

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

Interim Final

Date of Report September 16, 2019

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: July 9-11, 2018 |

Agency Information

| | | | |
|---|-----------------------------------|--|---|
| Name of Agency: | | Governing Authority or Parent Agency (If Applicable): | |
| South Carolina Department of Corrections | | 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 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: John Barkley | Title: PREA Coordinator |
| Email: Barkley.John@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

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|--|-----------------------------------|---|---|---|------------------------------------|---------------------------------|---|----------------------------------|
| Name of Facility: Ridgeland Correctional Institute | | | | | | | | |
| Physical Address: 5 Correctional Road, Ridgeland, SC 29936 | | | | | | | | |
| Mailing Address (if different than above): P.O. Box 2039 | | | | | | | | |
| Telephone Number: (803) 896-3236 | | | | | | | | |
| <table border="1" style="width: 100%;"> <tr> <td>The Facility Is:</td> <td><input type="checkbox"/> Military</td> <td><input type="checkbox"/> Private for profit</td> <td><input type="checkbox"/> Private not for profit</td> </tr> <tr> <td><input type="checkbox"/> Municipal</td> <td><input type="checkbox"/> County</td> <td><input checked="" type="checkbox"/> State</td> <td><input type="checkbox"/> Federal</td> </tr> </table> | The Facility 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 |
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| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal | | | | | |
| <table border="1" style="width: 100%;"> <tr> <td>Facility Type:</td> <td><input type="checkbox"/> Jail</td> <td><input checked="" type="checkbox"/> Prison</td> </tr> </table> | Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | | | | | |
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | | | | | | |
| Facility Mission: Safety, Service and Stewardship | | | | | | | | |
| Facility Website with PREA Information: http://www.doc.sc.gov/institutions/Ridgeland.html | | | | | | | | |

Warden/Superintendent

| | |
|---------------------------------------|----------------------------------|
| Name: LeVern Cohen | Title: Warden |
| Email: Cohen.LeVern@doc.sc.gov | Telephone: (803) 896-3200 |

Facility PREA Compliance Manager

| | |
|--------------------------------------|--|
| Name: Tony Burton | Title: Associate Warden of Operations |
| Email: Burton.Tony@doc.sc.gov | Telephone: (803) 896-3221 |

Facility Health Service Administrator

| | |
|--|-------------------------------------|
| Name: Trenton Smith | Title: Health Care Authority |
| Email: smith.trenton@doc.sc.gov | Telephone: (803) 896-3296 |

Facility Characteristics

| | | | |
|--|---------------------------------------|---|----------------------------------|
| Designated Facility Capacity: 1080 | | Current Population of Facility: 948 | |
| Number of inmates admitted to facility during the past 12 months | | | Click or tap here to enter text. |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | Click or tap here to enter text. |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | Click or tap here to enter text. |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | | | 37 |
| Age Range of Population: | Youthful Inmates Under 18: N/A | Adults: 19-76 | |
| Are youthful inmates housed separately from the adult population? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input checked="" type="checkbox"/> NA | |
| Number of youthful inmates housed at this facility during the past 12 months: | | | 0 |
| Average length of stay or time under supervision: | | | 622 Days |
| Facility security level/inmate custody levels: | | | Sec. Lvl. 2 |
| Number of staff currently employed by the facility who may have contact with inmates: | | | 292 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | | | 23 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | | | 3 |
| Physical Plant | | | |
| Number of Buildings: 17 | | Number of Single Cell Housing Units: 0 | |
| Number of Multiple Occupancy Cell Housing Units: | | 5 | |
| Number of Open Bay/Dorm Housing Units: | | 0 | |
| Number of Segregation Cells (Administrative and Disciplinary): | | 42 Cells | |
| 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.): | | | |
| Ridgeland has (29) cameras inside the facility and on the perimeter. Only one of the housing units has a camera inside of the unit. The Warden and Associate Wardens have access to the camera views on their computers, along with select other administrative staff. | | | |
| Medical | | | |
| Type of Medical Facility: | | 24 – Hour Medical Coverage & Dental Coverage | |
| Forensic sexual assault medical exams are conducted at: | | Coastal Carolina Hospital | |
| Other | | | |

| | |
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| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | Approx. 200 |
| 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.

Ridgeland Correctional Institution is the second 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 to review before the onsite audit.

The onsite audit was scheduled for July 9-11, 2018. All agency information was gathered prior to the first PREA audit for the agency. The same information will be utilized for the agency as was for the Turbeville audit.

The onsite audit began with an initial meeting of the key personnel to walk through the components of the onsite audit, discuss this Auditor's methodology for conducting the onsite audit 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 (948) inmates in the facility. In accordance with the PREA Auditor Handbook, this Auditor conducted (30) interviews with inmates from different areas of specification. Randomly selected inmates were chosen by each wing on each housing unit utilizing the same bed number in each. Interviews were conducted in a staff office in the housing unit. Specialized interviews included:

- Inmates who disclosed sexual abuse on the risk assessment
- Inmates who reported sexual abuse at the correctional institution
- Inmates with disabilities
- Inmates who were Limited English Proficient (interviews conducted with an interpreter)
- Inmates who identify with the LGBTI population

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/PREA Compliance Manager
- Assistant PREA Compliance Manager
- Health Services Authority (HSA)
- Medical Personnel (Nurse)
- Qualified Mental Health Professional
- Human Resources

- Police Services Investigators
- Case Manager

While onsite at the facility, this Auditor reviewed risk assessments that have been completed with inmates when they arrive at the facility. These were randomly chosen by picking a week for arrival and checking all inmates which arrived during that timeframe.

Investigation materials were reviewed during the pre-audit phase. This information was sent to this Auditor prior to arrival at the facility.

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. And training records were printed out from the system and reviewed.

At Ridgeland, in addition to the PREA Compliance Manager, there is also an assistant PREA Compliance Manager, Lt. Capers. Prior to the agency appointing all Associate Wardens of Operations as the PREA Compliance Managers, each Warden was able to appoint their own PREA Compliance Manager. Lt. Capers was the staff member appointed as the PREA Compliance Manager. Once the agency directed all Associate Wardens to be PREA Compliance Managers, Lt. Capers continued to work on PREA with the Associate Warden. All staff at Ridgeland were clear that Lt. Capers has done a tremendous amount of work towards PREA compliance.

Lt. Capers and all staff were extremely accommodating in providing any materials for this Auditor when requested for review. Lt. Capers also made notes and asked questions during the facility tour, so she understood the recommendations this Auditor was making for physical plant issues especially.

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, etc.

At the end of the onsite visit, this Auditor met with key staff members 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.

After the onsite audit, this Auditor had the opportunity to speak with staff from the local rape crisis center, Hopeful Horizons and the local hospital, Coastal Carolina.

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.

Ridgeland is a male facility that was built in 1992. However, this facility sat empty for (3) years before beginning to house inmates in 1995. During this interim period prior to housing inmates, the facility was used as a set for the movie "The Last Dance" starring Sharon Stone.

Ridgeland 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 (10) buildings inside the secure perimeter. Of those (10) buildings, (5) are housing units. There is (1) segregation housing unit and the rest are general population buildings. There is (1) wing in the facility which serves as a character unit. At the time of initial occupation, each Warden is given the opportunity to name the housing units in their institution. The housing units at Ridgeland are named after cities in South Carolina. They are Beaufort, Georgetown, Savannah, Bluffton and Charleston.

The layout of this institution is very similar to that of Turbeville, the first institution that underwent a PREA audit in SCDC. In addition to the general buildings that are in most if not all facilities, such as commissary, canteen, education, kitchen/dining, maintenance, administration, Ridgeland also includes an operating prison industry building.

The institution provides an education program so that inmates can work towards obtaining their GED if they choose to. Additionally, there is a horticulture program at the facility which has a greenhouse, garden and beehive. Carpentry is a trade that is also taught at the facility.

Low staffing levels is a major problem for the South Carolina Department of Corrections as a whole and that is true for Ridgeland. It is very difficult to find staff to work and who will stay to become tenured staff. 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.

One area to note that this Auditor feels did have an impact on the onsite audit was the fact that the facility, with the exception of the character unit and the youthful inmates, was the statewide lockdown. This lockdown began April 17, 2018, as a result of a riot involving inmate deaths at Lee Correctional Institution. With this lockdown, inmates are in their cells 24/7 and are only allowed out approximately 2-3 times per week to shower. All food is brought to their cells. Mental health services are provided at the cell door and medicine pass is at the cell door.

This has been extremely difficult for many inmates and all expressed some grievance with this lockdown situation during the face to face interviews.

This is the second institution that this Auditor has been to which is still under lockdown. There was no clear information as to when this lockdown will end.

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 standards have been determined “Exceeds Standard”: 115.11: Zero tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

Number of Standards Met: 40

The “following standards have been determined “Meets Standard”. 115.12: Contracting with Other Entities for the Confinement of Inmates; 115.14: Youthful Inmates; 115.16 Inmates with Disabilities and Inmates with Limited English Proficiency; 115.17: Hiring and Promotions; 115.18: Upgrades to Facilities and Technologies; 115.21: Evidence Protocol and Forensic Medical Examinations; 115.22: Policies to Ensure Referrals of Allegations for Investigations; 115.31: Employee Training; 115.33: Inmate Education; 115.34: Specialized Training: Investigations; 115.35: Specialized Training: Medical and Mental Health; 115.41: Screening for Risk of Victimization and Abusiveness; 115.42: Use of Screening Information; 115.43: Protective Custody; 115.51: Inmate Reporting; 115.52: Exhaustion of Administrative Remedies; 115.53: Inmate Access to Outside Confidential Support Services; 115.54: Third Party Reporting; 115.61: Staff and Agency Reporting Duties; 115.62: Agency Protection Duties; 115.63: Reporting to Other Confinement Facilities; 115.64: Staff First Responder Duties; 115.65: Coordinated Response; 115.66: Preservation of Ability to Protect Inmates from Contact with Abusers; 115.67: Agency Protection Against Retaliation; 115.68: Post-Allegation Protective Custody; 115.72: Evidentiary Standard for Administrative Investigations; 115.73: Reporting to Inmates; 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; 115.82: Access to Emergency Medical and Mental Health Services; 115.83: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers; 115.86: Sexual Abuse Incident Reviews; 115.87: Data Collection; 115.88: Data Review for Corrective Action; 115.89: Data Storage, Publication, and Destruction; 115.401: Frequency and Scope of Audits; 115.403: Audit Contents and Findings

Number of Standards Not Met: 4

The following standards have been determined “Does Not Meet Standard”. 115.13: Supervision and Monitoring; 115.15: Limits to Cross-Gendering Viewing and Searches; 115.32: Volunteer and Contractor Training; 115.71: Criminal and Administrative Agency Investigations;

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.

All items requiring corrective action were listed in the standard comment section.

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. The PREA Coordinator is responsible for the oversight of one PREA Compliance Manager (PCM) at each facility in the SCDC system. This position is housed in the headquarters office of SCDC and reports directly to a Department Director.

In the middle of this audit process, the original PREA Coordinator retired and left the Department in February 2019. A new PREA Coordinator was hired and started work April 2019.

The original coordinator was very 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.

Ridgeland Correctional Institution has a PREA Compliance Manager and an Assistant PREA Compliance Manager. This system seems to work well at this facility. As mentioned in an earlier narrative, the Assistant PCM was the first PCM of the facility during the earliest years of implementation of PREA.

Between the A/W and the Lieutenant, they work together to ensure that PREA information is distributed/displayed as required and investigations are completed as required.

When questioned about whether they have enough time to complete all PREA related activities, the AW/PCM indicated that he does have enough time to complete the PREA related items that he does. The Assistant PCM indicated that she doesn't always feel that she has enough time to complete all of her responsibilities with PREA, adding that she gave up vacation time to be present for this audit.

Based upon discussions with the AW/PCM and Assistant PCM, this Auditor believes that having more than one individual working on obtaining and maintaining PREA compliance in facilities this size is a best practice. It would be my recommendation to ensure that those individuals are splitting those responsibilities more equally to ensure that there is truly collaboration and coordination.

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 did not have any inmates out of the state in other facilities. However, during subsequent audits at other SCDC facilities, the agency has contracted with a private company, CoreCivic, to house a small number of SCDC inmates.

In order to determine if all components of this standard have been met, the agency is required to provide this Auditor with a copy of the contract between SCDC and CoreCivic.

In response to the deficiency in this standard, the PREA Coordinator provided this Auditor with a fully executed copy of the contract between SCDC and CoreCivic. Review of the contract showed that PREA language requiring the facility to become and maintain compliance with all PREA standards was included.

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.

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

At the time of the onsite audit, the Division of Security was responsible for developing all staffing plans for each facility. Once that staffing plan had been developed, the Deputy Director would forward 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.

PREA standards outline (11) items that must be taken into consideration and included in the development of all staffing plans. These items are as follows:

1. Generally accepted detention and correctional practices;
2. Any judicial findings of inadequacy;
3. Any findings of inadequacy from Federal investigative agencies;
4. Any findings of inadequacy from internal or external oversight bodies;
5. All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated);
6. The composition of the inmate population;
7. The number and placement of supervisory staff;
8. Institution programs occurring on a particular shift;
9. Any applicable State or local laws, regulations, or standards;
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
11. Any other relevant factors.

The staffing plans for each institution do take into consideration some of these items. However not all items are articulated within the written staffing plan.

The agency was required to revise the current staffing plan, ensuring all (11) items were included in this revision. In addition, the staffing plan should be reviewed by the facility's PCM to ensure that all PREA issues are taken into consideration. Also, the agency wide PREA Coordinator is required to review and provide input into the staffing plan. The PREA Coordinator is required to be one of the signatories on the final approved staffing plan. The review by the agency wide PREA Coordinator is required for all staffing plans for all institutions under SCDC.

The facility has provided as part of the corrective action, an updated staffing plan including the required (11) elements identified in this standard. This plan has multiple components and provides information about the institution. As required, the new PREA Coordinator is part of the team that develops this plan.

When developing the staffing plan, one item that must be given consideration are the blind spots that exist in the facility. Several areas were identified during the tour portion of the onsite audit visit.

1. Beaufort, Charleston, Georgetown and Savannah Housing Units
 - a. There is a laundry folding area in each wing of each housing unit. This room has a hallway leading to a larger, open area. Staff are unable to see the entirety of the larger area at the end of the hallway without walking into the room fully. A mirror should be placed in the back corner of the room to allow visual inspection from the doorway. The facility did not provide any information verifying these issues have been corrected.
 - b. Each of these housing units has an outside recreation yard which is utilized for the inmates when they are not on lockdown. Due to the low staffing levels, staff do not go out into the rec yard for the entirety of time inmates are out and there are blindspots in the yard. This area was addressed by installing mirrors in the yard areas. Photographic evidence of the installation was provided to this Auditor to verify compliance.
 - c. On both the top and bottom tiers of these housing units, there is a bathroom/sink area on each. However, the toilets have been removed and there are only sinks in these areas, and not all sinks are operational. This area has halfway partitions that are still in place that served to give privacy to the toilet area. However, now that the toilets are no longer there, this creates an area of concern. These half wall partitions should be removed from those bathroom/sink areas. The facility did not provide any information verifying these issues have been corrected.
2. Bluffton Housing Unit
 - a. In the hallway on the RHU side of the unit, there is a blindspot which was identified and discussed with the Assistant PCM. To eliminate the blindspot, a mirror was placed in that hallway for staff to observe from the control area. Additional mirrors were placed at the entrance of the unit, on one of the wings and in the recreation yard area. Photographic evidence of the installation was provided to this Auditor to verify compliance.
3. Kitchen Area
 - a. Pots and Pans Wash Area
 - i. There is a shelving unit that is in front of this wash area. When the clean pots and pans are stacked on this shelving unit, it creates a blind spot. These shelves will need to be arranged/alterd in order to create a line of site into the area.
 - ii. Mirrors were placed on both ends of the wash area to ensure that there is a view of the area by staff.
 - b. Tray Room
 - i. Mirrors were placed in this area in order to see the other side of the dishwasher unit.
4. Prison Industry Building
 - a. This is a large, open building with two distinct areas, which has a lot of equipment and product that creates blindspots and serious safety concerns. Due to the large number of inmates which work here and the low number of staff, the facility was required to make corrections in this building.

- b. At the time of the onsite audit, staffing in this area consisted of (1) Director and (2) Officers who do not work at the same time. There is also (1) civilian worker who works for the business. This civilian worker has no authority over any of the inmate workers in this area.
 - c. In order to provide a safer environment, the facility installed (9) large mirrors in to assist the limited staff in observing inmates as they are working.
- 5. Commissary/Laundry Area
 - a. The large industrial washers create blind spot areas. Mirrors were placed in order to see behind the washers.
 - b. There was a mirror placed so that the staff member is able to see the entirety of the hallway in the back area.
- 6. Canteen
 - a. In the back-storage room of the canteen, a mirror was placed to enable the staff member to see the entire room.
- 7. Education Building #1
 - a. Library – There are several areas in the library which are blindspots. The following (6) items were discussed with staff members at the time of the onsite audit. All of these corrective actions were accomplished and photographs were provided to show proof.
 - i. Move law library from room #126
 - ii. Computers will go to room #127
 - iii. Reference books will go to room #128
 - iv. All bookshelves in room #128 will be moved against walls
 - v. Door will be changed in room #128 to one with a window
 - vi. Camera or mirror on cement pillar between the windows in order to cover blindspot
 - b. Carpentry Area – The following were items that were discussed with the staff during the onsite audit visit to correct non-compliance.
 - i. Area behind bathroom
 - 1. A light was installed in order to have a better visual into the area.
 - 2. Two mirrors were installed to eliminate blindspots in this area.
 - c. Horticulture Area – This area was discussed at length with the staff members during the onsite audit visit.
 - ii. Remove cement wall on old bathroom building - The facility did not provide any information verifying these issues have been corrected.
 - iii. Install stalls around the toilets and urinals - The facility did not provide any information verifying these issues have been corrected.
 - iv. The large bush in front of the cement structure was removed to provide a more direct line of site.

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. Through viewing logbooks at each housing unit, it was clear that the administrative staff were conducting supervisory rounds, however they were not being documented as being PREA rounds.

The staff are now conducting unannounced PREA rounds on all shifts and in all areas in which inmates have access to and documenting those rounds appropriately. Copies of logbooks with PREA

rounds documented in several areas throughout the facility were provided to this Auditor as confirmation of this requirement occurring.

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.

Ridgeland Correctional Institution does not house any inmates under the age of 18 years old.

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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The agency and facility have provided training to staff members regarding how to appropriately search inmates at the facility. The staff try to ensure that male staff conduct all searches of inmates. Female staff

members can conduct pat searches of the inmates. However, the staff ensure that only male staff conduct any required strip searches.

Several areas of non-compliance were indicated with in 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. Those noted are bulleted below.

1. Beaufort, Charleston, Georgetown and Savannah Housing Units - The facility did not provide any information verifying these issues have been corrected.
 - a. Currently all four of these housing units have gang style showers. This configuration does not provide privacy for inmates while they are showering. This shower area must be divided into separate showers with walls on each side.
 - b. Each shower stall created must either have a door or a curtain to provide additional privacy.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Interviews with staff and inmates regarding the PREA information provided to inmates by the agency and facility revealed that while staff are providing information to inmates regarding PREA, the staff are not verifying whether or not the inmate understands the information that is being given to them, especially for those that have a disability or who are limited English proficient.

The facility has provided this Auditor with a form that is being utilized for all inmates to sign which acknowledges they have received PREA information and understand what they were provided with.

The agency has put policy (OP 21.12: Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment) into place which provides direction to staff in regards to providing PREA information to inmates with disabilities, those who may be illiterate and those who are Limited English Proficient (LEP).

During this portion of the audit, it was also asked if inmates had all PREA related information readily available to them. Due to the lockdown situation described in the Audit Narrative section at the beginning of this audit report, inmates in the majority of the facility were locked down in their cells with the exception of getting showers, (24) hours per day (7) days per week. They do not have access to phones, PREA hotline information hanging in the common areas of the housing unit and/or wing or the rape crisis center information that is provided. When questioned as to whether or not they have access to inmate handbooks, all inmates interviewed indicated that they did not.

PREA information has been added to the Kiosk system that SCDC has put in place in all its facilities. The Kiosk system makes inmates view the PREA information before they can continue to complete other tasks in the system. This ensures that all inmates have seen PREA information at the facility, even if the PREA posters are taken down. Inmates did have limited access to the kiosk during the lockdown situation.

Spanish PREA were hung in all the housing units so that those who were LEP and Spanish speaking would have information available in their own language. In addition, there is a "language line" that the agency has a contract with to provide translation services when needed. This Auditor did utilize this language line for an inmate interview at the facility.

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

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

After review of the policies provided, it does not appear that PREA standards have been incorporated into the policy. Although the PREA standards have been 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, the agency developed a new system to ensure that they would receive notification of arrests of any employee or contractor agency wide, and within (24) hours of the occurrence. The previous PREA Coordinator, in coordination with the Recruiting and Employment Office and State Law Enforcement Division (SLED), have developed a system in which all employees and contractors are fingerprinted and if there is a "hit" in the SLED database indicating that there has been an arrest of any employee or contractor, SCDC will immediately receive notification of that law enforcement activity.

Newer employees already have fingerprints taken as part of the hiring process. This new procedure did require that all employees that did not have their fingerprints taken through an electronic system upon hire, would need to be fingerprinted. In order to accomplish this agency wide, SLED trained an employee in the Recruiting and Employment Services Office on how to use the electronic fingerprint equipment and that person will go to all institutions and fingerprint all employees and contractors for inclusion in this new system. To be clear, this new system does not negate the employee's

responsibility to notify their institution of any interaction with law enforcement.

A copy of the SCDC employment application was provided for review. It did not appear that the required questions were incorporated into the application. Those required questions are as 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.

The agency has included the required questions in the application for employment. On page 3 of the employment application, the questions are asked, "Have you ever been accused of or been found liable of sexual abuse/sexual misconduct/sexual harassment or resigned during a pending investigation of a sexual abuse/sexual misconduct/sexual harassment allegation with any previous employer?", "Have you ever been arrested?", "Have you ever been charged with a crime?" and "Have you ever been convicted of a crime?". These questions fulfill this requirement.

Initially, it was unclear if the agency asks the PREA specific questions of correctional facilities contacted as part of the reference checking process. The agency is 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. Through an interview with the Deputy Director of the Recruiting and Employment Office, it was determined that these required questions are asked during the employment verification process. Also, during that discussion with the Deputy Director, he indicated that the office would provide this same information to other confinement facilities if asked for it.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the

agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility at Ridgeland has not had any major construction or renovation projects since 2012. Nor has the facility had any upgrades to the video monitoring system 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

- 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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PREA Policy OP-21-12, Section 6: Investigations of Sexual Abuse and Sexual Harassment and SCDC Policy/Procedure GA-05.01, Investigations were reviewed by this Auditor. The investigations policy provided information to investigators regarding evidence collection and the standard to be followed in investigations.

The PREA Policy does provide information that if a victim makes a report within (72) hours of the sexual abuse occurring, they are to be taken to the local hospital, Palmetto Richland Hospital for the forensic medical examination and will be performed by a SAFE or SANE nurse.

In addition, Ridgeland Correctional Institution has worked to establish a relationship with the local rape crisis center, Hopeful Horizons. Rape Crisis Center staff were not available during the onsite audit for an interview; however, a conference call was held on August 1, 2018 with several members of the staff. The advocate did confirm that their services are provided to inmates that are taken to the local hospital, Coastal Carolina Hospital.

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

- 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 agency has developed a policy for the investigation of sexual abuse and sexual harassment which is reported to the SCDC. This policy (OP-21-12: Prevention, Detection and Response to Sexual Abuse/Sexual Harassment) 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.

When allegations are made at the facility, information is collected by the institutional staff member(s). This information is provided to the AW/PCM who in turn provides it to the agency wide PREA Coordinator. The PREA Coordinator makes the determination if the allegation needs to be forwarded to Police Services for a criminal investigation, or if it does not meet the criteria for criminal investigation and will be administratively investigated at the facility. If it is determined that it should be investigated criminally, the PREA Coordinator will forward all information collected to that point to Police Services for further investigation.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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.

During the onsite visit at headquarters, this Auditor The basic training, no matter what position the person is filling, 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 with the exception of mandated reporting. This information was added to the curriculum provided to all new staff members during their first full week of employment at the institution.

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. All staff members interviewed were consistent in providing information regarding the annual PREA training provided by the Department.

Additionally, the new PREA Coordinator has directed the AW/PCM's to provide monthly refreshers to staff at their facilities throughout the Department. This keeps PREA fresh in everyone's mind. This was just officially instituted at a PREA Compliance Manager training held on July 25, 2019.

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

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At this facility, it is the responsibility of the Chaplain to keep the records of the volunteers. The Chaplain indicated that there are approximately 200 volunteers who provide services at Ridgeland, with the bulk of the volunteers providing religious services.

The Chaplain provided the information sheets provided to volunteers for their education. Upon review of the “Volunteer Services Agreement” and the “Prison Rape Elimination Act – New Employee On Boarding” sheet, this Auditor finds that the information sheets are not in compliance with the PREA standards.

In order to become in compliance with 115.32, the agency must 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 will need to sign off on the volunteer agreement and have been provided the revised form. The facility will need to provide verification that this has been accomplished. Information regarding volunteers and updated signature sheets were provided by the facility to show compliance with this standard.

The records for the contractors are kept by headquarters so these documents were not able to be viewed.

Interviews with contracted medical staff indicated they did not believe they had the required PREA training, which was also identified at Turbeville as an issue to address.

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. This documentation was not provided to this Auditor for review.

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

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

At the time of the onsite audit, the facility was entirely on lockdown status, with the exception of the character unit. During the duration of the lockdown, the facility has not been providing the required education regarding PREA required within the first (72) hours and (30) days of the inmate arriving at the facility.

SCDC has created a brochure called "Let's Talk About Safety". 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 and the SCDC policy and reporting methods.

The facility does have the English version of the "Let's Talk About Safety" brochure hanging in all housing units. But due to the fact that the inmates are in lockdown and only are allowed out of their cells for a very limited amount of time per week to shower, the inmates do not have continuous access to the reporting information.

PREA information was added to the inmate Kiosk system and inmates are required to view this information before they are able to further utilize the Kiosks.

In order to ensure that this information is continuously and readily available, SCDC was required to have PREA information placed in an inmate handbook and provide all inmates with a copy of the inmate handbook, in a format that the inmate is able to understand as required by §115.16. Documentation of the receipt of the inmate handbooks, as well as a copy of the PREA pages of the handbook, were provided to this Auditor to demonstrate compliance with this portion of the 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

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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.

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.

Two investigators were interviewed at Ridgeland. These investigators did indicate that they have completed two levels of the PREA Specialized Security Training found on the NIC website.

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

During the interview with the AW/PCM and Assistant PCM, it was determined that both do participate in PREA investigations, the AW/PCM has not taken the required training. The AW/PCM is required to take the Specialized Training for Investigations. In addition, if any other staff members such as shift commanders, conduct any portion of the actual PREA investigation, they will also be required to complete this training.

The facility provided a list of individuals that completed the PREA investigations and provided the verification by submitting the certificates provided at the completion of the course. These individuals participated in the NIC online PREA Specialized Investigations training.

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

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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.

Additionally, during the onsite portion of the audit at Ridgeland, 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. The facility provided a training roster of “agency” medical and mental health providers, along with the certificates provided for completing the NIC Specialized Medical and Mental Health online training course.

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

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Ridgeland is one of four pilot sites in the SCDC in which the risk assessments required to be conducted within the first (72) hours of arrival at the facility and are administered by the medical staff. This practice started approximately two months prior to the onsite visit.

Inmates are received in the facility and are seen by the medical staff very shortly after they arrive. Typically, inmates are given the risk assessment within the first (24) hours of arrival. This information is entered into a computer system so there are no paper copies of these assessments.

Through interviews with staff members, it became clear that several other portions of this standard are 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 some history of victimization.

Interviews also revealed that inmates are not always informed that they are not required to answer the questions on this assessment and that they cannot be punished for refusing to answer the questions.

In order to address these non-compliant issues, written direction was provided to the medical staff by the Director of Nursing, who are doing the initial assessments, of the following items.

Prior to the start of all risk assessments you must inform the inmate:

- a- *Risk assessment questions are confidential.*
- b- *You must report any allegation of sexual abuse / harassment that took place in SCDC.*
- c- *The inmate is not required to answer any questions and there will be no punishment for refusing.*

Additionally, this direction was provided, by the Director of Nursing, in regards to other situations where a risk assessment is required to be completed.

All inmates must have a PREA Risk Assessment screening when they enter the institution and anytime there is an allegation or case. Meaning if you see the inmate or suspected sexual abuse or harassment you will complete another assessment.

This will be completed for every inmate that you receive and completed in 24-48 hours- do this at the same time you do your intakes.

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.

In order to become compliant with this portion of the standard, the Case Manager who oversees all classification staff, issued the following to be implemented at Ridgeland Correctional Institution.

Effective immediately (dated June 26, 2019) PREA 30-day reassessments will be completed on all inmates within 30 days of transfer beginning with transfers from May and June 2019.

Reassessments of those inmate who reported an allegation will be updated by close of business

July 2, 2019. Classification's goal will be to complete all reassessments within 72 hours with the exception of 30-day reassessments which will be completed in the appropriate timeframe.

Staff will be able to track those requiring the 30-day reassessment by the report that is contained in the screening application in the SCDC computer system.

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*)

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Interviews with staff members indicated that the facility is only utilizing the screening information for housing/bed placement at the current time. During the interviews with the case manager, PCM and Warden, this Auditor provided information about the other areas the facility needs to utilize the information for.

Also, during the interview with staff, it was clear that there was not a process set up for working with transgender or intersex individuals that may be assigned to Ridgeland. The agency was required to provide a procedure for the confinement of transgender and intersex inmates.

The agency has incorporated information regarding use of the information gained through the risk assessment into policy OP 21.04: Inmate Classification Plan. Also included, is the process for review of transgender and intersex individuals. This policy provides direction on the events that will occur when there is someone identified as transgender or intersex.

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

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 conducted with staff at different levels at Ridgeland, it was evident that the facility staff work not to place an inmate in involuntary protective custody unless 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 address the non-compliant issue, the agency provided the policy OP 22.23: Statewide Protective Custody. This outlines the processes around both voluntary and involuntary protective custody. There was also a form (Evaluation of Protective Concerns – SCDC Form 19-47 (June 2018)) developed to utilize to document the required information under the PREA standards.

In addition, a memo was issued by the Case Manager at the facility, to address this issue. It reads as follows.

Memo Dated June 26, 2019 – When a PREA incident occurs the victim and perpetrator are separated. The victim is not placed in the Restrictive Housing Unit unless there are extenuating circumstances that requires placement in the Restrictive Housing Unit.

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

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SCDC provides multiple opportunities/methods for inmates and staff to make a report regarding sexual abuse, sexual harassment, retaliation and/or staff neglect. Inmates and staff are very clear that inmates can come to any staff member to make a report and were able to discuss the staff who would be "better" to report to. Staff were very clear that it is their responsibility to immediately report any allegation made to them through their chain of command to initiate the process at the facility.

Additionally, the inmates and/or staff members can call the reporting line (*22) set up by the SCDC to leave a message regarding any violation in the facility. 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.

During the tour of the facility, it was noted that the numbers to make reports were not hung near the banks of phones in the housing units. It was discussed with the staff on the tour that the reporting phone numbers need to be posted at all phone banks in both English and Spanish.

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 one of the least know reporting options for inmates and staff as the only place that this information is contained is in the PREA brochure.

Typically, the agency does not accept individuals solely for civil immigration purposes. However, there is no written information provided that this absolutely cannot occur in the system. As such, the agency/facility was required to provide contact information for relevant consular services through the Department of Homeland Security. This information was provided to every institution, including Ridgeland, by the newly hired PREA Coordinator. Ridgeland provided photographic proof to this Auditor verifying the receipt of this information.

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."

The policy does not discuss the grievance process and the allowances made for the submission of PREA related grievances. However, the majority of interviews with staff provided information that inmates could make an allegation of sexual abuse as part of the grievance system.

Through the corrective action period, it was determined that SCDC would include the required grievance procedure information in the GA 01.12: Inmate Grievance System policy. This addition to the GA 01.12: Inmate Grievance System policy reads as follows.

15.2 PRISON RAPE ELIMINATION ACT (PREA):

15.2.1 There will be no time frame for filing a grievance alleging sexual abuse. The inmate will not be required to attempt any informal resolution.

15.2.2 The Agency will provide an Agency final response to any grievances alleging sexual abuse with 90 days of the initial filing of the grievance. The 90 days will not include time consumed by the inmate preparing any administrative appeal. If the grievance cannot be addressed within 90 days, a one-time extension, up to 70 days, may be granted. However, the inmate must be notified in writing of the extension and the date by which the decision will be made. If the inmate does not receive a response in the time allotted for a reply the inmate may consider the absence of a response to be a denial at that level.

15.2.3 Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing grievances for administrative remedies relating to allegations of sexual abuse and shall be permitted to file on behalf of the inmate. However, the inmate must agree in writing, that he/she wishes to have the grievance processed on his/her behalf. If the inmate declines, this decision will be documented on the

grievance form. NOTE: Even if the inmate declines, a copy will still be forwarded to the Division of Investigations (DOI) for review.

15.2.4 If the inmate files an emergency grievance showing substantial risk of imminent sexual abuse, the Agency shall immediately forward the grievance to the Warden for response within 48 hours of receipt of the grievance and an Agency final decision shall be provided within five (5) calendar days.

15.2.5 The Agency may discipline an inmate for filing a grievance related to the alleged sexual abuse if there is evidence that the inmate filed the grievance in bad faith.

15.2.6 The IGC will not investigate allegations of a violation of PREA. A copy of any grievance alleging PREA violations will be provided to the PREA Compliance Manager within 24 hours of receipt for investigation and providing recommended responses to grievances. The PREA Compliance Manager will maintain a copy of the grievance and maintain a log of PREA allegation grievances.

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 has a MOU with Hopeful Horizons. This Auditor was able to speak with several members of the Hopeful Horizons staff on a conference call following the onsite audit. The conversation was regarding what the services are that the rape crisis center can provide to the inmates. There was discussion about providing services at Coastal Carolina Hospital and the crisis intervention services provided over the phone.

The agency has set up a phone number (*63) which rings directly to this local rape crisis center for crisis intervention services.

During interviews with inmates, an extremely small portion of inmates knew what a rape crisis center is and what services this entity can provide. Also, inmates were not aware of the confidentiality of this phone line/agency. Most responded that they felt that this was a monitored line.

The agency/facility was required to provide more information regarding the local rape crisis center, the services the rape crisis center can provide, confidentiality of the center, and how to access the agency.

The facility has provided additional information regarding the local rape crisis center and its services. Written materials were provided, as well as copies of flyers and posters that are put up in all the housing units to inform inmates of the services available to them.

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 by name or anonymously.

This message is then 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.

If someone calls the institution to report an incident of sexual abuse, this information is given to the AW/PCM, who will then start the standard investigation process.

Information on how to make a report 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 was recommended that the facility also display this information in the visitation area of the facility, which the AW/PCM did do.

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.

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.

This issue was addressed through written direction from the Director of Nursing for the agency. She provided the following written instructions to staff.

Prior to the start of all risk assessments you must inform the inmate:

- a- Risk assessment questions are confidential.*
- b- You must report any allegation of sexual abuse / harassment that took place in SCDC.*
- c- The inmate is not required to answer any questions and there will be no punishment for refusing.*

Medical and mental health staff also participate in the specialized training which contains information regarding confidentiality and informed consent.

The facility also ensures that all third party and anonymous reports are sent to the AW/PCM as soon as they are received. These reports can be received through any method.

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.

Some of those actions would be to move the potential victim to another cell/unit/building or to move the potential abuser in the same manner. High level staff members indicated that if they felt that this was a serious threat, that the inmate could be moved to another facility.

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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Interviews at the facility level indicated to this Auditor that all staff understood that they are required to notify their supervisor immediately when they learn of a sexual abuse at the facility or at another facility. Supervisors when interviewed also confirmed that they are to report that to the AW/PCM at the facility.

The AW/PCM was clear that when there is an allegation which occurred at another facility, the Warden is required to make that notification to the other facility within (72) hours. This Auditor and the AW/PCM did have conversation that this standard applies to any confinement facility in the United States, not just those in SCDC or the state.

An example of a notification was provided as verification that the facility is providing this notification to other facilities.

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 audit. It was clear that staff at Ridgeland have had training regarding how to respond to an allegation of sexual

abuse. All staff members were able to provide accurate information regarding how they would respond if there were an allegation of sexual abuse.

All staff discussed the training they received 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.

This Auditor did have the opportunity to interview staff who had acted as a first responder to an allegation of sexual abuse. Those individuals were able to share their experience and thoughts on the process.

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 is not complete at this point and missing a great deal of information.

The agency and facility were required to develop an institutional plan for addressing issues of sexual abuse and sexual harassment. The facility has developed a one-page sheet that provides bullet points for the following areas to follow.

- Staff First Responders
- Shift Commander

- PREA Compliance Manager
- Medical and Mental Health Staff

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

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 an interview with the AW/PCM and the Assistant PCM, it was discussed that the AW/PCM is the one that monitors for retaliation when there is an allegation of sexual abuse.

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

The agency PREA Coordinator provided this Auditor with a training that all AW/PCM's were required to participate in on July 25, 2019. This training included specific information regarding the requirement to provide the 90-day monitoring period and a form that was developed to document this monitoring. He explained where this document can be found and where to keep this information once completed.

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 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.

The agency utilizes the policy OP 22.23: Statewide Protective Custody and utilizes the form Evaluation of Protective Concerns – SCDC Form 19-47 (June 2018) the same as in standard 115.43.

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*)

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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 currently has 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 PCM/AW and any other designees, begin the initial investigation process of all PREA allegations. As the AW/PCM can interview inmates and collect evidence, it is required that the AW/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 staff members that may conduct the initial portion of a PREA investigation and certificates of completion for the specialized training for investigations. This training must meet all requirements of §115.34. This information was provided to this Auditor as part of the corrective action period.

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 the 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. The policy for retention of these files falls short of this requirement.

An additional complication to the record retention standard is that this is determined in state statute and would require the legislature to make a change to the state law. This is an area that the SCDC and Police Services do not have control over. However, the PREA Coordinator is exploring options for this non-compliant item which would not require the legislature to change state law.

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*)
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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 PCM is responsible for allegations of sexual harassment, as well as some sexual abuse cases.

Interviews with staff, including the investigator and PCM, revealed that there appears to be some confusion regarding the difference in evidentiary standard between a criminal investigation and 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.

Training has been conducted with the AW/PCM and the shift commanders which provides them with clear information regarding the evidentiary standard of administrative investigations, as well as other aspects of a PREA investigation.

In addition, the new PREA Coordinator has provided direction through a PCM training held in July 2019, regarding PREA administrative investigations to all AW/PCMs.

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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This was an area that was discussed with the AW/PCM and Assistant PCM. There has been a form developed for use by the PREA Coordinator. There should be consistency in utilizing this form for all sexual abuse investigations.

In addition, it was noted through the review of investigations and interviews with staff and inmates that when there is an investigation occurring at the facility involving a staff member, there is not always a separation of the inmate and staff member until that investigation has concluded. This Auditor, the AW/PCM and Assistant PCM discussed the importance of the separation during the investigation because of retaliation and intimidation towards the inmate. It was also discussed that even if this staff member is not assigned to the inmate's housing unit, but has a larger role in the facility, that staff member should not have contact with that inmate until the conclusion of the investigation.

While the PREA Policy OP-21.12 does indicate that an alleged victim should be separated from the alleged perpetrator, it is not clear in what context and for the length of time or circumstance that would allow contact to happen again.

Additional training has been provided to the AW/PCM regarding the requirement to report to inmates. This was done at a PCM training facilitated by the new PREA Coordinator in July 2019.

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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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.

To determine the compliance of this staff at SCDC Headquarters and facility staff at Ridgeland were interviewed. Policies OP-21.12: Prevention, Detection and Response to Sexual Abuse/Sexual Harassment, ADM 11.04: Employee Corrective Action and ADM 11.17: Employee Conduct were reviewed as well.

All staff were clear that sexual abuse and harassment by a staff member should be grounds for dismissal from their position.

Through discussions with Police Services, it is 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 nor Human Resources seemed aware of the fact that the individual would also need to be reported to the relevant licensing body.

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.

If Police Services investigate the case, they will move forward with prosecution if applicable and approved by the solicitor of the county.

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*)
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The SCDC has a discipline process in place for inmates who break the rules of the facility which includes incidents of sexual abuse. Sanctions for inmates violating agency policy vary depending upon the level of the violation.

Sanctions for these violations take into consideration many aspects of the inmate's history and assessments conducted by the staff at the facility. This also includes the inmate's mental health status.

The agency will not sanction inmates who have made an allegation in good faith, even if the investigation

cannot substantiate the allegation.

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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Ridgeland is one of the pilot sites in the SCDC that has started to have the medical staff administer the initial risk assessment to inmates when they enter the facility. One of the issues which needed to be worked out in this new system was how to consistently make referrals to the mental health staff when someone identifies as a victim of sexual abuse, and to ensure that inmate is offered to meet with mental health within the required (14) day timeframe.

Initially, there were questions regarding how referrals for mental health services would occur when the risk assessments were administered. Written direction to the medical staff was provided by the Director of Nursing for the agency. It reads as follows.

Make sure you document all PREA referrals to the QMHP (Qualified Mental Health Professional). These should be immediate referrals, meaning you speak with the QMHP.

Until NextGen has developed a referral method (like we had in the Blue Zone) you need to make sure that you document that you completed the referral, if it was me I would complete SCDC Form M-122- Referral/Action Taken. It is an older form but will work as proof until an referral method is completed in NextGen.

In addition, it was noted that informed consent was not being provided to the inmates prior to answering those questions. Written direction was given regarding this item as well, from the Director of Nursing. It reads as follows.

Prior to the start of all risk assessments you must inform the inmate:

- a- *Risk assessment questions are confidential.*
- b- *You must report any allegation of sexual abuse / harassment that took place in SCDC.*
- c- *The inmate is not required to answer any questions and there will be no punishment for refusing.*

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*)
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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.

Through interviews with staff and inmates, it 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.

The agency and facility work with the local hospital, Coastal Carolina, when there is a need to have a forensic examination conducted. The medical staff reach out to the hospital in advance to assist in accelerating the process to ensure the inmate is out of the facility for as short of a time as possible.

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

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.

Ridgeland Correctional Institute has both medical and mental health services available onsite. Medical services are provided for inmates (24) hours per day and (7) days per week.

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

The mental health services provided however, are not provided at the level of care as can be received in the community, according to interviews with both staff and inmates. Mental health staff have heavy caseloads and it is difficult to provide services outside of the required meetings with

those who have been identified as needing mental health services.

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 perpetrators of sexual abuse.

Mental health policies have been updated and put into place to ensure that victims are able to receive follow up mental health services, if they choose. Also, the mental health providers are required to conduct mental health evaluations on those that have been identified as an inmate-on-inmate abuser.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

During the interview with the AW/PCM and the Assistant PCM, information was provided about the sexual abuse incident reviews that have been conducted at Ridgeland.

Attendees to the meetings include the Warden, AW/PCM, Assistant PCM, medical staff, mental health staff, investigators (if available) and classification staff.

This meeting is conducted as soon as possible after the conclusion of an investigation. The disposition is discussed with the team. Also discussed are topics such as what caused the situation, how could it have been avoided, better ways to work with the victim.

Once the meeting has concluded, the minutes for the meeting are typed and uploaded for the PREA Coordinator to review the information.

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 (RIM), and the agency wide PREA Coordinator regarding how statistics are collected for PREA.

Through these discussions and discussions with the facility staff, it became clear to this Auditor and the SCDC PREA Coordinator that the statistics being provided by the Division of Resource and Information Management (RIM) do not match the information provided by the facilities to the PREA Coordinator.

It is imperative that the agency as a whole, with the inclusion of the Turbeville 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.

In response to the items in this standard that were out of compliance, the new PREA Coordinator has implemented a new system for tracking the incidents of sexual abuse and sexual harassment. Each PCM is to provide this information on a monthly basis directly to the PREA Coordinator's office. The PREA Coordinator will then compile this information for the entire agency. This system will remain in place until RIM is able to develop an online reporting system for the entire agency that is accurate and can be verified.

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.

At the time of the initial information review, the annual report provided to this Auditor was the agency wide annual for overall SCDC. SCDC creates an annual agency wide annual report that is produced by the Division of Resource and Information Management (RIM). However, upon closer inspection, this annual report does not include any of the required information in §115.88.

The new PREA Coordinator has put into place a tracking system to collect accurate data from each institution. This will allow him to create an accurate annual report.

The PREA Coordinator has created a PREA Annual Report and provided it to this Auditor for review. The report is well written and thorough. The report will be housed on the agency website with other PREA information.

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 prior to the

implementation of the new reporting system, the SCDC has collected PREA related data. The agency website contains the SSV reports from 2006-2017. The 2018 information should also be added to the website as it is completed.

As 2018 is the first year that the agency contracted with another entity to house SCDC inmates, incident related data from that facility is being collected to add to the newly developed annual report.

The annual report, nor information reported to BJA, does not contain any personally identifiable information.

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)

- During each one-year period starting on August 20, 2013, 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? Yes No

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.

Ridgeland Correctional Facility is being audited in the second year of the second audit cycle. There has been one PREA audit conducted so far in the SCDC. The agency PREA Coordinator has been working with all facilities to implement PREA standards in a systematic manner.

As of the date of this audit report, there have been nine facilities which are in the process of the 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

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As noted earlier, Ridgeland is the second 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 the 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

September 16, 2019

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.