

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

Interim       Final

Date of Final Audit Report: December 12, 2021

## Auditor Information

Name: Demetrius Henderson

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Company Name: PREA Auditors of America, LLC

Mailing Address: P.O. Box 1071

City, State, Zip: Cypress, Tx 77410

Telephone: 803-565-9742

Date of Facility Visit: September 9-10, 2021

## Agency Information

Name of Agency: South Carolina Department of Corrections

Governing Authority or Parent Agency (If Applicable): N/A

Physical Address: 4444 Broad River Road, Columbia,

City, State, Zip: South Carolina - 29221

Mailing Address: Same

City, State, Zip:

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: [Click or tap here to enter text.](#)

## Agency Chief Executive Officer

Name: Bryan Stirling

Email: [Stirling.Bryan@doc.sc.gov](mailto:Stirling.Bryan@doc.sc.gov)

Telephone: 803-896-8555

## Agency-Wide PREA Coordinator

Name: Kenneth James

Email: [james.kenneth1@doc.sc.gov](mailto:james.kenneth1@doc.sc.gov)

Telephone: [Click or tap here to enter text.](#)

PREA Coordinator Reports to:

Salley Elliott

Number of Compliance Managers who report to the PREA Coordinator:

22

## Facility Information

**Name of Facility:** Kershaw Correctional Institution and Reentry Center

**Physical Address:** 4848 Gold Mine Highway

**City, State, Zip:** Kershaw, South Carolina - 29067

**Mailing Address (if different from above):**  
Same

**City, State, Zip:**

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** [www.doc.sc.gov/preaweb](http://www.doc.sc.gov/preaweb)

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
N/A

### Warden/Jail Administrator/Sheriff/Director

**Name:** Tonya James

**Email:** james.tonya@doc.sc.gov

**Telephone:** 803-312-1118

### Facility PREA Compliance Manager

**Name:** Susan Duffy

**Email:** [Duffy.susan@doc.sc.gov](mailto:Duffy.susan@doc.sc.gov)

**Telephone:** (864) 243-4700

### Facility Health Service Administrator N/A

**Name:** Rhonda Williams

**Email:** [williams.rhonda@doc.sc.gov](mailto:williams.rhonda@doc.sc.gov)

**Telephone:** 803-896-3327

### Facility Characteristics

**Designated Facility Capacity:**

1366

|   |   |  |
|---|---|--|
| Current Population of Facility:   | 972   |  |
| Average daily population for the past 12 months:  | 1159  |  |
| Has the facility been over capacity at any point in the past 12 months?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| Which population(s) does the facility hold?   | <input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males  |  |
| Age range of population:  | 18-100  |  |
| Average length of stay or time under supervision:   | 631 days  |  |
| Facility security levels/inmate custody levels:   | Medium  |  |
| Number of inmates admitted to facility during the past 12 months:   | 660   |  |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:   | 648   |  |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:  | 634   |  |
| Does the facility hold youthful inmates?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)   | <input checked="" type="checkbox"/> N/A   |  |
| Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):           | <input type="checkbox"/> Federal Bureau of Prisons<br><input type="checkbox"/> U.S. Marshals Service<br><input type="checkbox"/> U.S. Immigration and Customs Enforcement<br><input type="checkbox"/> Bureau of Indian Affairs<br><input type="checkbox"/> U.S. Military branch<br><input type="checkbox"/> State or Territorial correctional agency<br><input type="checkbox"/> County correctional or detention agency<br><input type="checkbox"/> Judicial district correctional or detention facility<br><input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail)<br><input type="checkbox"/> Private corrections or detention provider<br><input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a><br><input checked="" type="checkbox"/> N/A |  |
| Number of staff currently employed by the facility who may have contact with inmates:   | 135   |  |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates:  | 18  |  |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates:  | 1   |  |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility:   | 5   |  |

|   |  |
|---|--|
| Number of volunteers who have contact with inmates, currently authorized to enter the facility:   | 153  |
| <b>Physical Plant</b>   |  |
| <p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>  | 15   |
| <p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p> | 6  |
| 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 (for example, administrative, disciplinary, protective custody, etc.):  | 95   |
| In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| <b>Medical and Mental Health Services and Forensic Medical Exams</b>  |  |
| Are medical services provided on-site?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |

|  |   |
|--|---|
| Are mental health services provided on-site?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| Where are sexual assault forensic medical exams provided?<br>Select all that apply.  | <input type="checkbox"/> On-site<br><input checked="" type="checkbox"/> Local hospital/clinic<br><input type="checkbox"/> Rape Crisis Center<br><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )   |
| <b>Investigations</b>  |   |
| <b>Criminal Investigations</b>   |   |
| Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:                 | 45  |
| When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.      | <input type="checkbox"/> Facility investigators<br><input checked="" type="checkbox"/> Agency investigators<br><input type="checkbox"/> An external investigative entity  |
| Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)                            | <input type="checkbox"/> Local police department<br><input type="checkbox"/> Local sheriff's department<br><input type="checkbox"/> State police<br><input type="checkbox"/> A U.S. Department of Justice component<br><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )<br><input checked="" type="checkbox"/> N/A |
| <b>Administrative Investigations</b>   |   |
| Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?           | 2   |
| When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply | <input checked="" type="checkbox"/> Facility investigators<br><input type="checkbox"/> Agency investigators<br><input type="checkbox"/> An external investigative entity  |
| Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)                | <input type="checkbox"/> Local police department<br><input type="checkbox"/> Local sheriff's department<br><input type="checkbox"/> State police<br><input type="checkbox"/> A U.S. Department of Justice component<br><input type="checkbox"/> Other (please name or describe:<br><input checked="" type="checkbox"/> N/A  |

# Audit Findings

## Audit Narrative (including Audit Methodology)

*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.*

### PREA Audit Schedule

The Prison Rape Elimination Act (PREA) audit for Kershaw Correctional Institution and Reentry Center for males initially started December 29, 2020, with the signing of agreement for Demetrius Henderson, certified Department of Justice (DOJ) PREA Auditor. The Kershaw Correctional Institution and Reentry Center on-site audit was schedule for October 26-28, 2021.

### Pre-Audit Preparation:

The audit process started on July 14, 2021, with the Certified PREA-Auditor (CPA) being introduced by email to the South Carolina State-wide PREA Coordinator (PC). On July 26, 2021, the CPA sent The PREA Audit announce posting with the CPA contact information to the Facility's PREA Compliance Manager (PCM). On October 10, 2020, the CPA also review facility documents that were uploaded on the On-line Audit System. The CPA reviewed The South Carolina Department of Corrections (SCDC) and Facility's websites and did a web search for any articles related to Kershaw Correctional Institution and Reentry Center (KERSHAW CORRECTIONAL INSTITUTION AND REENTRY CENTER). The website describes the Agency's overview, mission, vision, the Facility's overview, pictures of the Facility, programs for inmates. The Agency's website [www.doc.sc.gov/preaweb/](http://www.doc.sc.gov/preaweb/) provides PREA brochures, SCDC policies, surveys of victimization, annual reports and previous PREA audit reports. The Facility's previous PREA audit report is currently being appealed to the Department of Justice (DOJ).

September 3, 2021, the CPA interviewed Senior Agent regarding sexual assault investigations. The Agent confirmed receiving PREA regular and advance specialized training on investigations in confinement. The Agent was able to articulate the specifics in the training that meet the PREA standards. The Agent said they cover all state correctional institutions through 4 regions, and they are fully staffed.

The CPA reviewed the Facility's Pre-Audit Questionnaire which identified the current population at 972 inmates and a 12-month average inmate population of 1159.

### Entrance Briefing and Site Visit:

The onsite phase began on October 26, 2021, with an entrance meeting between the CPA and Kershaw Correctional Institution and Reentry Center (KERSHAW CORRECTIONAL INSTITUTION AND REENTRY CENTER) leadership. KERSHAW CORRECTIONAL INSTITUTION AND REENTRY CENTER's leadership team included the Warden, Associate Warden, PREA Compliance Manager (PCM), Major, Grievance, Classification, and Healthcare Administrator. During the onsite entrance meeting, the CPA outlined the auditing process, transparency in communication, sampling and scheduling of interviews, discussion of logistics for the facility tour, and the need to review additional documents. The CPA discussed the need to review by camera any area quarantined because of COVID.

The CPA communicated the need to review the entire facility, interview a minimum of 15 targeted inmates and 15 random inmates. Leadership and Specialized Staff interviews were completed electronically, and the CPA conveyed the need to interview at a minimum 15 random custody/security staff. The Facility provided the CPA with electronic documents of completed specialize staff interview questionnaires, documentation on new hires background checks, and the facility's sexually abusive behavior prevention and intervention program as it relates to the PREA standards.

The CPA reviewed the Facility's Pre-Audit Questionnaire which identified the current population at 972 inmates and a 12-month average inmate population of 1159. The Facility's rated capacity is 1366. The average range of the population is 18-100, while the average length of stay is greater than 3 years.

The following specialized staff questionnaires were completed and given to the PREA-Auditor during the entrance meeting:

- Agency Head
- Warden
- Contract Administrator
- HR Staff
- PREA Compliance Coordinator
- PREA Compliance Manager
- Medical Staff
- Mental Health Staff
- Intermediate or Higher-Level Staff
- Classification Staff
- Staff Who Have Acted as First Responders
- Designated Staff Members Charged with Monitoring Retaliation
- Staff Who Perform Screening For Risk Of Victimization and Abusiveness
- Investigators Interviews
- Non-traditional Staff Interviewed for Cross Gender Strip or Visual Cavity Searches
- Mailroom Staff
- Incident Review Interviews
- Staff Who Supervises Inmates in Segregated Housing
- Intake Staff Interviews
- Contractors (N/A because of COVID-19)
- Volunteers (N/A because of COVID-19)

15 random staff interviews were completed with presentation from each shift operation at the Facility. The Facility operates 12 hour shifts for security personnel. Random staff were selected from each housing units.

After the entrance meeting ended, the CPA started the onsite facility tour with the goal of observing the entire facility by the end of the on-site visit. The CPA was escorted on the facility tour by key Facility personnel. The Facility provided the CPA with a private room to conduct inmate and staff interviews, review inmate rosters, inmate records, and employee files. All required inmate and staff interviews were conducted and completed while using COVID-19 safety precautions and Personal Protective Equipment (PPE). Inmates in Segregated Housing (SH) were interviewed in the SH area. No areas were deem off limits because of COVID-19 quarantine.

The majority of the first day of the onsite visit was spent touring the entire facility and interviews with Inmates. Interviews were conducted in accordance with the PREA Auditor Handbook (2021). In accordance with the PREA Auditor Handbook based on the population size the Facility is required to complete a minimum of (30) inmate interviews. The CPA conducted 15 interviews with inmates from

different areas of specification. These randomly selected inmates were chosen by each wing on each housing unit. The CPA conducted 15 Specialized interviews with Inmates. Specialized interview on Segregated Housing Units (SHU) were conducted in a staff office in the SHU area.

- Targeted Inmate Interview included:
- Inmates with Limited English Proficiency
- Inmates who disclosed sexual abuse on the risk assessment
- Inmates who reported sexual abuse at the correctional institution
- Inmates with physical disabilities
- Inmate with Mental Health
- Inmate Hard of Hearing
- Inmate Visually Impaired
- Inmates who identify with the LGBTI population (No Transgenders)

While onsite the CPA reviewed inmates' files, risk assessments, interview 15 random inmates, 15 specialized inmates, and 15 random staff representing each work shift. The CPA observed PREA signs throughout the intake area, cameras and mirrors covering blind spots. It should be noted that all the above areas observed had PREA postings throughout and PREA signs informing inmates of the upcoming PREA-Audit and providing inmates with the PREA-Auditor's contact information. PREA posting displaying how to report sexual assault/sexual harassment, and 1-800 hotline number.

The on-site visit included several recommendations to reduce the risk of sexual assaults and sexual harassment. The following are the recommendations from the CPA and the corrective actions from the Facility. **It should be noted KERSHAW CORRECTIONAL INSTITUTION AND REENTRY CENTER Leadership and the Statewide PREA Coordinator (PC) responded immediately with corrective actions and demonstrated that most of the corrective actions were completed by the end of the onsite visit. The corrective actions were corrected during the interim timeframe and therefore we be a final report. The following are corrective actions from the onsite visit.**

## Prevention Planning

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

#### PREA Standard

Standard 115.15 (d)-1. The facility has implemented policies and procedures that enable inmates to shower without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

#### Standard Not Met

The Facility has not met standard 115.15(d)-1. The Auditor based his conclusion on observation and inmate interviews during the onsite visit. The Auditor observed that curtains were placed several feet up front to allow non-medical staff of the opposite gender to view inmates' breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 100% of inmate (30/30) interviews all confirmed that they are unable to shower without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. 100% of inmate interviews informed the auditor they place sheets over the curtains when showering to prevent non-medical staff of the opposite gender from viewing their breasts, buttocks, or genitalia. However, inmate interviews reported two (2) weeks before the scheduled PREA Audit they were informed not to place sheets over the curtains.



**Corrective Action Plan:**

- 1) The Facility needs to add curtains with shower stall that have no curtains.
- 2) The Facility needs to place all curtains further back in the stalls to eliminate non-medical staff of the opposite gender from viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.
- 3) Inmates should be interviewed to confirm they are able to shower without non-medical staff of the opposite gender from viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

**Corrective Action Period:**

The facility has up to 180 days from October 27, 2021, or sooner if the Auditor determines the facility is meeting the standard.

**PREA Standard**

Standard 115.15 (d)-2 Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

**Standard Not Met**

The Facility has not met standard 115.15(d)-2. The Auditor based his conclusion on inmate interviews during the onsite visit. 100% of inmates (30/30) interviews all confirmed that staff of the opposite gender do not always announce their presence when entering an inmate housing unit. Inmates' interviews could name the few female staff that announce their presence when entering a housing unit.

**Corrective Action Plan:**

- 1) The Facility needs to document the announcement of the opposite gender when coming on the unit in a logbook.
- 2) The Facility should use a horn or PA system to announce the presence the opposite gender when coming on the unit.

**Corrective Action Period:**

The facility has up to 180 days from October 27, 2021, or sooner if the Auditor determines the facility is meeting the standard

**Prevention Planning****115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator****PREA Standard**

Standard 115.11 (a)-1 The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

Standard 115.11 (a)-2. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Standard 115.11 (a)-4. The policy includes sanctions for those found to have participated in prohibited behaviors.

## Standard Not Met

- 1) The Auditor observed on the onsite visit a high percentage of inmate rooms windows covered and/or the entire room covered with sheets creating blind spots. Correctional Officers making rounds should document (logbook) any inmate that created blind spots either by blocking their window or placing barricades to seeing inside their rooms.
- 2) When intermediate or high-level staff do unannounced rounds, they should be observing for created blind spots in inmate rooms and documenting their observation in a logbook.
- 3) The Auditor observed blind spot areas in the Cafeteria Area
- 4) The Auditor observed blind spot areas in the Library Area.
- 5) The Auditor observed blind spot areas in the Chapel Area.

## Corrective Action Period:

The facility has up to 180 days from October 27, 2021, or sooner, if the Auditor determines the facility is meeting the standard.

## 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.*

Kershaw Correctional Institution and Reentry Center is a South Carolina Department of Corrections (SCDC) prison for males that open in 1997 in Kershaw, South Carolina. Kershaw Correctional Institution and Reentry Center is under the state authority of the South Carolina Department of Correction (SCDC). SCDC has 21 institutions, and they are categorized into four distinct security level: close security, medium security, minimum security, and community-based pre-release/work center. The Mission of SCDC is: "Safety-we will protect the public, our employee, 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.

Kershaw Correctional Institution and Reentry Center is a 2-level minimum/medium/close (MI/ME/CL) security level facility. The facility's architectural design, security level, type of housing, operational procedures, and the level of security staffing determine a facility's security level. Kershaw Correctional Institution and Reentry Center has 18 buildings and six (6) of these buildings are inmate housing units. One (1) of six (6) housing unit is used for Restricted Housing (RHU), one (1) housing unit serves as a character-based rehabilitation unit. Each housing units are named after trees in the state: Cypress, Sycamore, Palmetto, Hickory, Magnolia, and Oak. No housing units were locked down because of COVID-19. Oak and Palmetto units offer group services. Cameras are placed strategically on the units to eliminate blind spots.

Kershaw Correctional Institution and Reentry Center house adult inmates 18 years old and over. The facility does not house youthful inmates under the 18 years of age and at the time of the audit no inmate under 18 years of age was housed in the facility.

Kershaw Correctional Institution and Reentry offer rehabilitation programs and employment opportunities to develop inmates' skills that can be used when they are released back into the community. Kershaw Correctional Institution and Reentry Center offers the following programs:

Education: Literacy and GED preparation

- Vocational Training: Carpentry and small engine repair program
- Industries: Manufacturing hardwood floors
- Health Care: Routine medical and dental care provided on site with 16-hours emergency care available.
- Programs: Sex Offender Treatment Program, Religious Services, Volunteer Services, Alcoholics Anonymous, Narcotics Anonymous, a Pre-Release, Recreational Services, Assisted Living, Impact of Crime Classes, and the Character-Based Rehabilitation Program.
- Library Services: The library offers reference books, magazines, and newspapers that are available. A law library is also available for inmates.
- Commissary: Inmates can spend on items such as food, beverages, radios, MP3 players, clothing, and more.
- Recreation Services: Indoor and outdoor recreational activities are available for inmates at Kershaw Correctional Institution and Reentry Center informal sports, physical fitness and wellness, special events, hobby craft, music, movies, and other leisure time activities.

In the past 18 months, Kershaw Correctional Institution and Reentry Center has faced major challenges to its facility's operations. Like most SCDC prisons COVID-19 pandemic has impacted Kershaw Correctional Institution and Reentry Center's operations, programming, and staffing. The Agency develop and implement protocols to minimize the spread of COVID infections like restricting face-to-face outside visits to tele video, dedicating housing units to be quarantine units, restricting volunteers, COVID testing to inmates and staff, and encouraging COVID vaccinations. Kershaw Correctional Institution and Reentry Center staff high turnover rates and high vacancies poses another major challenge to the facilities operations. Kershaw Correctional Institution and Reentry Center lack of staffing creates involuntary or voluntary overtime and extra shift coverage. This causes staff burnout, stress, and dissatisfaction in the work environment. At the time of the onsite visit, there were a high number of vacancies in the facility. To address the vacancies that can create operational issues, the facility relies on technology such as cameras and large mirrors to increase the safety and security of staff and inmates. Security cameras are placed throughout the facility.

## Summary of Audit Findings

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

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

### Summary of Corrective Action (if any):

The Interim Audit Report due date December 15, 2021, indicated there was zero (0) non-compliant at Kershaw Correctional Institution and Reentry Center. The Certified PREA Auditor (CPA) gave eight (8) corrective actions, and eight (8) corrective actions were corrected. The Facility completed (6) corrective actions prior to exit meeting of onsite visit. The remaining two (2) corrective actions will be confirmed by the CPA prior to the interim period. The corrective actions involved stationing the shower curtain to eliminate staff being able to view inmates private body parts when showing and eliminating blinds spots in the housing cells area. The CPA reviewed the corrective actions, documentation review, pictures and interview with inmates and staff, and observation during the on-site visit confirmed the facility to be meeting 45 of 45 PREA standards. Zero (0) was the number of standards exceeded and Zero (0) was the number of standards not met. The CPA has determined Kershaw Correctional Institution and Reentry Center is in full compliance with PREA standards.

### Standards Exceeded

**Number of Standards Exceeded:** 0  
**List of Standards Exceeded:** 0

### Standards Met

**Number of Standards Met:** 45

### Standards Not Met

**Number of Standards Not Met:** 0  
**List of Standards Not Met:** 0

## 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 (SCDC) operates under the written policy GA-06-11 mandating a zero-tolerance policy in relation to PREA within its supervision. This policy indicates that sexual abuse by staff on inmates or by one inmate to another inmate is strictly prohibited. The policy outlines how it will implement agency's approach to preventing, detecting, and responding. Additional policies have been put into place to prevent, detect, and respond to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors and a description of the Agency's strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

SCDC employs an agency wide PREA Coordinator (PC) who is an upper-level staff in the Agency. Based on Interview the Agency's PC has sufficient time and authority to develop, implement, and oversee the Agency's efforts to comply with PREA standards in all the agencies facilities and contracting facilities that house Agency inmates. The Agency's PC confirmed he has sufficient time to complete his PREA responsibilities. The CPA observed the Agency table of organization that confirmed the PC as an upper-level employee.

Kershaw Correctional Institution and Reentry Center has an assigned PREA Compliance Manager (PCM). As with all South Carolina institutions, the Associate Warden (AW) of Programs also functions as the PREA Compliance Manager (PCM).

Review of the Agency's Program Statement GA-06-11, Prevention, Detection and Response to Abuse and Sexual Harassment specifically outlines how the agency's "zero-tolerance" approach to preventing, detecting, and responding to sexual abuse and harassment. The SCDC Organizational Chart describes the responsibility of the Agency PREA Coordinator (PC) to implement the agency's "zero-tolerance" approach to sexual assault and sexual harassment.

The Facility's PREA Compliance Manager (PCM) is a high-level staff (Associate Warden) who oversees all facets of PREA implementation in the Facility. The Agency's policy GA-0611 delineates all staff members' responsibilities regarding the prevention, detection, and intervention of sexually abusive behavior and/or sexual harassment. The Agency has appointed an Agency PREA Coordinator. The CPA received a completed interview from the PCM. The PCM confirmed she has sufficient time to complete her PREA responsibilities. The Agency and Facility have a directive that outlines a "zero-tolerance" policy for all forms of sexual abuse and sexual harassment. Inmates are informed during intake and admission and orientation (A&O) of the facility's "zero-tolerance" for all forms of sexual abuse and sexual harassment. The interview questionnaire confirmed that the PCM has sufficient time and authority to coordinate efforts to comply with PREA standards.

Posting on PREA and the hotline number to report PREA incidents were located throughout the facility. PREA documents are written in English and Spanish. All on-site interviews with mid-level staff, custody staff, and inmates confirmed that all are aware of the "zero-tolerance" policy towards all forms of sexual abuse and sexual harassment.

100% of inmates interviewed acknowledged that the intake admission screening process include questions regarding identify a sexual preference, history of abuse or victimization, and fear of

victimization. 100% of inmates interviewed confirmed two or more ways to reporting sexual abuse. 100% of inmates were able to identify reporting sexual abuse by informing unit staff, calling hotline, reporting incidents to the PCM, or through a third- party reporter such as a family member. 80% of inmates interviewed felt safe from sexual abuse or sexual harassment in the facility. 80% of inmates interviewed were confused about the PREA hotline number and the number for outside support being another number to report PREA incidents. To eliminate confusion the CPA recommended corrective action by separating these two numbers and show that one number is for crisis support and the other number is for reporting PREA allegations.

Review of policy documents, observation during the on-site visit and interviews with correctional staff, PCM, Agency PC, and inmates' interviews confirm the facility's compliance to standard 115.11.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

PC reviewed a contract between SCDC and Core Civic. The Agency entered a contract for the confinement of inmates on or after August 20, 2012. The Agency and CoreCivic entered into a contract agreement on June 19, 2018, to confine and supervise up to 48 of the Agency's medium to close custody adult male inmates. Review of memorandum from the Deputy Director acknowledging the PREA Coordinator (PC) being responsible for monitoring the contract compliance with PREA standards.

The contract between SCDC and Core Civic confirms the Agency has the right to inspect the contractor facility as any reasonable time. The Agency requires CoreCivic to maintain full compliance to PREA standards. The contractor is required to notify the Agency of any PREA allegations and forward a copy of the allegations, the investigation, and findings.

A 2019-06-25 memo to Core Civic provided by PC was reviewed. The memo confirmed that the PC would monitor the contractor's compliance with PREA standards. To confirm the contractor's PREA compliance the PC conveyed to the CPA a prescheduled onsite visit to the facility in which he would inspect areas where inmates are being confined and supervised.

Interview with the Agency Contract Administrator confirmed each contract facility under contract with Kershaw Correctional Institution and Reentry Center has the following contract language; The contractor shall develop policy and procedure for the establishment of a sexual abuse/assault program and comply with PREA Act of 2003 and the national standards to prevent, detect, and respond to prison rape as contained in 28CFR Part 115, National Standards to Prevent, Detect and Respond to Prison Rape; Final Rule dated June 20, 2012.

The Agency's policy requires contractors for the confinement of inmates to stay in compliance with PREA standards. Review of contract policies and interview with Agency 's Contract Administrator and PC confirm compliance with standard 115.12.

## **Standard 115.13: Supervision and monitoring**

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

### **115.13 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No



- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

CPA completed a review of the facility's documents. Documentation focused on compliance with maintaining sufficient staffing and supervision of inmates to enhance protection from sexual abuse. The documentation reviewed also address the safety and security of inmates and staff in all staffing considerations. Kershaw Correctional Institution Reentry Center has not deviated from the established staffing plan. The Agency and Facility's staffing plan takes in consideration the following items:

- 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.

A review of Kershaw Correctional Institution Reentry Centers' staffing plan development process, staffing plan, Policy GA-06-11 Prevention, Detection and Response to Sexual Abuse and Sexual Harassment, demonstrates the facilities best efforts to comply with staffing plan that provides for the safety of staff and inmates. These factors are reviewed in unannounced rounds documentation. The CPA reviewed staffing & strength report confirming the number of staffing at Kershaw Correctional Institution Reentry Center.

Documentation review of supervisor's unannounced rounds logs confirms that intermediate- level or higher-level supervisors conducts and documents unannounced rounds throughout the facility. Review of memorandum supervision and monitoring confirms the facility's intermediate and supervisory staff conducts unannounced rounds on a regular basis, weekly and on all shifts.

On-site interviews with mid-level staff and Correctional Officers confirmed that unannounced rounds of monitoring occur regularly.

An interview with the Facility PCM confirms she is provided with an annual review of the staffing plan for the institutions. The Human Resource Manager and Administrative Division allocate overall staffing resources.

A review of documentation confirms that the Facility's Staffing Plan Compliance Checklist has the signatures of the Facility's Warden, PCM, and PC. The staffing plan is well written. It was developed in response to this standard and includes all elements required by standard 115.13. CPA review of documentation with signatures and an interview with PC confirm the PC is involved in the staffing process and PREA safety is considered in the annual staffing plan.

Unannounced rounds logs confirms that intermediate- level or higher-level supervisors conducts and documents unannounced rounds throughout the facility. This was evidenced by additional documentation reviews and supervisor's interview. Review of memorandum supervision and monitoring confirms the facility's intermediate and supervisory staff conducts unannounced rounds on a regular basis, weekly and on all shifts.

On-site interviews with mid-level staff and Correctional Officers confirmed that unannounced rounds of monitoring occur regularly. CPA review of logs books confirmed the Facility is doing unannounced rounds.

Review of documents, observation during the on-site visit, observation, interviews with inmates, Correctional Officers, PCM, PC, confirmed compliance with standard 115.13.

## Standard 115.14: Youthful inmates

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

### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

Kershaw Correctional Institution Reentry Center does not house youthful inmates. At the time of the audit, the CPA observed no youthful inmates housed at Kershaw. Review of Kershaw Correctional Institution and Reentry Center Pre-Audit Questionnaire (PQA) confirm the age range of inmates is 18-75. Interviews with Correctional Officers and Non-Correctional Officers confirmed no youthful inmates are housed at Kershaw Correctional Institution Reentry Center.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A review of Policy GA-06-11B Applying the Prison Rape Elimination Act, and Section 1, Searches of Inmates OP-22-19 directs the facility to enable 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.

Interviews with inmates and CPA observation during onsite visit revealed that inmates did not have privacy when showering. Subsequently a corrective action was initiated by the facility under standard 115.15 (d). Corrective action was completed by installing curtains further back into the showers to allow inmates privacy when showering.

Interviews with Correctional Officers confirmed that no cross-gender viewing and searches are allowed or takes place in Kershaw Correctional Institution Reentry Center. Based on interviews it was confirmed that general announcements are made over the unit speaker system to each housing unit and for each shift. Based on interviews the general announcement states that female staff routinely work and visit inmate housing areas. In addition, interviews confirm that opposite gender staff who are not assigned as unit officers announce their presence when entering individual cells, restrooms, and shower areas.

Onsite observation by CPA did not confirm that females' presence on the unit were being announce. Subsequently, a corrective action was initiated under standard 115.15 (d). The corrective action was detailed in a memorandum by the warden. The memorandum direct staff to announce a female's staff's presence when entering housing units.

The facility does not allow cross-gender strip searches and cross-gender visual body cavity searches, except in exigent circumstances. This was as evidenced by documentation and staff interviews. Documentation reviews confirmed the disallowance of staff searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status. Documentation and interviews of Transgender inmates confirm that searches are respectful and not intrusive. Interviews and documentation review further confirms that the facility refrains from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status.

Interviews with Correctional Officers and a review of the facility's training logs confirm that staff members receive annual training on performing pat and searches of cross-gender, transgender, and intersex inmates. Interviews also confirmed that searches are conducted professionally and respectfully in the least intrusive manner possible, consistent with security needs. Based on reviews and interviews, there have been zero exigent circumstance requiring cross-gender visual body cavity or strip searches. Staff interviews confirm that they are aware of the process to document all cross-gender strip searches and cross-gender visual body cavity searches.

During the on-site visit all staff interviewed were able to demonstrate how to respectful pat and search transgender, intersex, and cross-gender inmates.

The CPA's observation of the shower stalls demonstrated that inmates have limited privacy to shower. This was evidenced by an inmate's demonstration of standing in the shower with the inmate fully dressed. During this demonstration the CPA could clearly view the inmate's entire body.

Interviews with Correctional Officers and inmates, observations, review of policy documents, and corrective actions completed demonstrated the Facility is not compliant with standard 115.15(d). Corrective action was initiated and completed by moving shower curtains further back to prevent staff observing inmates' private parts. Pictures were sent to confirm corrective action was completed. The Facility is meeting standard 115.15.

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

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

#### 115.16 (a)

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



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

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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CPA reviewed SCDC Policy OP-21-04, "Inmate Classification Plan". Documentation review of the Americans with Disabilities Act (ADA) acknowledges the requirement that all federal, state, local governments must ensure that people with vision, hearing, communication disabilities have the same opportunity to communicate effectively as communicating with people without disabilities. A documentation review of the facility's annual training schedule. This review confirms training in the areas of managing inmates with disabilities, and efforts to prevent, detect, and respond to sexual abuse and sexual harassment was completed. The policy directs SCDC facilities not to rely on inmate

interpreters, inmate readers, or any other type of inmate assistants in obtaining information regarding any PREA reporting.

The Admission and Orientation (A&O) Handbook address the requirements of the standard. The handbook is written in English and Spanish. The handbook contains information on the process for reporting PREA incidents, and the facility's "zero-tolerance" policy. The CPA's interviews with inmates confirmed they all receive PREA related information during A & O. Based on the CPA's observation all housing units and programming areas displayed the reporting line information (\*22) by all phone banks or information regarding contacting the Julie Valentine Center in the common areas. This information was posted in all housing unit wings, in both English and Spanish. All PREA related information, including postings, brochures and handouts are available in English and Spanish.

The agency and facility policy ensures that inmates with disabilities have an equal opportunity to participate in benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment as evidenced by documentation reviews. Limited English Proficient (LEP) inmates interviewed stated they were instructed on the agency's "zero-tolerance" policy and procedures on reporting PREA compliance in a manner that they could understand. All PREA related information, including postings, brochures and handouts are available in English and Spanish. Translation services are available through a contracted language service for inmates who are not English proficient. The facility has staff who are bilingual and available to assist inmates with interpretation and reporting PREA allegations.

CPA conducted onsite interviews. Interviews confirmed that staff and inmates were instructed by the facility on the agency's "zero-tolerance" policy and procedures on reporting PREA compliance in an understandable manner. CPA interviewed one inmate with Limited English Proficiency. The inmates interviewed with LEPs were able to convey and confirm the facility instructed them on the agency's zero-tolerance policy and procedures on reporting PREA allegations. Interviews with inmates, Correctional Officers, an examination of documentation confirm compliance to standard 115.16.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The SCDC provided information regarding the hiring and promotion process for review.

Based on documentation the agency conducts NCIC background check prior to hiring any new employees, contractors or volunteers to ensure individuals are appropriate to work with inmates. The initial background check documentation was included in the personnel files reviewed by the CPA.

All employees and contractors are fingerprinted as part of the hiring process through an electronic system. SCDC will immediately receive notification of that law enforcement activity if there is a "hit" in the database indicating that there has been an arrest of any employee or contractor. This is an agency wide process. The agency trained an employee in the Recruiting and Employment Services Office on how to use the electronic fingerprint equipment. To accomplish this, the trained employee will go to all institutions

and fingerprint all employees and contractors for inclusion in this new system. CPA interviewed staff who verified the staff at Kershaw Correctional Institution Center have been fingerprinted. It was noted that this new system does not negate the employee's responsibility to notify their institution of any interaction with law enforcement.

An interview with the Investigator confirmed the agency impose upon employees a continuing affirmative duty to disclose any such misconduct of sexual abuse or sexual harassment. The interview confirmed the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination. Ongoing interviews or written self-evaluations are also conducted as part of reviews of current employees and applicants.

The CPA conducted an interview with the HR Manager. The HR Manager confirmed the Facility impose upon employees a continuing affirmative duty to disclose any such misconduct of sexual abuse or sexual harassment. The HR Manager's interview confirms the agency considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination. Ongoing interviews or written self-evaluations are conducted as part of reviews of current employees and applicants.

The CPA reviewed five (5) employee files. Two of the employee files were new hires, and one was a transfer from another institution. A review of five (5) employee files confirmed completed criminal background checks, credit checks, employee references, personal references, and request from an institutional employer for the applicant who sought to transfer to the facility. The CPA observed in the employee files application questions regarding PREA.

The agency included the required questions in the online 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.

Standard 115.17 also requires that individuals who are found to have a substantiated case of sexual abuse against an inmate be terminated. If the individual is not terminated, the individual will no longer be eligible for promotion. Policy "ADM-11.28 Applicant Selection Process" includes this information.

Based on interviews, review of employee files the Facility is meeting standard 115.17.

## **Standard 115.18: Upgrades to facilities and technologies**

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

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Review of Pre-Audit Questionnaire and interview with PC confirmed the Agency or Facility have not acquired a new facility or made substantial expansion or modification to existing facilities since the Facilities last PREA audit. The Facility uses mirrors and security cameras to prevent sexual abuse and sexual harassment. The Facility has ordered additional cameras to increase safety and prevent sexual abuse and sexual harassment. 75% of inmates interviewed felt safe in the facility. Interview with the PCM confirmed the facility camera monitoring helps ensures the safety of Correctional Officers and inmates.

During the onsite visit the CPA observed security cameras throughout the Facility. During the visit the CPA observed the control room. The control room displayed cameras views throughout the Facility.

Based on interviews with PCM, custody staff, high-level supervisors, and observation of the facility during the walk around, and video monitoring in the control room the facility is following standard 115.18

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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



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

During the pre-audit phase of the overall PREA Audit, the agency provided policy “GA-06-11B Applying the Prison and Rape Elimination Act for review. The policy reviewed contains the required elements that will guide staff when there is an incident of sexual abuse.

The agency provided policy “POL-23.28: Evidence Protocol” for review. This policy contains direction for the collection of evidence in an investigation.

Based on review, evidence collection efforts will be collaborative with the local hospital of agreement and the South Carolina Law Enforcement Division, depending on the severity of the event, who is involved (inmate or staff), and availability of evidence.

CPA conducted an interview with Agency Investigator prior to the onsite visit. This interview confirmed the agency/facility is responsible for conducting administrative sexual abuse investigations including inmate-on-inmate sexual abuse or staff sexual misconduct. Based on interview when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

A review of documents, interviews with community advocacy agency, agency’s investigative agent, inmates, PCM, observation during onsite visit confirmed the Facility is following standard 115.17. However, the CPA confirm SAN/SAFE services.

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

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

#### **115.22 (a)**

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

#### **115.22 (b)**

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

#### **115.22 (c)**

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

CPA reviewed policy GA-06-11. The Agency developed this policy for the investigation of sexual abuse and sexual harassment which is reported to the SCDC. This policy is published on the agency's website at <http://doc.sc.gov/preaweb/>

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

The Agency's responsive planning policy evidenced protocol and forensic examination allows for the victim to request a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews.

Interview with outside investigator confirm they investigate PREA allegations for criminal charges and if credible refer to the prosecutor's office. The Agent interviewed confirmed receiving specialized training for investigators. Interview with staff and PCM confirmed the PCM investigates PREA allegations for administrative disciplinary actions. If an investigation warrants a criminal investigation the Facility will refer to the agent.

An interview with Agency Investigator prior to the onsite visit confirmed the agency/facility is responsible for conducting administrative sexual abuse investigations including inmate-on-inmate

sexual abuse or staff sexual misconduct, and when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol Interviews.

Based on interviews with investigative agent, PCM, staff, review of policy and inmates' allegations and investigations the Facility is meeting 115.22.

## 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

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SCDC provides numerous trainings for all employees who work in all its facilities. All new hires who work within a facility will attend a New Employee Orientation (NEO) training. NEO training is one day (8 hours) and includes information regarding PREA. Once the new staff member has completed the initial orientation training (NEO and at the facility) the staff will then be assigned to attend a basic training at the Training Academy in Columbia. This training will vary in length depending upon the position the new hire is filling.

A review of memorandum on subject 115.31 (a)-1. Staff training policy informs all employees they will participate in annual training for the prevention and intervention in cases of sexual abuse. Staff members are trained on its “zero-tolerance” policy for sexual abuse and sexual harassment to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, inmates’ right to be free from sexual abuse and sexual harassment, right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, inmates on the common reactions of sexual abuse and sexual harassment victims, with inmates on the dynamics of sexual abuse and sexual harassment in confinement, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

A review of the training documents, GA-06-11 Prevention, Detection, and Response to Sexual Abuse and Sexual Harassment and 2021 Mandatory Training Requirements documents, 03-24-11 demonstrate annual training is being completed. A review of training attendance sheets confirm Correctional Officers and Non-Correctional Officers receive annual PREA training.

A review of the training content demonstrates that training is provided in activity slides. PREA training includes but is not limited to: Review of this policy and other SCDC policy provisions pertaining to inmate sexual abuse and sexual harassment prevention, detection, reporting and response, and how staff are to fulfill their responsibilities under these policies and procedures; requirement that staff report immediately any knowledge or information regarding sexual abuse or sexual harassment; SCDC's zero-tolerance for the sexual abuse and sexual harassment of inmates; Inmates' rights to be free from sexual abuse and sexual harassment, and the right of inmates and staff to be free from retaliation for reporting such abuse; and the dynamics of sexual abuse and sexual harassment in confinement, recognition of signs of threatened and actual sexual abuse, common reactions of sexual abuse victims and sensitivity to inmate reports of sexual abuse, confidentiality, recognition of signs of predatory inmates and inmates who are vulnerable to sexual abuse.

In addition, the Agency’s policy directs the Facility to train all employee on common reactions of sexual abuse and sexual harassment victims, with inmates on the dynamics of sexual abuse and sexual harassment in confinement, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

A review of documents displayed training acknowledgement and signature of employees confirming they received and understood the training on the agency’s sexual abuse and sexual harassment policies and procedures.

Inmate interviews confirmed Rape Crisis Information posted throughout the Facility. The Rape Crisis staff member interviewed acknowledged the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility.

CPA’s interviews with Correctional Officers and Non-Correctional Officers confirmed that training is being provided initially upon hire. Interviewed staff also acknowledged that refresher trainings are conducted annually. 100% of Correctional Officers and Non-Correctional Officers confirmed receiving initial and refresher training.

Review of policies and procedures, training logs, training curriculum, staff interviews confirm the facility is compliant with standard 115.31.

## 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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CPA review of training power point documents, interviews of staff and attendance sheets confirmed the facility is training volunteers and contractors who have contact with inmates. All contractors and volunteers have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. A review of training power point documents confirmed the facility is training volunteers and contractor during orientation and

refresher training. A review of Volunteer Services Agreement 1-9 PREA New Employee Onboarding describes the policy that all volunteers and contractors receive annual training as part of their badging process on the prevention, intervention, and reporting of sexual abuse and sexual harassment prior to having contact with inmates.

CPA review of volunteer and contractor PREA training sign-in forms and other documents confirmed that all facility contractors and volunteers have received initial training related to their responsibilities concerning the PREA (“zero-tolerance”, detection, prevention, response, and reporting requirements) and annual refresher training. Contractor interview confirmed that the training was provided. Interviews confirmed the understanding of the agency’s “zero- tolerance” policy for sexual abuse and sexual harassment and their responsibilities under the PREA. A review of the PREA contractor and volunteer PREA training curriculums confirmed that the level of instruction is appropriate for the services provided and emphasizes the facility’s “zero-tolerance” and reporting policies. Documentation review demonstrate Contractors sign the “PREA New Employee Onboarding Form (17-13)/ Volunteer Services Agreement Form (1-9).

Interviews with contractors confirmed they received up to date PREA training. The contractors were able to verbalize to the PREA-Auditor content in the training.

Compliance with this standard was determined by a review of policies, training curriculums, and supporting documentation and interviews with contractor. The facility is compliant with standard 115.32.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative



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

Agency's policy GA-06-11, "Prevention, Detention and Response to Sexual Abuse and Sexual Harassment and Zero Tolerance", describes the facility's policy that all inmates are educated about sexual abuse prevention and intervention during the initial process at the Reception and Evaluation (R and E) Centers. A review of policy confirms that upon arrival inmates receive the sexual abuse prevention and intervention pamphlet in English or Spanish. Policy show that inmates receive education during the intake screening process. If an inmate speaks a language other than English a staff member who is fluent in that language may interpret for the inmate or the language line is utilized to assist in translating materials. If an inmate is cognitively incapable of understanding materials, psychological services is contacted to assist the inmate. Inmate PREA education is available in formats accessible to all inmates, including those who are visually impaired. Videos have sounds and information is read and are also available in Closed Caption. PREA information is also available in Braille.

Based on interviews during the admission and orientation (A & O) session, each inmate receives an A&O Handbook and pamphlet describing the agency's PREA compliance program. The information identifies the key elements of the program and informs inmates of the "zero-tolerance" policy regarding sexual abuse and sexual assault and multiple ways to report sexual abuse/sexual harassment. The PREA-Auditor observed the intake process for one inmate. The information is available in English and Spanish. A Correctional Officer conducts an orientation regarding the PREA for all inmates within 30 days of their arrival at the facility. In the R and E Centers, training and information will be provided in two (2) stages: Intake education, which will be provided during the intake process (within twenty-four [24] hours of the inmate's arrival) and will include an explanation of SCDC's zero-tolerance policy toward sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse or sexual harassment; and Comprehensive education which will be provided within two (2) weeks of the inmate's arrival.

The Agency's policy directs PREA training to include, but is not limited to: Review of this policy and other SCDC policy provisions pertaining to inmate sexual abuse and sexual harassment prevention, detection, reporting and response, and how staff are to fulfill their responsibilities under these policies and procedures; Inmates' rights to be free from sexual abuse, sexual harassment, and retaliation for reporting; Prevention of sexual abuse and sexual harassment; How to report incidents or suspicions of sexual abuse or sexual harassment; Availability of medical and mental health treatment and counseling for victimized inmates; and Disciplinary actions for participating in sexual abuse, sexual harassment, or making false allegations.

Policy GA-06-11, 1.1.4, Section 1.6 guides the requirement for inmates to sign an acknowledgement of having received all PREA training at both the R and E Centers and the assigned institution on SCDC Form 18-78, "Certification of Prison Rape Elimination Act (PREA) Orientation." A copy of the 18-78 will be maintained in the inmate's institutional record. (4-4281-1). The CPA observed inmates sign acknowledgement.

Staff interpreters and telephonic translation services are available to inmates who are not proficient in English. Interviewed inmates confirmed receiving PREA information in a manner that was understandable.

100% of inmate interviewed confirmed receiving PREA information. Interviewed inmates acknowledge their awareness of numerous reporting methods to include anonymous and third-party reporting, the “zero- tolerance” policy, and their right to be free from retaliation. Onsite observation of the facility confirmed that PREA posters were prominently displayed in all housing units, the visiting room, and common/program areas.

Compliance with this standard was determined by a review of policies, orientation process and materials, documentation, interviews with staff and inmates, as well as observation during the on-site visit. The facility compliant with standard 115.33.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

#### 115.34 (c)

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

## 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The Agency policy outlines specialized training for investigators. Training for Agents and Office of Investigation and Intelligence (OII), Investigations Training document and training attendance sheets demonstrates PREA training for special investigation staff. Review of documentation shows that investigators have completed the required training. In addition to general training provided to all employees, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Specialized training includes proper use of Miranda and Garrity warnings, specialized training includes techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility documentation demonstrates investigators have completed the required training.

The agency GA-06-11 Prevention, Detection and Response to Sexual Abuse and Sexual Harassment Training was reviewed and address the requirements of this standard. The agencies policy related to medical and mental health practitioners who reg

Compliance with this standard was determined by a review of policy and training lesson plan and interview with the Deputy Director of Office Investigations and Intelligence (OII) confirmed training in investigation of sexual abuse in confinement settings and advance investigation of sexual abuse in confinement settings. These on-line courses provide training on dealing with investigation of sexual abuse allegation in correctional settings. The agency maintains documentation showing that investigators have completed the required training. The facility is compliant with standard 115.34.

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

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

### 115.35 (a)

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Review of Agency's policy GA-06.11, "Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment" states in addition to general training provided to all employees and training provided by the SC Criminal Justice Academy. SCDC Police Services will ensure that its investigators who investigate allegations of sexual abuse have specialized training as prescribed in PREA Standard 115.34. Such training will be renewed at least every two (2) years with certificates of completion or SCDC Form 19-181". Training Log for Investigations and Medical/Mental Health," placed in the employee's file.

Training Logs for investigations and Medical-Mental Health 2020,19-181 reviewed address the requirements of this standard. Kershaw Correctional institution Reentry Center health care employees who provide health care and/or psychological services, have participated in a specialized six-hour training session entitled PREA for Medical and Mental Health Care. Staff members received training on the following topics, to include trauma-informed care, detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, effective and professional response, reporting and the PREA standards and understanding sexual trauma in custody this was evidenced by names on the training logs.

Review of Policy section 3.5 Consistent with PREA Standard 115.35, all full-time and part-time medical and mental health (social workers, psychologists, etc.) personnel will receive specialized training on the identified items prescribed in Standard 115.35 (a) through (d). Such training will be renewed at least every two (2) years with documentation placed in the employee files.

The review of attendance training records by the CPA confirmed that 100 percent of employees received the specialized training in addition to the annual PREA refresher required for all staff. The agency maintains documentation showing medical and mental health practitioners have completed the required training.

CPA's interviews with PCM and correctional officers confirmed staff have been trained in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Investigator Agent interview confirmed staff training for investigators.

Compliance with standard was 115.35 determined by a review of policies, training lesson plans and records and specialized staff interviews.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

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

#### **115.41 (a)**

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

#### **115.41 (b)**

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

#### **115.41 (c)**

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

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

GA-06-11 Prevention, Detention and Response to Sexual Abuse and Sexual Harassment, SCDC Policy OP-21-04, "Inmate Classification Plan and PREA Risk Screening Users Guide September 2020 ", agency documents were reviewed and address the requirements of this standard. All inmates are immediately assessed for a history of sexual abusiveness and risk of sexual victimization during intake processing. Agency policy GA-06.11, "Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment" section 4.1 and directs all inmates will be screened for risk vulnerability/abusiveness consistent with SCDC Policy OP-21.04, "Inmate Classification Plan," and the National PREA Prison and Jail Standards



requirements within seventy- two (72) hours of arrival at each institution and before permanent placement decisions and assignments are made. All institutions will use the SCDC PREA Screening Application.

Documentation reviews confirm the assessment process assists in identifying inmates at a high risk for being victimized. The review of the screening policy by the CPA confirmed that the facility considers all the criteria required by this standard to identify inmates at a high risk for sexual victimization or at a high risk of sexually abusing other inmates. The CPA reviewed six risk assessments that confirmed inmates are being assessment for victimization and perpetration.

The screening process of inmates includes the review of records or other information from other facilities. Information received during the screening process is confidential and is only available to staff with a need-to-know and never to other inmates. Based on policy inmates are prohibited from being disciplined for refusing to answer or for not disclosing complete information during the screening process.

CPA's interviews with inmates confirmed after admission to the facility additional PREA training is received. 100% of inmate interviewed confirmed receiving an intake screening within 72 hours of arrival at the facility that assess their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. Interviewed inmates also confirmed they are reassessed within 30 days of arrival at the facility for risk of victimization or abusiveness. Inmates disclose that past sexual assault are referred to mental health and followed along to ensure they are safe from any sexual abuse or sexual harassment. Interviewed inmates were able to articulate screening questions to include if inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, sexual orientation, gender identity, perception of being victimized, history of sexual abuse, as well as the interviewer perception of whether the inmate screened is gender non-conforming or otherwise may be perceived to be LGBTI. Interview with an intake Correctional Officer confirmed that information collected from screening assist the facility in placements to ensure inmate safety.

Inmates' records were reviewed by the CPA. The review of inmate records confirms the questions on the risk assessment. Documentation review confirmed risk assessments were completed. Documentation review also confirmed that follow-up risk assessments are being completed. Interviews with Correctional Officers confirmed that information collected from screening assist the facility in placement to ensure inmate safety. A review of the screening tool questions, interview with intake Correctional Officer, health care staff, and inmates confirm the facility is meeting standard 115.41.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

The CPA review of Agency Policy, “OP-2104 Inmate Classification Plan and GA-06-11B Applying the Prison Rape Elimination Act. Intake Screenings were reviewed and showed that it addresses the requirements of this standard. Interview with intake Correctional Officer confirmed the risk screening information is used to determine housing, bed, work, and education and program assignments, with the goal of keeping separate those inmates at a high risk of being sexually victimized from those at a high risk of being sexually abusive. The Intake Screening had some PREA questions related to the identify of LGBT inmates.

On a case-by-case basis the agency makes determinations about housing and programming assignments for transgender or intersex inmates to include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. The decision on whether to assign a transgender or an intersex inmate to a facility for male or female inmates is completed through a committee with Agency.

Section 4.5 states in determining housing and programming for inmates who identify as transgender, or intersex, assessment staff will complete the PREA Screening Application and will document then their assignment. Decisions on housing, programming, and other placements will be determined on a case-by-case basis.

Section 4.6 states inmates who identify as transgender or intersex during confinement will have their own perceptions of safety and housing documented and considered on a case-by-case basis.

Section 4.7 directs inmates identified by the MMTT as Transgender, Intersex, or diagnosed with Gender Dysphoria, will be provided an individualized accommodation plan (SCDC Form M-207, "Multidisciplinary Management and Treatment Team Inmate Accommodation Plan"). All individualized accommodation plans will be followed by SCDC Staff, absent exigent circumstances, whenever possible in consideration with employee, security, and safety concerns.

Section 4.8 states transgender and intersex inmates will be given the opportunity to shower separately from other inmates.

CPA reviewed the Facility's policy The facility policy states that a transgender or intersex inmate's own view with respect to his own safety are given serious consideration, when making these assignments. Transgender and intersex inmates are given the opportunity to shower separately from other inmates and the inmate's own views with respect to his/her safety are given serious consideration. 100% of correctional staff interviewed were able to verbalize that a transgender or intersex inmate's genital status is not the sole consideration for determining their placement in a specific facility. Inmate interviews confirmed inmates are given the opportunity to shower separately from other inmates and the inmate's own views with respect to safety are given serious consideration.

CPA's review of inmate records confirmed that inmates processed into the facility who have been identified as at risk for being victimized or perpetrating sexual assault are followed-up by the facility.

Compliance with this standard was determined by a review of policies and procedures, inmate records reviews and interviews with correctional staff and inmates. The facility is meeting standard 115.42.

## **Standard 115.43: Protective Custody**

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

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

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

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

#### 115.43 (b)

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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CPA reviewed Policy GA-06-11B. The policy addresses the requirements of this standard. The policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary housing for less than 24 hours while completing the assessment.

If involuntary placement in a Restricted Housing Unit (RHU) is made the policy states access to programs, privileges, education, or work should not be interrupted, to the extent possible. If programs are limited the facility ensures that documentation exists reflecting the limitation, duration, and rationale for limitation. Based on policy review the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

Interviews with RHU staff, two correctional officers and one mid-level supervisor confirmed, that to the extent possible, access to programs, privileges, education, and work opportunities are not limited to inmates placed in a RHU for the purpose of protective custody, except when there are safety or security concerns. The RHU staff have received annual PREA training, received training in respectful pat down searches of Transgender inmates. RHU staff confirmed housing inmates in RHU is last resort. Inmates interviewed conveyed have not been placed in RHUs for fear of being victimized. Interview with one inmate in RHU because of PREA allegations while in RHU confirmed that inmates continue to receive programming while place in RHU.

Interview with inmates housed in RHU confirmed receiving access to programs, privileges, education, and work opportunities. Inmates confirmed receiving PREA orientation. Inmates reported not being placed in RHU based on screening for victimization.

Compliance with this standard was determined by a review of policies and supporting documentation and interviews with the IPCM and RHU staff. The facility demonstrates compliance with standard, 115.43.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

#### 115.51 (c)

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

#### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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CPA reviewed policy GA-06-11 Prevention, Detection and Response to Sexual Abuse and Sexual Harassment Section 2, GA-06-11B Applying the Prison Rape Elimination Act and Memorandum of Understanding (MOA) SCDC and SLED. Section 5 and PREA postings address the requirements of this standard. A review of documentation demonstrates multiple ways (including verbally, in writing, privately, from a third-party and anonymously) for inmates to report sexual abuse or sexual harassment. Inmates are informed about the reporting methods through PREA postings in the housing units and common areas and as part of the orientation process. The tour of the facility confirmed the numerous posters on display in the facility explaining the reporting procedures.

Correctional Officers and inmates articulated ways to report PREA allegations. Based interviews reports can be made verbally, in writing, anonymously and from third parties. Interviewed Correctional Officers and Non-Correctional Officers verbally confirmed the procedure to immediately document any allegation and notification of a supervisor. Correctional Officers, Non-Correctional Officers, and Inmates were able to describe other ways of reporting PREA allegations (i.e., through family and friends of inmates may report sexual abuse/sexual harassment by using the SCDC website, or by contacting facility staff).

Interviews with inmates confirmed a full understanding of PREA safeguards and the facility's zero-tolerance policy. Inmate interviews confirm during orientation and a week after intake they are provided PREA information. CPA reviewed the Admission and Orientation (A&O) handbook. The handbook contains information on reporting PREA incidents, and the facility's zero-tolerance policy.

PREA postings on reporting PREA incidents are located throughout the facility. The postings throughout programming areas and housing units identifies four different ways to report PREA allegations. 100% of inmates interviewed acknowledged that the intake admission screening process include questions identifying a sexual preference, history of abuse or victimization, and fear of victimization. 100% of inmates interviewed were able to confirm at least two or more ways to report PREA allegations. 100% of inmates were able to identify the four different ways of reporting PREA allegations to include reporting sexual abuse by informing unit staff, calling hotline, reporting incidents to the IPCM or through a third-



party reporter, such as a family member. 100% of inmates interviewed felt safe from sexual abuse or sexual harassment in the facility.

Interviewed staff confirmed the ability to contact any supervisory staff at the facility, IPCM and the Agency's PREA Coordinator to privately report an allegation of sexual abuse/sexual harassment of inmates. Documentation showed staff can call \*22 from any inmate phone, call the office of intelligence and investigations anonymously, or call/write the South Carolina Law Enforcement Division (SLED), utilize the agency website, and send an anonymous email to the PREA Coordinator's Office.

Compliance with this standard was determined by a review of policies, PREA information provided to inmates' agency website, observations during the tour of the institution and interviews with staff. The facility demonstrates compliance with standard 115.51.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

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

#### 115.52 (f)

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

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
  
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
  
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
  
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

CPA reviewed policy GA-01.12 Inmate Grievance Process Section 15 and GA-06-11B and the Inmate A&O Handbook. The policy addresses the requirements of the standard. The inmate handbook is printed in English and Spanish. The policy directs grievances (administrative remedies) filed alleging sexual abuse/sexual harassment would result in the immediate opening of a formal PREA investigation. Policy states that there is no time frame for filing a grievance relating to sexual abuse or sexual harassment. Additionally, the policy does not require an inmate to use any informal grievance process before filing an allegation involving sexual abuse/sexual harassment. Allegations of physical abuse by correctional officers and non-correctional officers shall be referred to the SLED, in accordance with procedures established for such referrals.

The Agency's policy addresses the filing of emergency administrative remedy requests. If an inmate files an emergency grievance with the institution and believes the inmate is under a substantial risk of

imminent sexual abuse, if an 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. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys, and outside victim advocates, from assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates.

A review of memorandum document exhaustion of administrative remedies grievance submission directs the facility to allow inmates to submit a grievance alleging sexual abuse without submitting it to the staff member who is subject of the complaint.

A review of memorandum exhaustion of administrative remedies showed no grievances alleging sexual abuse/sexual harassment filed within the past 12 months. There were zero instances reported which required an extension, due to final decision not being reached within the 90-day timeframe period. Subsequently, there were no written notification of extension due to there being zero instances.

Compliance with this standard was determined by a review of policies and PREA information provided to inmates and interviews with staff and inmates. The facility is meeting the standard 115.52.

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

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

#### **115.53 (a)**

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

#### **115.53 (b)**

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

#### **115.53 (c)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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CPA completed documentation review and interviews. The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. Throughout the onsite visit the CPA observed PREA posters throughout the Facility. The postings informed inmates about crisis counseling support “PCASA” by dialing \*63. The facility provides inmates with access to “PCASA” by providing inmates access to telephone number (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations.

Interviews confirmed the facility provides inmates with access to such services by giving inmates access to telephone number \*63 for persons detained solely for civil immigration purposes. The facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. Prior to giving them access to outside support services, the facility informs inmates of the extent to which such communications will be monitored. The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The Facility provides inmates with an address to write PREA allegations anonymously and confidential to an outside agency called Just Detention International. Brochures with information to write to an outside agency is made available in English or Spanish by the facility.

The CPA reviewed a copy of the MOU. The Agency maintains memorandum of understanding (MOUs) with “PCASA” to provide inmates with emotional support services related to sexual abuse.

The agency has set up a phone number (\*63) which rings directly to this local rape crisis center for crisis intervention services. This Auditor dialed this number on 40% of the units while on the facility tour to

determine if the line was working. This Auditor was able to speak with an advocate answering a crisis call 100% of the time.

Inmates interviewed were able to identify what a rape crisis center is and detail what services this entity can provide. Numerous inmates were able to identify the confidentiality the rape crisis center provides. PCASA \*63 number and brief explanation of services is available in the inmate handbook and present during orientation.

**Corrective Action:**

Posting of PREA hotline and Rape Crisis hotline was not clear to inmates evidenced by confusion demonstrated when inmates were asked what number they could dial to report PREA allegation. Inmates assumed dialing both numbers could be used to Report PREA allegations. The Rape Crisis hotline does not report PREA allegations. The facility confirms the Rape Crisis hotline line is only available to provide crisis support. The Facility was directed to separate posting to show the Rape Crisis line is for crisis support counseling or intervention; while the PREA hotline number is available for inmates to report PREA Allegations. Corrective actions were completed and demonstrated via pictures provided by the facility.

Compliance with this standard was determined by a review of policies, the MOU, the orientation process, the Inmate A&O Handbook and PREA postings as well as interviews with staff and inmates. The facility is meeting standard 115.53.

**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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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 PREA “zero-tolerance” posters throughout the facility informs inmates and staff of methods for reporting PREA allegations. The posting of South Carolina Law Enforcement (SLED) address; and the agency’s public website [www.doc.sc.gov/preaweb](http://www.doc.sc.gov/preaweb) address the requirements of the standard. The website and posted notices throughout the facility’s program areas, housing units, and visiting areas assist third parties and inmates on how to report allegations of sexual abuse/sexual harassment.

Interviews with staff and inmates also confirmed the awareness that anonymous and third-party reporting procedures were available. 100 % of inmates interviewed were able to communicate with the CPA at least one third-party method of reporting PREA allegations. The most popular method identified was to notify a family member and have the family member report the PREA incident. SCDC has an agreement with the State Law Enforcement Division (SLED) for reporting to an outside agency.

Compliance with this standard was determined by a review of PREA information, posters, supporting documentation and the agency website and interviews with staff and inmates. The facility is meeting standard 115.54.

## 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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CPA reviewed agency Policy. Agency's policy GA-01.12 requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility. The policy GA-01.12 requires all staff to report immediately any retaliation against inmates or staff who reported such an incident. The agency policy requires all staff to report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The facility does not house inmates under 18 years of age. Correctional Officers, non-correctional officers, contractors, and volunteers are required to report any information regarding sexual abuse or sexual harassment, or any staff neglect or violation that may contribute to an incident or an act of retaliation. Documentation review confirms all notifications of an allegation would result in the opening



of a formal PREA investigation. Documentation and interviews confirm reporting is ordinarily made to the Supervisor on Duty but could be made anonymously or by a third-party.

Interviews with Correctional staff and non-Correctional staff confirmed the facility is required to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility's designated investigators. 100% of staff at the facility interviewed were clear that all staff, contractors, and volunteers are required to report any information received involving sexual abuse or if they have a suspicion of sexual abuse or information about retaliation relating to sexual abuse. Interviews confirmed that 100% of staff were provided information through ongoing training on reporting abuse, suspicion of abuse or retaliation in the facility. Interview with medical and mental health staff confirm inmates were provided about staff's duty to report and limits to confidentiality relating to sexual abuse and sexual harassment.

A review of the Facility Pre-Audit Questionnaire showed youthful inmates are not housed in the facility. The age range of inmates housed in the facility is 18-100. Interview with PC confirmed the age range in the Facility.

Compliance with this standard was determined by a review of policy and procedures, interviews with PC, Correctional Officers and Non-Correctional Officers, observation onsite. The facility is compliant with standard 115.61.

## 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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100% of Correctional Officers interviewed confirmed staff's responsibilities to separate and ensure the safety of the inmates. 100% of Correctional Officers interviewed detailed protocols to keep inmates safe from imminent danger. 100% of Correctional Officers interviewed conveyed the steps to act immediately to protect the inmate by separating and protecting the victim from the abuser, isolate the area, and notification of their supervisor.

In the past 12 months there was zero sexual abuse allegations substantiated. 100% of inmates interviewed felt safe at the facility. 100% of inmates interviewed felt safe at the facility. The facility house only adult female inmates, no youthful inmates are house in the facility. 18-100 is the range of inmates incarcerated in the Facility.

Compliance with this standard was determined by a review of policy, interviews with inmates, Correctional Officers, Health and Mental Health Staff, review of Pre-Audit Questionnaire. The facility is meeting standard 115.62

## 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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CPA Reviewed Policy GA-06-11. The Agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. In the past 12 months, there was two (2) allegations the facility received that an inmate was abused while confined at another facility.

The Agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The Agency policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the Facility received two (2) allegations of sexual abuse from other facilities.

Interview with IPCM confirm upon receiving an allegation that an inmate was sexually abused while confined at another facility, notification was received from the head of the facility or appropriate office of the agency where the alleged abuse occurred

Compliance with this standard was determined by a review of policy and interview with the Agency Director, IPCM, and SIS. The facility is meeting the standard 115.63.

## **Standard 115.64: Staff first responder duties**

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

### **115.64 (a)**

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

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report will separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

100% of Correctional Officers were able to convey protocol for first responders to a sexual assault. If an abuse occurred within a time that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. All Correctional Officers were able to provide accurate information regarding how they would respond if there were an allegation of sexual abuse.

In the past 12 months, 47 allegation was reported that an inmate was sexually abused. 31 were investigated for administrative and 16 were investigated for criminal. crime scene until appropriate steps could be taken to collect any evidence.

The Agency's policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. The Agency 's policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. In the past 12 months, there was no time a non-security staff member was the first responder, requested that the alleged victim not take any actions that could destroy physical evidence or that staff member notified security staff.

Compliance with this standard was determined by a review of policies and reports, and interviews with the Correctional Officers and Non-Correctional Officers. The facility is meeting the standard 115.64.

## 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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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.

Interview with the Warden supports the Facility plan for handling situations involving sexual abuse and sexual harassment. Once the PCM determines a full response protocol is warranted, the facility has a coordinated plan that includes protective/first responders, leadership, mental health, medical. Interviews with mental health, medical confirmed the procedures to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Following the initial response, continued coordination between departments is achieved through PREA after-action meetings and the use of the checklist. Staff interviews confirmed that staff were knowledgeable regarding responsibilities in the coordinated response.

Compliance with this standard was determined by a review of policies, Facility plan, and interviews with staff. The facility is meeting the standard 115.65.

## 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.*

Policy GA-06-11. The Agency has 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. The policy prohibits any type of retaliation against any staff member or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation.

The Facility's PCM is the designate staff member responsible with monitoring for possible retaliation. Interview with PCM confirmed responsibility for monitoring for retaliation on inmates reporting PREA allegations. The PCM showed the CPA a form to track monitoring retaliation in inmate files. The PCM stated in the interview that she would document and follow up on all potential cases to ensure policy is being enforced and conduct periodic status checks on the frequency of incident reports, or housing reassignments.



Documentation review an interviews confirms the Facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The Facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Review of monitoring form indicates inmates are being monitored for retaliation. Interview with PCM indicated inmates are followed up for retaliation beyond 90 days if the initial monitoring indicates a need to continue.

Compliance with this standard was determined by a review of policy and monitoring forms and an interview with the PCM. The Facility is meeting the standard 115.67

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy GA-06-11B, OP-22-23. The Agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse 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. Zero (0) inmate who alleges to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Zero (0) inmate who alleges to have suffered sexual abuse were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. If an involuntary segregated housing assignment is made, the facility affords each such

inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

Interviews with Correctional Officers and Non-Correctional Officers confirmed that there are usually viable alternatives to placing victims of sexual abuse/sexual harassment in involuntary segregated housing to the extent possible, access to programs, privileges, education, and work opportunities are not limited to inmates placed in a segregated housing for the purpose of protective custody. The reasons would be documented for restricting access, as well as the length of time the restrictions would last. There were no inmates placed in post-allegation protective custody status within the past 12 months.

At the time of site visit no inmates were housed in RHU for the purpose of protection from being victimized.

Compliance with this standard was determined by a review of policy and forms, interviews with the PCM, Correctional Officers and the CPA observations during the tour. The Facility is meeting standard 115.68

## 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 (I)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Agency has a policy related to criminal and administrative agency investigations. Substantiated allegations of conduct that appear to be criminal are referred for prosecution. There was one (1) inmate substantiated allegations of conduct that appear to be criminal that were referred for prosecution. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

In the past 12 months 47 criminal and/or administrative investigations of alleged inmate sexual abuse was completed by the agency/facility in the past 12 months.

Prior to the onsite visit the CPA interviewed an investigator agent outside the Facility. The Investigator Agent was able to provide information about the investigative process throughout the corrections system. Police Services currently has approximately (45) investigators. These investigators work under a regional concept. The state is divided into (4) regions. Investigators are "assigned" to a particular facility; however, investigator agents travel to all institutions in their region based on the cases they are working on at the time.

Interview with the PCM was able to describe the investigation process of the investigator collecting evidence, interview of persons related to the investigations and present the cases to the local solicitor to determine whether criminal charges will be filed. The PCM informed the CPA that credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation.

If criminal charges are filed, the investigator on the case tracks status of the case in the criminal process in the local county. The PCM remains in contact with the investigator to stay informed of the progress of the case. While Police Services completes all criminal investigations, the PCM begins the initial investigation process of all PREA allegations. PCM can interview inmates and collect evidence.

Police Services utilize a Police Management System for maintaining the case files. Each region has its own number. Class codes are also assigned to each case. Police Services investigates all criminal allegations at all SCDC institutions. Police Services maintain all sexual abuse cases 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. Polygraph machines are not used as part of the investigation process.

100% of interviews with correctional and health services personnel confirmed their knowledge of the required procedures for obtaining, preserving, and securing physical evidence when sexual abuse is alleged. The CPA reviewed training logs and names to confirm training attendance a completion of Specialized Training for Investigations by PCM and investigators staff.

Compliance with this standard was determined by a review of policy, investigation files, training lesson plans, interviews with investigator agent, and PCM. The Facility is compliant with standard 115.71

## Standard 115.72: Evidentiary standard for administrative investigations

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

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Agency has a policy that imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. The Police Services is responsible for the criminal investigations, as well as some of the administrative investigations. The PCM is responsible for administrative investigations.

Interview with medical and mental staff, Correctional Officers, Investigator Agent and PCM confirmed awareness of the evidence standard. The evidence standard was utilized in the cases reviewed Interview with the PCM, confirm 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.

The Facility is meeting standard 115.72

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

CPA reviewed Policy GA-06-11, GA-06-11B. The Agency has a policy requiring that any inmate who alleges that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Following an inmate's allegation of sexually abused by another inmate in an agency/facility, the agency subsequently informs the alleged victim whenever the agency learns that

the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

16 criminal and/or administrative investigations of alleged inmate sexual abuse was completed by the agency/facility in the past 12 months. Of the alleged sexual abuse investigations completed three (3) inmates were notified, verbally or in writing, of the results of the investigation. There were zero (0) investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months.

The agency has a policy that all notifications to inmates are documented. In the past 12 months, three (3) inmates were notified and documented. These notifications were discussed and confirmed with the PCM. The PCM confirmed responsibility for informing the inmate of the outcome of the investigation. The PCM Information Tracking Form logs in all activities from the beginning of the allegation identifying the alleged victim and alleged perpetrator, Segregated Housing placement, monitoring for retaliation, investigation completed, results of investigation, remove or update, and notification of inmate of investigation outcome.

A review of documentation confirmed that, in all instances, 100% of the inmates were informed, in writing, regarding the results of each investigation. This was evidenced by the inmates signing of documentation confirming the receipt of the notice.

Policy reviewed addresses the requirements of the standard. The facility conducts administrative investigations. The policy states inmates are entitled to know the conclusion of an investigation which you are the alleged victim.

Compliance with this standard was determined by a review of policy and PREA allegation outcome notification to an inmate, as well as interviews with the PCM. The Facility is meeting standard 115.73

## 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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CPA reviewed Policy GA-06-11B. The Agency has a policy that describe disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Discipline would be 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 a similar history

In the past 12 months, two (2) staff from the facility violated agency sexual abuse or sexual harassment policies. In the past 12 months, two (2) staff from the facility have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. In the past 12 months, zero (0) staff from the facility had disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies. 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, one (1) staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

Interview with HR confirmed that Correctional Officers and Non-Correctional Officers are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

100 % of interviewed staff confirmed understanding that sexual abuse and harassment by a staff member should be grounds for dismissal from their position. 100% of staff interviewed confirmed that PCM is responsible for investigation and the Investigator agent is responsible for investigating criminal offenses.

Interview with HR confirmed that Correctional Officers and Non-Correctional Officers are subject to disciplinary sanctions up to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

All Staff interviewed confirmed that PCM does investigation and the Investigator agent is responsible for investigating criminal offenses.

Compliance with this standard was determined by a review of policies and interviews with staff. The Facility is meeting standard 115.76

## **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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CPA Reviewed Policy GA-06-11B, ADM-11.39. The Agency has a policy that requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. The Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.

Due to the COVID-19 pandemic, no contractors or volunteers have worked at the Facility in the past 12 months. Therefore, in the past 12 months zero (0) contractors and zero (0) volunteers were reported to law enforcement for violation of agency sexual abuse or sexual harassment policy or engaging in sexual abuse of inmates.

Review of the Agency policy directs all contractors and volunteers to receive PREA training and adhere to the "zero tolerance" sexual abuse and sexual harassment policy.

Interviews with PCM and indicated sexual abuse allegation substantiated would be grounds for remove immediately, and referred to Police Services to investigate the case, and move forward with prosecution is applicable and approved by the solicitor of the county.

Compliance with this standard was determined by a review of policy, volunteer/contractor training files and acknowledgements and interviews with HR and PCM. The Facility is meeting standard 115.77

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Review of Policy GA-06-11B, OP-22-14. The Agency has a discipline policy in place for inmates who break the rules of the facility which includes incidents of sexual abuse. Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate

engaged in inmate-on-inmate sexual abuse. Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.

The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Agency prohibits all sexual activity between inmates. Inmates are subject to disciplinary sanctions for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 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.

In the past 12 months there was one (1) administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. In the past 12 months there was zero (0) criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

Interviews with inmates confirmed making a good faith PREA allegation does not result in disciplinary actions. The PCM confirmed inmates that report in good faith will not receive disciplinary actions.

Compliance with this standard was determined by a review of policies and interviews with inmates, and PCM. The Facility is meeting standard 115.78

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

##### 115.81 (b)

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

##### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The CPA reviewed SCDC Policy GA-06.11, "Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment," SCDC Policy HS-18.13,"Health Screenings and Exams", SCDC Policy OP-21.04, "Inmate Classification Plan," and SCDC Policy HS-19.04,"Mental Health Services-General Provisions", inmates will be screened for prior sexual abuse, victimization, and potential for abusiveness. Results from the screening will be used for physical and mental health evaluations, program inclusion, and housing assignments. Medical and mental health practitioners will follow all directives regarding confidentiality as outlined in SCDC Policy HS-18.07,"Inmate Health Information".

Pursuant to South Carolina State Law and SCDC Policies HS-18.09,"Institutional Health Care Authority and Responsibilities"; SCDC Policy HS-18.13, "Health Screenings and Exams," and SCDC Policy GA-06.11, "Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment," all inmates who are

victims of sexual abuse will have unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception and sexually transmitted injection prophylaxis without financial cost to the inmate. Consistent with SCDC Policy HS-18.09, "Institutional Health Care Authority Responsibilities," and SCDC Policy HS-19.05, "Mental Health Services-Treatment Plans and Treatment Team Meetings", inmates will receive a continuum of care as appropriate for victims of sexual offenses as outlined in SCDC Policy GA-06.11, "Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment".

CPA reviewed intake screening documents screening for prior sexual victimization in any setting. This review is conducted by staff during the intake process. Inmates are also screened for previous sexually assaultive behavior in an institutional setting or in the community. When indicated, staff members ensure that the inmate is offered a follow-up meeting with a mental health practitioner within fourteen days of the intake screening.

Interviews with medical and mental staff conveyed that any information related to sexual victimization or abusiveness that occurred in an institutional setting is 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. The Facility provides inmates access to emergency medical and mental health services confirms the facility makes available emergency medical services to inmates who report being victim of sexually abusive behaviors.

100% of interviews with inmates confirmed those who disclosed prior victimization during screening were offered a follow-up meeting with medical or mental health staff within 14 days. Treatment services are offered without financial cost to the inmate. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for the purpose of treatment plans, security, housing, work and program assignments and management decisions. The facility does not house inmates under the age of 18.

In the past 12 months there were five (5) inmates who previously perpetrated sexual abuse that were identified in the screening process. Inmates were offered a follow up meeting with a mental health practitioner.

A review of policy and screening documents and interviews with case managers and medical and mental health staff confirm the facility's compliance with standard 115.81.

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

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

#### **115.82 (a)**

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

CPA reviewed GA-06-11, GA-06-11B. The Agency have policies in place to enforce and ensure 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.

Medical and Mental Health staff maintain logs documenting the timelessness of emergency medical treatment and crisis intervention services that were provided. If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, custody staff first responders take preliminary steps to protect the victim. 100% of all correctional officers interviewed were able to communicate the procedures as a first responder to a sexual assault and ensure the safety of the victim.



Palmetto Citizens Against Sexual Assault (PCASA) provides emotional support, crisis services, and referrals over the phone or on-site to inmates. Interview with PCASA staff prior to onsite visit confirmed a MOU with the Facility. The Facility would provide private room for confidential support. However, most services are provided over the telephone. In the past 12 months no services were provide to inmates. The PCM confirmed that interpreter services are available for Limited English Proficient (LEP) inmates.

Treatment services are provided to every victim without financial cost and regardless of whether the victim or the perpetrator cooperates with any investigation developing out of the incident. Interviews with community victim advocates, and PCM confirmed emergency medical and mental health services are provided to every victim of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Interviews with correctional staff and inmates, confirmed that the medical always follow-up on 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 Facility coordinates with the local hospital, Self-Regional Hospital, when there is a need to have a forensic examination conducted.

Compliance with this standard was determined by a review of policies and supporting documentation and interviews with correctional staff, and interviews with correctional staff, and medical and mental health staff, PCM and victims advocate in the community. The facility is meeting standards 115.82

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

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

### **115.83 (a)**

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

### **115.83 (b)**

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

### **115.83 (c)**

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

### **115.83 (d)**

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

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documentation reviews and interviews confirms the facility offers onsite 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. The evaluation and treatment of such victims includes follow-up services. The facility would assist in the arrangement of referrals for continued care following their transfer to or placement in other facilities or after their release from custody. The facility has fully staffed medical and mental health departments and offers sexual abuse/sexual harassment victims medical and mental health services consistent with the standard of care available in the community. Inmate victims, while incarcerated, would be offered testing for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any PREA investigation incidents. The Facility only house female inmates and no inmates under 18 years of age.

CPA interviewed intake staff. Interviews with intake staff confirmed inmates are screen for at risk and once identified they are referred to mental health. Interviews with the medical staff and inmates indicated they felt that the medical treatment provided to the inmates is equivalent to the level of care individuals receive in the community. The medical department can see individuals on sick call quickly after a request is submitted. The mental health services level of care is also equivalent to these services received in the community. 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.

Compliance with this standard was determined by a review of the policy and interviews with victim advocates, medical and mental health staff, and intake staff, and inmates. The Facility is meeting standard 115.83.

## **DATA COLLECTION AND REVIEW**

### **Standard 115.86: Sexual abuse incident reviews**

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

#### **115.86 (a)**

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

#### **115.86 (b)**

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

#### **115.86 (c)**

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

#### 115.86 (d)

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Facility has a policy that directs all SCDC institutional Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review within thirty (30) days of receiving a substantiated or unsubstantiated investigative report of an allegation of sexual abuse or sexual harassment to determine if changes are necessary and determine the possible causes of the incident. The incident review, and its findings, will be documented on SCDC Form 19-183, "PREA Incident Review", and filed with the institutions PCM and the Agency's PC. All recommended changes to policy, procedures and/or practices will be documented on SCDC Form 19-183, "PREA Incident Review," and submitted to the policy authority for implementation, unless otherwise directed, which will also be documented on SCDC Form 19-183.

The Agency's policy directs the facility to conduct such review within 30 days of the conclusion of the investigation. The Agency's policy directs the facility to include on the review team upper management staff, with input from front line supervisors, investigators and medical or mental health practitioners. A review of Agency's policy directs the facility to 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.

The Agency's policy directs the facility and 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, 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, examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assess the adequacy of staffing levels in that area during different shifts, assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and prepare a report of its findings, any recommendations and submit such report to the facility head and PCM. The policy directs states the facility to implement recommendations for improvement or document its reasons for not doing so.

In the past 12 months three (3) criminal and/or administrative investigations of alleged sexual abuse was completed at the facility. In the past 12 months three (3) criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days.

Interview with the PCM confirmed her role as a member of the review team that reviews sexual assaults in the facility. The PCM confirmed 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. The facility is meeting standard 115.86.

## **Standard 115.87: Data collection**

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

#### **115.87 (a)**

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

### 115.87 (b)

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

### 115.87 (c)

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

### 115.87 (d)

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

### 115.87 (e)

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

### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Agency has a policy to report to the US Department of Justice, US Bureau of Justice Statistics, SLED, and any other federal and/or state authority that requires sexual offense data and information annually, all acts of sexual abuse, sexual harassment, and staff sexual misconduct with inmates, for all its institutions and contracted institutions.

Review of the Agency policy confirms in accordance with the National PREA Standards that the agency will collect data to accurately track all allegations and incidents of sexual abuse and sexual harassment. This data will be reviewed by the Agency's PC, and all institution level management teams on an annual basis to improve operations and services

Policy review and interviews confirms 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. The CPA gathered the Agency's most recent Annual PREA Report that was a draft by the Director for year 2020. The Agency's report from the website indorses the Agency collection of accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument.

The Agency tracks data necessary to answer all questions from the most recent version of the Survey of Sexual Violence. The Agency aggregate the incident-based sexual abuse data at least annually, collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident review obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates, and upon request, provide all such data from the previous calendar year

A review of Agency documents, and the Annual PREA Report confirm the Agency is meeting standard 115.87.

## **Standard 115.88: Data review for corrective action**

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

#### **115.88 (a)**

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

#### **115.88 (b)**

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

#### 115.88 (c)

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

#### 115.88 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Facility has a policy that directs all SCDC institutional Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review within thirty (30) days of receiving a substantiated or unsubstantiated investigative report of an allegation of sexual abuse or sexual harassment to determine if changes are necessary and determine the possible causes of the incident. The incident review, and its findings, will be documented on SCDC Form 19-183, "PREA Incident Review", and filed with the institutions PCM and the Agency's PC. All recommended changes to policy, procedures and/or practices will be documented on SCDC Form 19-183, "PREA Incident Review," and submitted to the policy authority for implementation, unless otherwise directed, which will also be documented on SCDC Form 19-183.

A review of Agency's policy directs the facility to 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. The Agency's policy directs the facility to conduct such review within 30 days of the conclusion of the investigation. The Agency's policy directs the facility to include on the review team upper management staff, with input from front line supervisors, investigators and medical or mental health practitioners.



The Agency's policy directs the facility and 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, 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, examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assess the adequacy of staffing levels in that area during different shifts, assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and prepare a report of its findings, any recommendations and submit such report to the facility head and PCM. The policy directs states the facility to implement recommendations for improvement or document its reasons for not doing so.

The agency's PREA annual report, 2019, includes a comparison of the agency's current year's data and correction actions as applicable. The agency makes its annual report readily available to the public at least annually through its website, [www.dco.sc.gov/preweb](http://www.dco.sc.gov/preweb).

Interview with the PCM confirmed she is a member of the review team that reviews sexual assaults in the facility. The PCM confirmed 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. The facility is meeting standard 115.86.

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

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

#### **115.89 (a)**

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

#### **115.89 (b)**

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

#### **115.89 (c)**

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

#### **115.89 (d)**

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

### **Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

The Agency's policy 10.4, through the PC, will retain all investigative written reports regarding sexual abuse/sexual harassment for as long as the alleged abuser is incarcerated or employed by the Agency, for at least 10 years after the date of the initial collection; unless federal, state or local law requires otherwise.

The Agency's policy 10.5 SCDC states the agency will publish a yearly report, approved by the Agency Director, all aggregated sexual abuse data in accordance with the National PREA Standards. This annual report will include all findings and corrective actions for each institution as well as the Agency as a whole. Additionally, the annual report will include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Agency's progress in addressing sexual abuse. This report will be made public through the Agency's public website.

Compliance with this standard was determined by a review of policy, procedures, the agency website, and the Annual Report, as well as an interview with the National PREA Coordinator. Interview by telephone with the National PREA Coordinator confirmed she collects data, and the data is securely retained. The agency is compliant with standard 115.89.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

The Agency Policy 11.3 states a final report of completed audits will be available to the public on the Agency's public website. The Facility is being audited in the third year of audit cycle. The Agency has completed at least two-thirds of its Facility audits by year-two. The Agency has currently audited 20 out of 21 of its facilities. The agency PREA Coordinator has been working with all facilities to implement PREA standards in a systematic manner.

All Agency Facilities have received at least one PREA audit since August 20, 2013. At least one-third of all Agency facilities were audited during the one-year period after August 20, 2013. The CPA was able to conduct staff and inmate interviews in private and confidential room. The CPA had access and was able to observe all areas of the facility. The CPA was able to request, receive and review all requested documents on-site or electronically. Notification of the dates of the Audit and the CPA's contact information was posted throughout the facility to allow inmates the opportunity to send confidential letters prior to the on-site visit. The facility provided the CPA with a picture of the posting, and the CPA received one letter from inmates at the Facility. The Facility is compliant with standard 115.401

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

The Agency Policy 11.3 states a final report of completed audits will be available to the public on the Agency's public website. The Facility is being audited in the third year of audit cycle. The Agency has completed at least two-thirds of its Facility audits by year-two. The Agency has currently audited 20 out of 21 of its facilities. The agency PREA Coordinator has been working with all facilities to implement PREA standards in a systematic manner.

All Agency Facilities have received at least one PREA audit since August 20, 2013. At least one-third of all Agency facilities were audited during the one-year period after August 20, 2013. The CPA was able to conduct staff and inmate interviews in private and confidential room. The CPA had access and was able to observe all areas of the facility. The CPA was able to request, receive and review all requested documents on-site or electronically. Notification of the dates of the Audit and the CPA's contact information was posted throughout the facility to allow inmates the opportunity to send confidential letters prior to the on-site visit. The facility provided the CPA with a picture of the posting, and the CPA received one letter from inmates at the Facility. The Facility is compliant with standard 115.401

# AUDITOR CERTIFICATION

I certify that:

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

## Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Demetrius Henderson

December 12, 2021

**Auditor Signature**

**Date**

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

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