facilities and if so, was the facility contacted as required by standard. A list of all new hires for the preceding (12) months who have worked at other confinement facilities was to be provided to this Auditor, accompanied by documentation that prior confinement facility employers were contacted to ascertain the potential staff member's history related to PREA at that facility.

Standard 115.17 also requires that individuals who are found to have a substantiated case of sexual abuse against an inmate will be terminated. If the individual is not terminated, they will no longer be eligible for promotion.

There is no policy provided stating that termination is the presumptive action when a staff member has a substantiated case of sexual abuse against them. Policy was to be provided to this Auditor for review that identifies this practice.

At the time of this report, information regarding non-compliance related to the application, promotion process, inquiries to prior institutional employers, responses to inquiries from other correctional institutions and revision of policies has not been provided for review.

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

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The facility at Graham (Camille Griffin) has not had any major construction or renovation projects or completed any major upgrades to technology since 2012.

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? Yes No
- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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PREA Policy OP-21-12, Section 6: Investigations of Sexual Abuse and Sexual Harassment was reviewed by this Auditor. There was little mention of evidence collection in this section, other than to state that evidence would need to be collected in PREA cases. There were no specifics regarding how this would be accomplished.

This policy does make mention that investigators should follow *SCDC Policy/Procedure GA-05.01, Investigations, now Policy POL: 21.01; Investigations*. This policy was reviewed by this Auditor and no specifics regarding the evidence collection process was included. The agency was required to provide a policy in which evidence collection was included for review or this information was to be included in an existing policy. At the time of this report, no additional information was provided to determine compliance of this standard.

Graham (Camille Griffin) Correctional Institution has worked to establish a relationship with the local rape crisis center, Sexual Trauma Services of the Midlands. The rape crisis center has a staff member who has an office at the institution and when interviewed, indicated that she does provide services if any inmate is taken out to the local hospital for forensic medical exams. Additional information on this service can be found later in this report.

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 such publication 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

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The agency has developed a policy for the investigation of sexual abuse and sexual harassment which is reported to the SCDC. This policy is published on the agency's website at <http://doc.sc.gov/preaweb/>

Criminal investigations are documented in the Police Case Management System. Administrative investigations are documented in files at the facility and kept by the PREA Compliance Manager.

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

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SCDC provides a great deal of training for all employees who work in all of its facilities. When someone is hired for work within a facility, they will attend a NEO training. (New Employee Orientation) NEO training is one day (8 hours) and includes information regarding PREA. Once the new staff member has done the initial orientation training (NEO and at the facility) they will then be assigned to attend a basic training at the Training Academy in Columbia. This training varies in length depending upon the position that the person is filling.

The basic training, no matter what position the person has been hired for, includes PREA information. This Auditor met with the Director of the Division of Training and Staff Development to discuss the training that all staff members are required to participate in.

The Director provided the curriculum of all PREA related training provided to staff members. This Auditor reviewed the materials. The Auditor was able to identify all elements of required topics.

Interviews with staff members provided clear information regarding the yearly PREA training they are required to participate in as part of their annual mandatory training.

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.

At SCDC facilities, it is the responsibility of the Chaplain to keep the records of the volunteers. The Chaplain indicated that there are approximately 800 volunteers who provide services at Graham (Camille

Griffin), with the bulk of the volunteers providing religious services.

Information sheets provided to volunteers for their education were given to this Auditor. Upon review of the "Volunteer Services Agreement" and the "Prison Rape Elimination Act – New Employee On Boarding" sheet, this Auditor found the information sheets were not in compliance with the PREA standards.

In order to become in compliance with 115.32, the agency was to revise both forms:

1. A statement of Zero Tolerance must be included in the "Prison Rape Elimination Act – New Employee On-Boarding"; **AND**
2. The "Volunteer Services Agreement" must reference the fact that the volunteer has reviewed the revised "Prison Rape Elimination Act – New Employee On-Boarding".

All volunteers were to sign off on the volunteer agreement and have been provided the revised form. The facility was to provide verification that this has been accomplished.

The records for the contractors are kept by headquarters so these documents were not able to be viewed. The facility was required to provide a list of all contracted staff, including, but not limited to, nurses, doctors, nurse practitioners, mental health providers, etc. With this list, the facility was required to provide verification that all contracted staff have had both basic PREA training as required by this standard and all specialized training required by standard 115.35, as well as have had the appropriate background checks.

The facility was also required to provide a listing of all active volunteers, the date they were approved to begin their volunteer duties, the date of their last background check and the date of their training.

At the time of this report, the facility has not provided information to determine compliance with this standard.

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 such education? 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.

Through interviews with inmates and staff it became apparent that the facility was not been providing education to inmates as required by PREA standard nor by the SCDC Policy OP-21-12.

SCDC has created a brochure called "Let's Talk About Safety" in both English and Spanish. This brochure discusses the Zero Tolerance policy for SCDC, reporting information, rape crisis center information, tips for safety and inmate rights regarding PREA. However, interviews with the majority of inmates indicated that they had not received any type of written material explaining PREA, the SCDC policy and reporting methods at Graham (Camille Griffin).

This brochure is acceptable for the initial education that inmates are required to receive within the first (72) hours of arrival at the facility. The facility was required to implement the education and documentation of this information distribution.

In order to ensure that this information was continuously and readily available, SCDC included this brochure on the tablets that inmates have available to them. This is a pilot program that is being tested to eliminate the kiosk system.

At the time of this report, the facility has not provided all requested information to determine compliance with this standard.

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 have received 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 SCDC requires that all of the Police Services investigators complete two levels of Specialized Training for Investigations. During the onsite audit portion of the audit at Headquarters in June 2018, the Deputy Director of Police Services did indicate that all investigators were in the process of completing both levels of the specialized training for investigations.

The agency has provided a list of all investigators at Police Services who investigate PREA cases and provided verification that those investigators have completed the required training.

During the interview with the A/W-PCM and Captain, it was determined that they do participate in PREA investigations, however, neither had taken the required training. The A/W-PCM was required to take the Specialized Training for Investigations. She did complete both levels of this training on July 18, 2019 and provided the training certificates as verification.

In addition, any other staff members such as shift commanders, who conduct any portion of the actual PREA investigation were also required to complete this training. At the time of this report, training information was provided for the Warden, both Assistant Wardens, the Major and one of the Qualified Mental Health Providers (QMHP). No training documentation was provided for the Captain or Shift Commanders.

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? Yes No
- 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? Yes No
- 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? Yes No

- 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? Yes No

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.) 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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? 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.

SCDC employs both in-house medical and mental health staff, as well as contracted medical staff known as "agency staff". Information was provided that the in-house staff members received training for medical and mental health staff, however, this Auditor has not been able to review that specific training curriculum to ensure it meets all PREA requirements. The agency is required to provide the curriculum of the specialized training for medical and mental health staff members.

Additionally, during the onsite phase of the audit at Graham (Camille Griffin), no documentation was available that the “agency” nurses and other contracted service providers received the required specialized training for medical and mental health providers.

The facility was required to provide a list of all contracted medical and mental health providers and verification that those individuals have received the required training. If this training was not the SCDC specialized training for medical and mental health professionals, the curriculum was requested by this Auditor for review and approval, however, this was not provided.

At the time of this report, training dates for National Institute of Corrections (NIC) were provided for the Health Services Authority (HSA), an LPN and two QMHP’s.

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, when 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, when 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, when 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 a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: 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.

Graham (Camille Griffin) was not one of four pilot sites in the SCDC in which the risk assessments were required to be conducted within the first (72) hours of arrival at the facility and are administered by the medical staff. However, the facility did have the medical staff begin to conduct the (72) hour risk assessments with all new receptions to the facility.

Inmates are received in the facility and are seen by the medical staff very shortly after they arrive. This information is entered into a computer system so there are no paper copies of these assessments. After reviewing risk assessment information, it was noted that the facility was not conducting the risk assessments in the allotted time frame. A policy and procedure was to be put into place which ensures that all new receptions to the facility are asked the risk assessment questions within the first (72) hours of arrival at the facility.

Through interviews with staff members, it became clear that several other portions of this standard were not being met.

1. The required reassessment within (30) days of arrival at the facility is not being completed.
2. Reassessments are not being completed when there is an allegation of sexual abuse.
3. Reassessments are not being completed upon request.
4. Reassessments are not being completed when additional information becomes available which indicates that the inmate may have a history of victimization.

The facility was required to develop a plan to ensure that all inmates receive the (30) day assessment and a process to ensure that all new receptions to the facility not only receive the initial (72) hour assessment, but also the (30) day reassessment within the required timeframes. Information provided at the time of this report did not show that the facility was completing these assessments as per standard. A listing of (24) inmates was provided with dates of the initial and reassessments conducted with these individuals. This Auditor was unable to determine if the assessments were conducted in the first (72) hours of arrival, as the date of reception for each one was not provided. Of the (24), fourteen of the reassessments were conducted outside of the (30) day period.

This plan was to also include a process for additional reassessments based on additional information, requests, and any allegations of sexual abuse. No information was provided indicating this information has been included.

If there is a determination that an inmate has been either a victim or perpetrator of institutional sexual abuse, a referral to mental health services is required. At the time of the onsite audit, there was no consistent

method for ensuring that these referrals were made, and that the mental health staff provided those services within the required timeframe.

In speaking with classification staff, it was noted that the staff indicated they do not have access to the risk assessment system. The agency determined that the (30) day risk assessments will be completed by the classification staff. The agency was to ensure that all classification staff have access to this system. At the time of this report, information was not provided indicating that this has occurred.

Additionally, the PREA policy did not include information about the risk assessment screening. This policy was to be revised to include the procedure that each facility must follow for all the screenings required by this standard. These revisions were also to include the mechanisms which would be used to make the required referrals to the mental health staff. At the time of this report, no information was provided on this change.

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? Yes No
- 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? Yes No
- 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? 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

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At the time of the onsite audit, the facility was only utilizing the screening information for housing/bed placement. During the interviews with the case manager and A/W-PCM, this Auditor provided information about the other areas of the standard that the facility must utilize this information for.

The agency was required to develop a plan for utilizing the screening information in the (4) required areas identified in this standard, housing, work, education, and programming for use in this facility. At the time of this report, that information has not been provided to this Auditor.

Also, during interviews with staff, it was unclear if there was a process set up for working with transgender or intersex individuals that may be assigned to Graham (Camille Griffin). The A/W-PCM was required to provide a list of all transgender and intersex inmates, the date these individuals arrived at the facility and the dates of all follow up meetings. Also, the agency was required to provide a procedure for the confinement of transgender and intersex inmates. At the time of this report, the facility has not provided any information as requested.

The PREA policy did not include information regarding items in this standard and was required to be revised to include the following information.

1. The use of screening information to inform the placements in housing, work, education and programming,
2. A process for the placement of transgender and intersex inmates, including all items (c) through (f).

At the time of this report, the facility has not provided all requested information to determine compliance with this standard.

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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

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

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Through interviews conducted with staff at different levels at Graham (Camille Griffin), it was evident that the facility staff work not to place an inmate in involuntary protective custody unless absolutely necessary.

However, when questioned if it would be a possibility to place an inmate involuntarily in protective custody, staff indicated that it could be in extenuating circumstances.

In order to be in compliance, the agency was required to develop a process and procedure for situations when an inmate is placed involuntarily in protective custody. This process and procedure must include information regarding circumstances in which an inmate may be placed involuntarily in protective custody, documentation of the situation, how the staff will make determinations about other arrangements, review of the inmate and the housing placement situation and timeframes that must be adhered to for reviews to occur. In addition, the policy must include the method of documentation of any privileges that have been denied to the inmate as a result of the involuntary placement.

As this was the sixth facility where this non-compliance was identified, this process should have been included in policy and staff should have been required to be trained on any revisions to policy made as a result of this or subsequent audits.

At the time of this report, no information was provided to this Auditor documenting the correction of this standard.

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? Yes No

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.

SCDC provides multiple methods for inmates and staff to make a report regarding sexual abuse, sexual harassment, retaliation and/or staff neglect. Inmates and staff were clear that inmates can come to any staff member to make a report. Staff were clear that it is their responsibility to immediately report any allegation made to them through their chain of command to initiate the investigation process.

Additionally, the inmates can call the reporting line (*22) set up by the SCDC to leave a message regarding any violation in the facility, not just sexual related incidents. This is an anonymous reporting line as a PIN number is not required to call this number and so the call is not recorded. Some staff and inmates indicated that they could call the (*63) line, however, the majority were not sure where this line rings into.

The agency provides an address for SLED (State Law Enforcement Division) for the inmate or staff member to write to make a report. This was the least known reporting option for inmates and staff as the only place that this information is contained is in the PREA brochure. PREA brochures should be provided to inmates so they have this outside reporting information readily at access.

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 NA

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

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Review of the PREA Policy OP-21.12 and interviews with staff were considered during the evaluation of the compliance with this standard. The only portion of the standard that this policy includes is (g). The policy states:

“3.1.2 – A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting and incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Any inmate conclusively found to have filed an intentionally false report alleging sexual abuse will be subject to disciplinary action through the Inmate Disciplinary System and/or criminal charges.”

During the corrective action period, the agency revised policy GA-01.12. *Inmate Grievance System*. The agency added *Section 15.2 Prison Rape Elimination Act (PREA)*. This section includes all required items from this standard. This information is now available to the inmate population.

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? Yes No
- 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

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The facility works with the local rape crisis center, Sexual Trauma Services of the Midlands. This Auditor was able to speak with staff from the center during the onsite audit. The conversation was regarding what the services are that the rape crisis center can provide to the inmates.

The facility exceeds this particular standard for several reasons. First, the facility has given office space to a staff member from the rape crisis center, who is onsite at the facility four out of five days of the week.

She is able to bring her laptop and access the center's database. She carries a full caseload of between (13) to (15) inmates and has a waiting list of between (10) to (16) inmates at any given time. The advocate provides crisis intervention and hospital accompaniment.

The agency has set up a phone number (*63) which rings directly to this local rape crisis center, as with all SCDC facilities. The difference at Graham (Camille Griffin) is that the inmate can receive a direct referral back to the advocate who works at the facility. This Auditor dialed this number while on the facility tour to determine if the line was working. This Auditor was able to speak with an advocate answering the call.

During interviews with inmates, it was clear that very few knew what a rape crisis center is or the services that are available to them. When asked directly if they knew what Sexual Trauma Services of the Midlands was, an overwhelming majority of the inmates knew of the services and how to access them.

This program is working extremely well at this facility and definitely exceeds this standard. This Auditor made two recommendations for beneficial services the advocate could provide to the facility. First, the advocate could provide information during the required orientation sessions held for all inmates received at the facility.

The second recommendation to the facility and the advocate is for the advocate to be a member of the Sexual Abuse Incident Review team. The advocate can provide valuable insight and information to the rest of the team.

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

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The SCDC has developed mechanisms for the acceptance of reports by third parties. The SCDC has established a reporting line that is housed at Headquarters. This is a system in which an individual can leave a message, either with a name or anonymously.

This message is sent to the agency PREA Coordinator who is responsible for distribution to the appropriate facility. This exact message is sent to the Coordinator via email and he is able to listen to the exact message left by the individual.

Information on how to make a report directly to SCDC is displayed on the SCDC website for anyone to access. In the event that the third-party individuals do not have access to the website, it is recommended that the facility also display this information in the visitation area of the facility.

To make a report to an outside agency, the SCDC has an agreement with the State Law Enforcement Division (SLED). Anyone can write to SLED to make a report of sexual abuse inside a correctional institution in South Carolina.

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

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Multiple items were reviewed to determine compliance with this standard. This Auditor reviewed the agency policy and interviewed staff at the facility.

All staff at the facility who were interviewed were clear that all staff, contractors and volunteers are required to report any information they receive involving sexual abuse or if they have a suspicion of

sexual abuse or information about retaliation relating to sexual abuse. Interviews confirmed that all staff are given information through ongoing training about reporting abuse, suspicion of abuse or retaliation in the facility.

Two areas identified during this audit, as with PREA audits at the other facilities in the agency, found to be out of compliance with this standard are relating to items (c) and (d). As the agency no longer houses youthful inmates, item (d) no longer applies to this facility.

During the interview with medical and mental health staff, it was clear that not all provided information about their duty to report and limits to confidentiality relating to sexual abuse and sexual harassment.

A standardized process and procedure was required to be developed so that all inmates are clear about how staff will handle information regarding sexual abuse provided by the inmate. At the time of this report, the facility has not provided all requested information to determine compliance with this standard.

Medical and mental health staff were in need of additional training on the duty to report and limitations of confidentiality in relation to sexual abuse, when that information should be provided to inmates they are interacting with and how this information is documented. At the time of this report, the facility has not provided all requested information to determine compliance with this standard.

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

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The SCDC staff interviewed during this audit process were clear that one of their responsibilities at the facility is to ensure the safety of the inmates. All levels of staff interviewed were clear that if they felt that an inmate was in imminent danger, they would take steps to ensure the safety of that inmate.

An example of those actions would be to move the potential abuser to another cell/unit/building or to move the potential victim in the same manner as a last resort.

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

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

Through interviewing staff members, it was evident that staff were unclear about the requirement under PREA standards directing that any allegations made to staff at Graham (Camille Griffin) about sexual abuse at another correctional facility, especially if that facility is outside of SCDC, are required to be reported to that correctional facility by the Warden of Graham (Camille Griffin).

The majority of staff did not know that there was a timeframe of (72) hours for getting that allegation information to the correctional facility where the alleged abuse occurred. Nor did staff understand that it is required that those allegations are provided to that facility by the Warden.

There was no information provided in the agency policy to guide staff on the appropriate actions that should be taken.

The agency was required to revise policy to articulate a clear process to handle allegations of sexual abuse that has occurred at other correctional facilities.

At the time of this report, the facility has not provided all requested information to determine compliance with this standard.

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

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This Auditor had the opportunity to interview staff members from all levels during the onsite phase of the audit. It was clear that staff at Graham (Camille Griffin) have had training regarding how to respond to an allegation of sexual abuse. All staff members were able to provide accurate information regarding their response to any allegations of sexual abuse or sexual harassment.

All staff discussed the training they receive from SCDC regarding PREA. These trainings occur the first day of hire at the New Employee Orientation (NEO), the required training academy course, mandatory annual training at the facility and at the shift briefings.

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

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Through interviews with staff, especially administrative staff, it is apparent that there is an institutional plan for handling situations involving sexual abuse and sexual harassment.

While this Auditor believes that the SCDC PREA Policy OP-21.12 is meant to serve in this capacity as the written plan, it was not complete at the time of the onsite audit.

The agency and facility were required to develop an institutional plan for addressing issues of sexual abuse and sexual harassment. A written, coordinated response plan was developed for the facility. This plan is thorough and contains information to direct staff in situations involving sexual abuse and sexual harassment.

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

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At the time of this audit, there are no unions that work with the South Carolina Department of Corrections.

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

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Through interviews with the A/W-PCM, it was noted that the facility had not been conducting monitoring for retaliation in allegations of sexual abuse at the time of the onsite audit.

Review of Policy OP-21.12 showed there was no information included in the policy to provide direction to staff regarding how this standard should be implemented.

The agency/facility was required to develop a process for monitoring retaliation in compliance with this standard which should include the method of monitoring, documentation and staff required to conduct this monitoring at a minimum. This information was to be incorporated into the PREA policy to provide direction to staff.

Staff were required to be trained on any revisions to policy made as a result of this audit. Once this policy was revised and implemented at Graham (Camille Griffin), the facility was required to provide verification that monitoring was occurring.

At the time of this report, the agency had developed a monitoring documentation form. This form appears to be developed for use with individual cases. However, no further information was provided to show that procedures have been put in place for staff.

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

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As discussed in standard 115.43, the facility does not utilize involuntary protective custody, unless absolutely necessary, either prior to or after an allegation of sexual abuse. As noted in that standard, the facility was required to develop a process and procedure in the event that involuntary protective custody is utilized either before or after an allegation of sexual abuse.

As the agency/facility develop the process and procedure for 115.43, information was to be included regarding this standard.

At the time of this report, the facility has not provided all requested information to determine compliance with this standard.

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.

This Auditor was able to interview the Deputy Director of Police Services at Headquarters for SCDC. The Deputy Director was able to provide information about the investigative process throughout the corrections system.

Police Services employs approximately (40) investigators, who are Class 1 Police Officers. These investigators work under a regional concept. The state is divided into (4) regions. In each region, there is (1) supervisor and (5) investigators. There are between (6) and (8) institutions in each region.

Investigators are "assigned" to a particular facility; however, they travel to all institutions in their region based on the cases they are working on at the time.

In addition to the supervisors and investigators in each of the (4) regions, Police Services also has (9) K-9 agents and (5) STG or Gang agents who cover the entire state.

The supervisors assign cases to investigators based on the caseloads of the investigators. There are no investigators who solely deal with PREA cases.

Police Services does utilize a Police Management System (PCM) for keeping the case files and each region has its own number and then there are class codes that are also assigned to each case.

Police Services investigates all criminal allegations at all SCDC institutions. All sexual abuse cases are sent to Police Services, while the sexual harassment allegations are investigated at the local facility. In addition, all staff on inmate allegations are sent to Police Services for investigations.

Through the investigation process, the investigator will collect evidence, interview persons related to the investigations and present the cases to the local solicitor to determine whether criminal charges will be filed. There have been very few PREA cases prosecuted by the local solicitors as many are not willing to prosecute.

This Auditor did question the Deputy Director regarding the use of polygraphs or other truth telling devices. While he indicated this practice was used at one time in general practice of their investigations, it is no longer utilized since their polygrapher retired and the position was not rehired.

If criminal charges are filed, the investigator on the case tracks where the case is in the criminal process in the local county. The PREA Compliance Manager stays in contact with the investigator to stay informed of the progress of the case.

While Police Services completes all criminal investigations, the local staff, specifically the A/W-PCM and any other designees, begin the initial investigation process of all PREA allegations. As the A/W-PCM can interview inmates and collect evidence, it was required that the A/W-PCM and any other staff members responsible for conducting any portion of the PREA investigation, complete the Specialized Training for Investigations as outlined in §115.34.

The facility was required to provide a complete listing of all of the staff that would be involved in any portion of a PREA investigation. A list of several positions in the facility involved in this process was provided, including the dates they took the required training. This was not a complete list and therefore this Auditor is unable to certify this standard as compliant.

The SCDC PREA Coordinator was able to provide a "Records Retention Schedule" to this auditor. However, the retention schedule does not meet the PREA Standards. The retention information provided is as follows:

16736 INVESTIGATIVE CASE FILES

Description

Created by Police Services staff to document all administrative and criminal investigations conducted through the office. Information includes investigative reports, evidence, statements, confidential informant information, and any other related documents created or obtained during the course of the investigation.

Retention

7 years after adjudication or until person completes incarceration for which case file pertains, dies while incarcerated, or is executed for the offense which case file pertains, whichever comes first, destroy.

PREA Standard requires that all investigation files are kept for the entire time of the incarceration of the inmate plus five years. If the investigation is pertaining to an employee, the file must be kept for the length of employment plus five years.

This retention policy must be revised to meet the PREA standard and approved through the established process. Once this is completed, the revised policy must be provided to this Auditor.

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

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Police Services is responsible for the criminal investigations, as well as some of the administrative investigations if the situation involves a staff member or there is a serious sexual abuse case. The A/W-PCM is responsible for allegations of sexual harassment, as well as some sexual abuse cases.

Interviews with staff, including the investigator and A/W-PCMs, revealed that there appears to be some confusion regarding the difference in evidentiary standard between a criminal investigation and administrative investigation.

The PREA policy is not clear for staff as to the evidentiary standard that is required to substantiate an administrative investigation.

As the investigations are a critical part of the PREA process, it is crucial that the staff conducting the investigations are clear regarding which evidentiary standard applies to which cases. A process was required to be developed so that these processes, while they may or may occur simultaneously, have independent outcomes that may or may not be the same.

The policy was to be revised to include the differences in each type of investigation and the evidentiary standard which applies to each.

At the time of this report, the facility has not provided all requested information to determine compliance

with this 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

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Through interviews with staff, it appeared that victims were being notified of the outcome of investigations. The AW-PCM was able to provide information to this Auditor to show the notifications are being conducted and include the appropriate information listed in this standard.

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

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Interviews with staff at Headquarters and the facility indicated that there are elements of this standard

which are not being met.

All staff were clear that sexual abuse and harassment by a staff member should be grounds for dismissal from their position. However, SCDC Policy OP-21.12, was not clear that the presumptive action for sexual abuse of an inmate is termination. The policy also does not indicate what sanctions would be applicable in these cases.

In order to come into compliance with this part of the standard, the agency revised policy *ADM-11.39 – Staff Sexual Misconduct with Inmates* to include information indicating the presumptive action for a substantiated investigation of sexual abuse would be termination.

Through discussions with Police Services, it was clear that if the case being investigated rose to the level to meet the criminal code, a referral would be made to the prosecutor's office and an arrest could be made. There have been cases where staff members have been arrested for reasons relating to PREA.

Additionally, staff members for Police Services, Human Resources nor facility staff seemed aware of the fact that the individual would also need to be reported to the relevant licensing body. No policy mentioned this requirement.

The policy was required to be revised to include information regarding all elements (a) through (d).

At the time of this report, the facility has not provided all requested information to determine compliance with this standard.

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

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The information provided regarding contractors and volunteers found to be engaging in sexual abuse or sexual harassment is similar to that of 115.76.

Interviews with key staff members indicated that they would remove the contractor or volunteer immediately. There was no written policy or process to follow to ensure that the individual is referred appropriately.

If Police Services investigate the case, they will move forward with prosecution if it is applicable and approved by the solicitor of the county. However, there is no indication that the individual would be reported to any relevant licensing bodies.

The SCDC Policy OP-21.12 provides no guidance on how to handle cases involving contractors or volunteers. This policy and procedure was to be developed and included into policy revisions, to ensure that all elements of this standard being met.

At the time of this report, the facility has not provided all requested information to determine compliance with this standard.

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)

- 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

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The SCDC has a discipline process in place for inmates who break the rules of the facility. However, this process is not clear about how the sanctions for inmates perpetrating sexual abuse are determined.

While the process may consider the mental health history of the inmate, it is not clear how that information is applied to situations regarding sexual abuse and sexual harassment.

The PREA policy does not address several elements outlined in this standard, such as the mental health status of the individual and whether to require the individual to participate in treatment related options.

The policy was required to be revised to include information from this standard as a guide for staff to ensure that all elements of PREA are being applied consistently across all institutions in the system.

At the time of this report, the facility has not provided all requested information to determine compliance with this standard.

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 NA

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 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

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Graham (Camille Griffin) started to have the medical staff administer the initial risk assessment to inmates when they enter the facility just prior to the onsite audit visit.

One of the issues which was to be worked out in this new system was how to consistently make referrals to the mental health staff when someone identified as a victim of sexual abuse, and to ensure that inmate was offered a meeting with mental health within the required (14) day timeframe. And if the inmate was identified as an institutional sexual abuse perpetrator, they are to receive a mental health evaluation within (60) days of that identification.

A process and procedure were required to be developed to ensure that all inmates that are identified as victims or abusers are provided the required mental health services.

Additionally, it was clear through multiple interviews, that the staff are not providing the required informed consent *prior* to asking questions regarding sexual abuse and sexual harassment. This process and procedure were required to be put into place to ensure that inmates are clear what information they share is confidential and what information is not.

At the time of this report, the facility has not provided all requested information to determine compliance with this standard.

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

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Through interviews with staff and inmates, it is clear that the medical staff do take allegations of sexual abuse seriously and if it occurs within the appropriate timeframe, will send inmates out to the hospital for a forensic medical examination.

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.) 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.) 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

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Graham (Camille Griffin) Correctional Institution has both medical and mental health services available onsite. The medical department is available (24) hours per day, and there is an on-call Nurse Practitioner.

Interviews with the medical staff at the facility indicated they felt that the medical treatment provided to the inmates at Graham (Camille Griffin) is at least equal to the level of care individuals receive in the community, if not better. The medical department is able to see individuals on sick call quickly after a request is submitted.

The medical staff have pregnancy tests onsite as all new receptions are given a pregnancy test when they arrive at the facility. If there was an allegation involving staff-on-inmate assault, medical staff can administer the pregnancy test in the appropriate timeframe.

When staff were asked about what pregnancy related options information was available to provide to victims, staff were not aware of what information needed to be available. This Auditor talked about what this requirement was, and the information needed to be available.

In order to obtain compliance, the medical staff were required to determine what the lawful pregnancy related options are for women in South Carolina, collect information regarding each option and keep this information up-to-date and on hand should it ever be needed. Copies of this information should be provided to this Auditor to verify.

The facility is not offering the required follow up services for those that have been identified as victims of sexual abuse, nor are they able to conduct the required evaluation with those who have been identified as inmate-on-inmate perpetrators of sexual abuse within the (60) day timeframe. The mental health services at this facility were lacking for the number of inmates and the fact that this is a reception center.

Additionally, there is extremely limited information found in the SCDC Policy OP-21.12 regarding medical and mental health services that are to be provided to victims and perpetrators of sexual abuse. This policy was to be revised to include appropriate information.

At the time of this report, the facility has not provided all requested information to determine compliance with this standard.

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

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During the interview with the A/W-PCM, it was noted that Graham (Camille Griffin) has not been conducting sexual abuse incident reviews of sexual abuse investigations. This has been in part due to the low numbers of investigations.

The facility was required to provide a list of all sexual abuse cases from November 2017 to the date of the onsite audit, the determination of those investigations and provide the sexual abuse incident review materials for review by this Auditor.

In addition, the agency is required to revise the PREA policy to include information regarding conducting sexual abuse incident reviews.

At the time of this report, the facility has not provided all requested information to determine compliance with this standard.

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.

During the day spent at headquarters, there was discussion with the Division of Security, the Division of Resource and Information Management, and the agency wide PREA Coordinator regarding how statistics are collected for PREA.

Through these discussions and discussions with the facility staff at the first six facilities which have undergone audits, it became clear to this Auditor and the SCDC PREA Coordinator that the statistics being provided by the Division of Resource and Information Management do not match the information provided by the facilities to the PREA Coordinator.

It is imperative that the agency, with the inclusion of the Graham (Camille Griffin) Correctional Institution, develops an agency wide system of data collection which collects the appropriate information regarding allegations, investigations, demographics, and any other information required by the Department of Justice reporting.

The agency was required to develop a system of statistical tracking which collects consistent data throughout the divisions of the agency.

At the time of this report, the facility has not provided all requested information to determine compliance with this standard.

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.

SCDC creates an annual agency wide annual report that is produced by the Division of Resource and Information Management. However, upon closer inspection, this annual report did not include any of the required information in §115.88.

The PREA Coordinator now completes an extensive PREA Annual Report. This report includes all required standard information. The statistics of allegations and investigations are broken down in the report by facility and compares the PREA incidents historically starting with the 2018 calendar year.

These reports can be found on the agency's website at the following address.
http://www.doc.sc.gov/preaweb/prea_ann_reports.html

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.

While there is no way to verify the accuracy of the information collected from each facility, as noted in 115.87, the SCDC does collect information.

The agency website contains the SSV reports from 2006-2019. This information can be found at the following website. http://www.doc.sc.gov/preaweb/prea_surveys.html

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.

Graham (Camille Griffin) Correctional Facility is being audited in the third year of the second audit cycle. There have been five other PREA audits conducted prior to Graham (Camille Griffin) Correctional Institution in the SCDC. The agency PREA Coordinator has been working with all facilities to implement PREA standards in a systematic manner.

In order to meet this standard, the agency has contracted with this Auditor to complete PREA audits for the first one third of all SCDC facilities no later than January 2019. In addition, SCDC has bid and awarded a contract for PREA audits for 2019 and 2020 for the other fourteen facilities. There will be seven PREA audits conducted each year.

During this audit, the staff at Graham (Camille Griffin) were very accommodating to this Auditor throughout the pre-audit and onsite audit phases of this overall PREA audit.

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. 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.

As noted earlier, Graham (Camille Griffin) is the sixth South Carolina Department of Corrections Institution to undergo the PREA Audit process. There have been no final audit reports issued to be published. The PREA Coordinator has indicated that final audit reports will be posted on the PREA page of the South Carolina Department of Corrections website once a final report is issued.

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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jennifer L. Feicht

November 25, 2020

Auditor Signature

Date

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

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