

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

Interim Final

Date of Interim Audit Report: [Click or tap here to enter text.](#) N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: October 22, 2021

Auditor Information

Name: Demetrius Henderson	Email: demetrius@preaauditing.com
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 6 & 7, 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		City, State, Zip: Columbia, South Carolina 29221	
Mailing Address: Same		City, State, Zip: Same	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://www.doc.sc.gov/preaweb			

Agency Chief Executive Officer

Name: Bryan Stirling	
Email: Stirling.Bryan@doc.sc.gov	Telephone: 803-896-8555

Agency-Wide PREA Coordinator

Name: Kenneth James	
Email: james.kennethl@doc.sc.gov	Telephone: 803-896-6436
PREA Coordinator Reports to: Salley Elliott	Number of Compliance Managers who report to the PREA Coordinator: 22

Facility Information

Name of Facility: Leath Correctional Institution

Physical Address: 2809 Airport Rd, Greenwood

City, State, Zip: Greenwood, South Carolina
29649

Mailing Address (if different from above):
Same

City, State, Zip: Same

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

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

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: Patricia Yeldell

Email: yeldell.patricia@doc.sc.gov

Telephone: 803-896-1000

Facility PREA Compliance Manager

Name: Michele Carter

Email: carter.michele@doc.sc.gov

Telephone: 864-321-3560

Facility Health Service Administrator N/A

Name: Victoria Abney

Email: abney.victoria@doc.sc.gov

Telephone: 803-896-1081

Facility Characteristics

Designated Facility Capacity:

844

Current Population of Facility:

407

Average daily population for the past 12 months:	141	
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 checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	20-83	
Average length of stay or time under supervision:	14.41 years	
Facility security levels/inmate custody levels:	MI/ME/CL	
Number of inmates admitted to facility during the past 12 months:	408	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	141	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	132	
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)	Click or tap here to enter text. <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 <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	107	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	22	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	19
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	8
<p>Number of single cell housing units:</p>	0
<p>Number of multiple occupancy cell housing units:</p>	8
<p>Number of open bay/dorm housing units:</p>	2
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	1
<p>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)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>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:</p>	<p>40</p>
<p>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.</p>	<p><input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<p>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?</p>	<p>2</p>
<p>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</p>	<p><input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A</p>

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 Leath Correctional Institution (LCI) for women initially started December 29, 2020, with the signing of agreement for Demetrius Henderson, certified Department of Justice (DOJ) PREA Auditor. The LCI on-site audit was schedule for September 6-7, 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 Manager (FPM). On this day 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 Leath Correctional Institution (LCI). The website describes the Agency's overview, mission, vison, the Facility's overview, pictures of the Facility, programs for inmates, and the Facility's previous PREA audit report. In 2018, LCI completed PREA Audit.

September 2, 2021, the CPA interviewed the Program Manager at Beyond Abuse (a community advocate organization) and she confirmed a MOU exist between Beyond Abuse and LCI. The manager confirmed Beyond Abuse provides short-term crisis counseling, available to provide supported counseling and emotional support to LCI victims of sexual assault and transported to a local hospital for sexual assault examinations and treatment. The Program Manager was clear the organization's hotline was confidential and not a number to report PREA allegations.

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 407 inmates and a 12-month average inmate population of 408. The CPA received and reviewed a letter from inmates from the Facility on August 25, 2021. The letter addressed to the CPA demonstrated that PREA posting notifying inmates of the upcoming PREA Audit was posted in advance by the facility. In addition, the Facility pictures of posting confirmed the CPA information were posted in the facility

On August 20, 2021, the CPA contacted the FPM to discuss the coordination of the on-site visit for September 6-7, 2021.

Entrance Briefing and Site Visit:

The onsite phase began on September 6, 2021, with an initial meet and greet over breakfast in the community with the CPA, the Facility's key personnel and the State-wide PREA Compliance Coordinator (PCC). After breakfast the entrance meeting started at the Facility with the CPA, PC, Warden, Associate Warden of Programs (PCM), Associate Warden of Operations, Human Resource (HR) Coordinator. 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 hard 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 Facility's population for the first day was 383 and the second day was 383. The rated capacity is 844. The average range of the population is 20-83. The average population for the past 12 months was 407, and the average length of stay is greater than 14 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 from each shift operation at the Facility. The Facility operates 12 hour shifts for security personnel. Random staff were selected from each housing units.

The Facility's population for the first day was 383 and the second day was 383. The rated capacity is 844. The average range of the population is 20-83. The average population for the past 12 months was 407, and the average length of stay is greater than 14 years.

After the entrance meeting ended the CPA started the 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 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). Some of the housing areas were being used for COVID-19 quarantine areas and were not reviewed in person by the CPA, in accordance with Facility COVID-19 safety guidelines, quarantine areas were reviewed via security camera viewing.

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 (September 2017). In accordance with the PREA Auditor Handbook the Facility is required 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:
 - 1-Inmates with Limited English Proficiency
 - 2-Inmates who disclosed sexual abuse on the risk assessment
 - 2-Inmates who reported sexual abuse at the correctional institution
 - 1-Inmates with physical disabilities
 - 1-Inmate with Mental Health
 - 1-Inmate Hard of Hearing
 - 1-Inmate Visually Impaired
 - 5-Inmates who identify with the LGBTI population
 - 1-Inmates who written to CPA

- The CPA observed PREA signs throughout the intake area, cameras and mirrors covering blind spots. The on-site observation of the Facility including five housing units, one SHU, one quarantine unit by video camera and 11 buildings. The CPA observed PREA signs throughout the intake area, cameras and mirrors covering blind spots. In addition, the following areas were observed during the first day: The Building observed included:
 - Education
 - Medical
 - Mail
 - Commissary
 - Canteen
 - Chapel
 - Cafeteria
 - Visitation
 - Gym
 - Braille
 - Prison Industries Work

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 first day of the on-site visit, the CPA gave several recommendations to reduce the risk of sexual assaults and sexual harassment. The following are the first-day recommendations from the CPA and the corrective actions from the Facility. **It should be noted Leath Leadership and the Statewide PREA Coordinator (PC) responded immediately with corrective actions and demonstrated that most of the recommendations were corrected by the end of the first day, and the recommendations not corrected were planning to be corrected within the next few days. The CPA would like to acknowledge the poster contest on the housing units that promoted PREA “zero tolerance”. The posters were very creative, well thought out, and crafted.**

Location: All Housing Units

Recommendations: Mirror adjusted on the unit to eliminate blind spot

Corrective Action: Adjusted mirror to eliminate blind spot and when higher-level staff making announced rounds document in log that the mirror is in place to eliminate blind spot on the unit.

Location: Maintenance Area

Recommendations: Sign posted no inmates allowed without staff supervision

Corrective Action: Sign Posted

Location: Prison Industries Storage Area

Recommendations: Sign posted more than one inmate in the area requires staff supervision

Corrective Action: Sign Posted

Location: Chapel -Library Area

Recommendations: Sign posted advising only one inmate clerk at a time in the office

Corrective Action: Sign Posted

Location: Chapel -Library Area

Recommendations: Sign posted more than one inmate in the area requires staff supervision

Corrective Action: Sign Posted

Location: Inmate Interviews

Recommendations: Sign posted confused inmates thinking that crisis support hotline is a number that inmate can call to report PREA incidents.

Corrective Action: Separated the Crisis Hotline poster and number from the PREA external hotline number.

Location: Education Bld.

Recommendations: Sign posted informing staff and inmates that inmates are not allowed in the area unless always supervised.

Corrective Action: Sign Posted

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.

Leath Correctional Institution (LCI) is a South Carolina Department of Corrections (SCDC) prison for women that open in 1991 in Greenwood County, South Carolina. LCI is under the state authority of the South Carolina Department of Correction (SCDC). 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.

LCI is a 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. LCI house adult inmates 18 years old and over. The facility does not house youthful inmates under the 18 years of age.

LCI has 19 buildings and eight (8) of these buildings are inmate housing units. One (1) of eight (8) housing unit is used for Segregated Housing (SH), one (1) housing unit serves as a character housing unit, and one (1) is used for the SPICE Program (Self-Paced In Class Education). Inmate housing units are primarily double bunk cells. The inmate housing units are named after streets in the city of Greenwood. The names of housing units are Reynolds, Phoenix, Cambridge, Laurel, Alexander, and Montague. The facility's additional buildings include Commissary, Canteen, Dining, Education, Administration, Maintenance, and Gym/Recreation.

LCI offer rehabilitation programs and employment opportunities to develop inmates' skills that can be used when they are released back into the community. LCI prison industry work program manufacturer shirts. LCI has an extraordinary Braille translation program. Inmate work program allows them to manufacture Braille books and learn the skills to translate braille. LCI offers inmates educational programs to complete their GED (general education degree), and a cosmetology program for inmates to become licensed cosmetologists. LCI also has a horticultural program with two (2) greenhouse/gardens.

In the past 18 months, LCI has faced major challenges to its facility's operations. Like most prisons across the country, the COVID-19 pandemic has impacted LCI 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.

LCI staff high turnover rates and high vacancies poses another major challenge to the facilities operations. LCI 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. LCI has ordered and purchased over \$70,000.00 dollars in additional cameras to increase PREA safety, and security.

Summary of Audit Findings

The on-site visit concluded with an exit meeting with the CPA, and PCM. The CPA informed the PCM that additional information may be requested before the final report is completed. The CPA had been provided with extensive documents for review prior to the on-site audit. While at the facility, the CPA reviewed a sufficient sampling of records based on the size of the facility which included inmate case records, training records, investigative reports and additional program information and documents. The CPA interviewed the required number of staff and inmates based on the facility population and all were knowledgeable on PREA. The facility was found to be well managed and observed communication and interaction between staff and inmates were appropriate. Correctional Officers and Non- Correctional Officers were cooperative and professional. The facility was clean and well maintained. The CPA explained the corrective action plan and audit report process and what would follow the on-site audit. The following were recommendations and corrective actions that results from the on-site visit

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

Summary of Corrective Action (if any):

The Interim Audit Report, dated October 22, 2021, indicated there was zero (0) standards non-compliant at Leath Correctional Institution (LCI). The Certified PREA Auditor (CPA) gave seven (7) recommendations, and all (7) recommendations were corrective. The Facility completed (5) recommendations prior to exit meeting of onsite visit. The remaining two (2) corrective actions and confirmed by the CPA during a follow-up site visit on October 21, 2021. The CPA reviewed the corrective actions, documentation review, interviews 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 Leath Correctional Institution has achieved full compliance with PREA standards.

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: [Click or tap here to enter text.](#)

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: [Click or tap here to enter text.](#)

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The SCDC (Agency) has a written policy GA-0611 mandating zero tolerance towards all forms of sexual abuse and sexual harassment in facilities it operates directly and under contract. The Agency policy outlines how it will implement the agency's approach to preventing, detecting, and responding 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.

The Agency has appointed a statewide PREA Coordinator (PC) who is an upper-level staff in the Agency. 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.

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 PCM confirmed that she has time to complete her PREA responsibilities. The Agency's policy GA-0611 delineates all staff members' responsibilities regarding the prevention, detection, and intervention of sexually abusive behavior and sexual harassment. 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.

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, using the computer, 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. 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, PC, and inmates confirm the Facility is compliance to standard 115.11.

Corrective Action:

Separate the PREA hotline number from the community support agency number because the community support number is for crisis calling and they do not report any PREA incidents to third parties. To eliminate confusion the Facility separated these two numbers into two documents to show that one number is for crisis support and the other number is for reporting PREA allegations.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*) **Instructions for Overall Compliance Determination Narrative**

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

Review of contract between SCDC and CoreCivic shows the Agency has entered a contract for the confinement of inmates after August 20, 2021. 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 CoreCivic requires 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.

The PC provided a memo stating that he would monitor the contractor's compliance with PREA standards. To ensure the contractor's PREA compliance the PC conveyed to the CPA that he is scheduled for an onsite visit to the facility and inspect where the inmates are being confined and supervised.

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.

The Agency requires each facility it operates to develop and make its best efforts to comply on regular basis with a staffing plan that provides for adequate levels of staffing and video monitoring to protect inmates from abuse. 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.

The Facility's plan conveys any changes to the scheduling and staffing model at Facility will be adjusted based on the composition of the offender population and the programming occurring on a particular day. Changes will be made on limited and emergent circumstances will be coordinated, communicated and documented with the facility's leadership. Documentation of changes or deviation of the plan will provide to the Agency's PC. The CPA reviewed the Facility's Staffing Plan Compliance Checklist that demonstrates at least once every year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

A review of the Facility's Staffing Plan Compliance Checklist and Staffing Plan memorandum demonstrates compliance with maintaining sufficient staffing and supervision of inmates to enhance protection from sexual abuse. The documentations also address and consider the safety and security of inmates and staff in all staffing considerations. The Facility has not deviated from the established staffing plan. Observation from the on-site visit confirms the Facility makes every effort to comply with a staffing plan that provides for adequate levels of staffing and video monitoring to protect inmates from sexual abuse.

The Facility's Staffing Plan Compliance Checklist has the signatures of the Facility's Warden, PCM, and PC. The staffing plan that was developed in response to this standard is very well written and includes all elements required by standard 115.13.

Documentation review of supervisor's unannounced rounds logs confirms that intermediate-level or higher-level supervisors conduct and document unannounced rounds throughout the facility. Review of memorandum supervision and monitoring confirms the facility's intermediate and supervisory staff conduct 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 and that staff members do not alert other Correctional Officers when unannounced rounds are being performed. CPA review of logs books confirmed the Facility is doing unannounced rounds.

Review of documents, observation during the on-site visit, interviews with Correctional Officers, PCM, PC and mid-level supervisors 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.

LCI Pre-Audit Questionnaire and interview with PCM, security staff and inmates confirmed the Facility does not confine and supervise any inmates under the age of 18 years old. Interview with PC confirmed the age range of inmates in LCI is between 20-83 years of age. As per SCDC Policy OP-22/39, "Young Offender Parole and Reentry Services (YOPRS)", youthful offenders will not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult inmate through the shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, institutions will ensure direct staff supervision between youthful offenders and adult (18 year of age or older) offenders.

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

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Review of SCDC GA-o6.11B Title Applying The Prison Rape Elimination ACT (PREA), Policy OP-22.19, "Search of Inmates", confirmed that SCDC does not conduct cross-gender strip searches or cross-gender

body cavity searches, except in limited and documented exigent circumstances. The policy directs all cross-gender searches will be documented on SCDC Form 19-29A, "Incident Report".

Review of SCDC Policy OP-22.19 directs all SCDC that Facility to develop and comply with a written and documented standard operating procedure that allows inmates to shower, perform bodily functions and change clothing without being completely viewed by other inmates, non-medical staff, or staff of the opposite gender, except in limited or exigent circumstances, or in the line of one's official duties.

Review of SCDC Policy OP-22.19 directs the Facility to ensure that staff, volunteers, interns, visitors, and contractors are required by institutional policies and procedures to have their own presence announced when entering a housing unit. Employees, volunteers, interns, visitors, and contractors entering a living facility will announce or have announced a statement like "Staff on the floor".

At no time will any SCDC institution search or physically examine a transgender or intersex inmate for the purpose of determining the inmate's genital status.

The Agency has implemented policies to enable inmates to shower, perform bodily functions and change clothing without non-medical staff members of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or incidental to routine cell checks. The Agency and facility have provided training to staff members on appropriate search of inmates in the facility. Through an observation of the shower stalls, they were proven to demonstrate privacy with a consistency in the dimensions among each stall. Inmate's private parts were covered and only head and feet were visible.

The facility does not allow for strip searches or body cavity searches to be performed by staff members of the opposite gender, except in exigent circumstances. To date, there has yet to be an exigent circumstance that required a cross-gender cavity or strip search, and staff members are aware to document all such cross-gender searches.

While visiting the facility, all staff interviewed were able to demonstrate a respectful pat and search for transgender, intersex and cross-gender inmates. Correctional Officers interviewed confirmed their training in conducting cross-gender pat searches do not occur at the Facility. Several Correctional Officers interviews with male and female officers confirm they were trained to conduct transgender and intersex inmates' searches in respectful manners.

The CPA routinely observed females walking on the unit presence being announced during the on-site visit tour of the housing units. Interviews with Correctional Officers and inmates confirmed of announcements of males on the unit and review of policy documents confirm compliance with standard 115.15.

An observation of the shower stalls demonstrated privacy, and the shower dimensions are configured the same way on every unit. When observing the shower stall on the outside inmates' private areas are covered. You can only see inmates' head and feet areas.

Interviews with inmates confirmed that they can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Inmates confirmed that when females come on the housing unit, their presence are announced. Transgender interviews confirmed that searches are respectful, not intrusive, and 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 inmates, observation of announcements of female on the unit, and review of policy documents confirm compliance with standard 115.15. However, within standard 115.15 (d) there was an area of non-compliance, specifically over inmates' inability to

perform bodily functions without the presence of nonmedical staff members of the opposite sex/gender observing. The toilets in the bathrooms of Reynolds housing A unit need to have stall or borders on the door for privacy when performing bodily functions.

Corrective Action:

The toilets in the bathrooms of the housing unit need to have stalls or borders for privacy when inmates perform bodily functions. The corrective action was completed and observed onsite by the CPA on October 21, 2021.

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*)

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The CPA reviewed SCDC Policy OP-21.04, "Inmate Classification Plan", SCDC will make available an Americans with Disabilities Act (ADA) Coordinator who shall take appropriate steps to ensure inmates with disabilities and those who are limited English proficient, have an equal opportunity to participate in or benefit from all aspects of the Agency's PREA efforts. The policy directs SCDC facilities will not rely on inmate interpreters, inmate readers, or any other type of inmate assistants in obtaining information regarding investigations that may compromise the safety of the inmate.

Interviews with staff and inmates regarding the PREA information provided to inmates by the agency and facility revealed that while staff are providing information to inmates regarding PREA. 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 a mid-level supervisor and Correctional Officers who are bi-lingual and available to assist inmates with interpretation and reporting PREA allegations. Communication services are also available for inmates who use sign language. The facility policy and training say they do not rely on inmate interpreters, inmate readers or other types of assistances in the performance of first responder duties or during the investigation of an inmate's PREA allegations.

Observation of the Admission and Orientation (A&O) Handbook address the requirements of the standard. The handbook written in English and Spanish that contains information on reporting PREA incidents, and the facility's zero tolerance policy. The CPA interview with inmates confirmed they all receive PREA related information during A & O. It was noted that all housing units and programming areas displayed the reporting line information (*22 and *63) by all phone banks or information regarding contacting the rape crisis center, Beyond Abuse, 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. Interviews with Inmates confirmed the Facility instruct them on the Agency's zero tolerance policy and procedures on reporting PREA allegations. Interviews with inmates, staff, review of documents and observations during onsite visit confirmed 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*)

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Review of the Agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the 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); been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in the sexual abuse or sexual harassment activity

Review of the Agency's ADM-11.28 application selection process policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

SCDC Policy ADM-11.28, "Applicant Selection Process," SCDC will conduct criminal background records checks before hiring employees and will not hire or promote anyone who have engaged in sexual abuse of any kind. Individuals who have engaged in sexual harassment will be considered on a case-by-case basis. SCDC shall conduct criminal background records checks at least every five (5) years for current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

The PCA and HR Manager reviewed and observed 5 employee files that confirmed that background checks are consistently being completed and applications have PREA related questions to screen applications for employment. All applicants for employment are subject to satisfactory The agency's policy on general employment considerations for staff that warrant immediate screening removal of applicants for employment consider includes convictions of felony offenses, misdemeanor crimes of sexual abuse or sexual harassment. The interview with HR Manager confirmed through the Agency all applicants and employees applying for promotions receive a full background check and consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates, including anyone who has been civilly or administratively adjudicated for any incidents of sexual harassment.

The interview with 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 interview confirmed the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination and interviews or written self-evaluations conducted as part of reviews of current employees and applicants.

The CPA reviewed 5 employee files, 2 were new hires, and 3 were employees employed past 12 months. A review of 5 employees files confirmed the criminal background checks completed. The CPA Auditor observed in the employee files application questions regarding PREA. The CPA interview with the Warden and document review confirmed that when employees are transferring from or to another SCDC Facility, the Wardens from the respective Facilities communicate and document whether an employee

had any misconduct of sexual abuse or sexual harassment while employed at SCDC Facility. In the past 12 months, there were zero contracts for services where criminal background record checks were conducted on all staff who might have contact with inmates. The Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

A review of documents, interview with the HR Manager, review of employee files confirmed the agency is following 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.

The CPA observed during the onsite visit security cameras throughout the Facility. The CPA observed the control room that showed cameras view throughout the Facility. Interview with the PC and review of invoice that shown over \$70,000.00 in camera equipment to be installed at the Facility. The equipment purchase was planned to prevent sexual assaults or sexual harassment in LCI

Correctional Officers are able by camera to observe all units. 100% of inmates interviewed felt safe in the facility. Interviews with community advocates confirm over the past 12 months no sexual assaults were reported from the facility. Interview with the PCM confirmed the facility camera monitoring ensures the safety of Correctional Officers and inmates.

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 *a/ways* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The CPA reviewed 2.1 SCDC's Police Services is responsible for investigating all allegation of sexual abuse, consistent with SCDC Policy POL-23.01, "Investigations". 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.

Review of 2.2 SCDC's Police Services will ensure that a uniform evidence protocol that is developmentally appropriate for youthful offenders (when applicable) and is documented and used based on the most current law enforcement practices.

Review of 2.1 SCDC's Police Services is responsible for investigating all allegation of sexual abuse, consistent with SCDC Policy POL-23.01, "Investigations". 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.

The CPA reviewed LCI's Memorandum of Understanding (MOU) with the local rape crisis center, Beyond Abuse. The CPA interviewed Rape Crisis Center staff prior during the onsite audit for an interview. The advocate did confirm that their services are provided to inmates that are taken to the local hospital. The Rape Crisis provide advocacy and crisis support services to inmates. However, Rape Crisis made it clear that they do not report PREA allegations. The Rape Crisis Center reported that in the past 12

months zero inmates received counseling supports or support counseling during any forensic examination. During the past 12 months there was zero sexual examination performed.

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

90% of inmates interviewed were about to convey Rape Crisis is available to provide support counseling for past or present victims of sexual assaults. However, only 10% of inmate interviews were able to understand that Rape Crisis line was not an avenue to report PREA allegations.

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.

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

Corrective Action:

Posting of PREA hotline and Rape Crisis hotline created confusion for inmates when asked what number they could dial to report PREA allegation. Inmates believed that you could dial both numbers to Report PREA allegations. The Rape Crisis hotline does not report PREA allegations. The line is 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. The Facility demonstrated by pictures that corrective action was completed.

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

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The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment including inmate-on-inmate sexual abuse and staff sexual misconduct. In the past, 12 months 6 allegations of sexual abuse and sexual harassment were reported. In the past 12 months, 2 out of 6 reported PREA allegations resulted in an administrative investigation, and during the past 12 months, 1 out of 6 PREA allegations was referred for criminal investigation. Criminal investigations are documented in the Police Case Management System. Administrative investigations are documented in files at the Facility. The Facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

The CPA reviewed the Agency policy POL-23.01 that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations

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

Interviews with PCM, Investigative Agent, Review of Pre-Audit Questionnaire, review of documents of PREA allegations, investigations that substantiated, unsubstantiated, or unfound PREA allegations, Review of Agency's policy confirmed the Facility is compliance with standard 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

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 reviewed the Agency's policy GA-06.11, "Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment" directs all employees (temporary and grant), volunteers, interns, and contractors will be provided general training on PREA and the Agency's zero-tolerance policies. Direct care staff will have PREA training provided by the Division of Training and Staff Development during Agency On-boarding, Orientation, Security Basic Training, and annually as mandatory in-service annual training. PREA training will 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; 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.

The Agency's policy also directs the Facility to train all employee on inmates 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 lesson plan and attendance sheets demonstrate annual training is being completed. A review of training attendance sheets confirm Correctional Officers and Non-Correctional Officers receive annual PREA training. The Facility trains all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The Facility trains all employees who may have contact with inmates on how to fulfill their responsibilities under the Agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

Interviews with Correctional Officers and Non-Correctional Officers confirmed that training is being provided initially and refreshers annually. 100% of Correctional Officers and Non-Correctional Officers confirmed they received 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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The Agency Prison Rape Elimination Act (PREA) policy addresses All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The policy directs volunteers and contractors who may have contact with inmates will be trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates.

Volunteer Service Agreement describe volunteers attending orientation and receiving PREA training. The service agreement includes the following language: I understand that the Prison Rape Elimination Act (PREA) is a federal law that prohibits and seeks eliminate sexual assaults and sexual misconduct in SCDC correctional institutions. Further, that the SCDC has a zero tolerance for sexual assault or abuse of any person or sexual relationships between staff, volunteers, and offenders. Any volunteer who observes or receives information concerning sexual assault or abuse must report it immediately to one of the following: PCM, Warden, Human Resources, Inspector General or an appropriate member of SCDC staff prior to leaving the institution.

In the past, all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to

report such incidents. Because of COVID-19, during the past 12 months the Facility had zero number of volunteers and contractors.

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

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The CPA reviewed the Agency's policy GA-06.11, "Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment" 1.1.3 Inmate Education: All inmates will be provided training on PREA during the initial intake process at the Reception and Evaluation (R and E) Centers and within thirty (30) days of intake at all institutions. 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, Section 1.1.4 directs inmate education sessions will be facilitated by a staff member who has been provided in-depth PREA training and is knowledgeable about the Agency's current policies and procedures addressing the sexual abuse and sexual harassment of inmates. The facilitator must be knowledgeable on the subject matter being discussed and be sensitive to past trauma of inmates. The policy states training, and information provided will be communicated in a manner that can be clearly understood by the inmate; inmates will have the opportunity to ask questions and receive answers during each training session; and tips for staying safe from sexual abuse and sexual harassment.

Policy GA-06-11, 1.1.4, Section 1.6 directs inmates will be required 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.

Interview with Correctional Staff conveyed during the admission and orientation session, each inmate receives PREA information describing the agency's PREA Compliance program. The information includes key elements of the program and informs inmates of the "zero tolerance" policy regarding sexual abuse and sexual harassment, and ways of reporting abuse. The auditor observed information is available in English or Spanish.

The CPA reviewed a section in the Pre- Audit Questionnaire on Inmate Education. Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The number of inmates admitted during past 12 months who were given this information at intake were 132 / 141 = 93.6%. The number of those inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake was 132 / 132 = 100%

The Agency's policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. The Facility maintains documentation of inmate participation in PREA education sessions. The Facility ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.

100% Inmate interviews confirmed they received PREA information and education during orientation and follow-up within 30 days. Inmates were aware of multiple methods of reporting PREA allegations, including anonymous, third-party reporting, and their right to be free from retaliation. Observation of the facility confirmed that PREA posters were prominently displayed in all housing units, visiting room, and common/program areas.

Compliance with this standard was determined by a review of policies and procedures, orientation process materials, interviews with staff and inmates, as well as observation during the on-site confirm the Facility's compliance with standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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 CPA reviewed regular and advance training attendance sheet of 40 investigators that demonstrated the Agency maintains documentation showing that investigators have completed the required training. Document review demonstrates the Agency maintains documentation showing that investigators have completed the required training.

Interview with Deputy Director of Office of Investigation 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 Agency policy outlines specialized training for investigators. 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.

Compliance with this standard was determined by a review of the policy and procedures, training attendance, interview with PCM, Investigative Agent, and Deputy Director of OII. 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

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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.

Review of Policy 1.1.2 Specialized Education states All Criminal Investigators, Medical Practitioners, Mental Health Practitioners, and anyone authorized or charged with specific aspects of the Agency's response to sexual abuse allegations are required to complete specialized PREA training in the area specific to their role. This training will be completed at least every two (2) years with a certificate of completion or signed training completion document placed in the employee's file. Each Institutional PREA Compliance Manager is responsible for documenting the completion of training on SCDC Form 19-181, "NIC Training Log for Investigations and Medical/Mental Health."

Review of Policy section 3.4 Any employee authorized to conduct any portion of an administrative investigation into allegations of sexual abuse/sexual harassment will have completed specialized training in PREA investigations prior to conducting any portion of any investigations. Certificates of completion or SCDC Form 19-181, "Training Log for Investigations and Medical/Mental Health," will be filed in the employee's personnel records for review and auditing purposes.

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 CPA reviewed an attendance training sheet that showed 97% of medical and mental health staff completed PREA investigation training, while 84% completed PREA health training. 14 medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy. One medical staff was not able to complete regular PREA training because that person went out on leave and did not return. The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Based on policy review, attendance sheet with names and dates, specialized staff interviews, the Facility is compliant with standard 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The CPA reviewed the agency policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 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.

The Agency policy GA-06.11 in 4.2 directs each institution's Classification personnel will use the information obtained from the screening tool for vulnerability/abusiveness to help determine each inmates housing, bed, program, education, and work assignment. Determinations for housing of inmates will be documented. Within thirty (30) days of the initial intake screening, a reassessment screening will be

conducted by the institutions Classification personnel as described in SCDC Policy OP-21.04, "Inmate Classification Plan."

The Agency policy GA-06.11 in 4.3 states consistent with SCDC Policy OP-21.04, "Inmate Classification Plan," inmates at risk for possible abuse may be placed in isolation only as a last resort, when less restrictive measures of protection are not available and then only until an alternative means of keeping all inmates safe can be arranged. The policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness, and prohibits disciplining inmates for refusing to answer

Interviews with inmates confirmed inmates are being screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 100% of all inmates interviewed conveyed sexual victimization screening is being completed upon arrival to the Facility. 100% of all inmates interviewed confirmed that follow-up PREA assessments are being completed with a couple of weeks of being in the Facility. The CPA reviewed documents that confirm that 144 out of 141 inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility:

The CPA reviewed the Facility's screening tool assesses an inmate at risk of sexual victimization by asking questions such as whether the inmate has a mental, physical, or developmental disability, age of the inmate, physical build of the inmate, inmate has previously been incarcerated, inmate's criminal history is exclusively nonviolent, inmate has prior convictions for sex offenses against an adult or child, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, perception of the screener, whether the inmate has previously experienced sexual victimization, and inmate's own perception of vulnerability.

Review of inmate records confirm the questions on the risk assessment being completed and documentation supports follow-up risk assessments are being completed. Interview with Correctional Officers confirmed that information collected from screening assist the facility in placement to ensure inmate safety. Review of screening tool, inmate records, interviews with 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 GA-06.11, "Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment" that directs the Facility to use information from the risk screening required to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The Facility makes individualized determinations about how to ensure the safety of each inmate and makes

housing and program assignments for transgender or intersex inmates in the Facility based on a case-by-case basis.

The CPA review of Agency policy GA-06.11, "Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment" section 4.4 states inmates who identify as lesbian, gay, bisexual, transgender, or questioning/queer, or intersex (LGBTQI) will be treated fairly and respectfully in accordance with SCDC Policy ADM-11.34, "Employee Inmate Relations".

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.

The PREA-Auditor observed screening questions that relates to identifying LGBT inmates. Correctional Officers interviewed informed the CPA that if an inmate verbalizes history of abuse or fears of being sexually assault, housing is considered and bedding placement on the unit is considered for safety purposes. For example, an inmate who expressed concern of being victimized maybe placed in cell that is located near the correctional officer station so the officer can keep a closer watch on that inmate.

The Facility's 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. Mental health does additional screening in 72 hours.

Interviews with Three (3) Transgender inmates and three (3) out of three (3) confirmed they are not being placed in housing or program solely because of the transgender or intersex status. 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. 100% of Transgender inmates interviewed confirmed they 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.

A review of inmate records confirmed that inmates who processed into the facility that have been identified 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, 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

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 GA-06.11, "Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment" prohibit the placement of 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.

Interviews with PCM and classification staff substantiates zero inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: In the past 12 months, zero number of inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement:

From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, zero number of case files that included a statement of the basis for facility's concern for the inmate's safety, and the reason or reasons why alternative means of separation could not be arranged

The CPA reviewed 13 inmate 30 day completed follow-ups. 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.

The facility is 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

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 reviewed the Agency's policy GA-01.12 that establish the protocols for the Facility to allow inmates multiple internal ways to report privately to agency officials about sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. The Agency directs the Facility to provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. Review of the Inmate Orientation Handbook

describes the Agency policy on zero tolerance of sexual abuse and sexual harassment, introduction to the PCM, and multiple ways of reporting PREA incidents.

The Agency's policy GA-01.12 establishes procedures on requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The Agency's policy mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, from third parties, and staff are required to document verbal reports. The Agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. Based on review of the Agency's policy GA-01.12 and interviews with inmates and staff, the Facility provides multiple opportunities/methods for inmates and staff to make a report regarding sexual abuse, sexual harassment, retaliation and/or staff neglect. Inmates and staff are very clear that inmates can come to any staff member to make a report. Staff were very clear that it is their responsibility to immediately report any allegation made to them through their chain of command to initiate the investigation process at the facility. Inmates and staff can call the reporting line (*22) set up by the SCDC to leave a message regarding any violation in the facility. This is an anonymous reporting line as a PIN number is not required to call this number and so the call is not recorded. 80% of inmates interviewed were under the impression that they could call the (*63) line to report PREA allegations. To eliminate the misperception, the CPA recommended corrective action by separating these two numbers and show that *63 is for crisis support services, while *22 number is a method to report PREA allegations anonymously and outside the Facility.

The onsite visit of the facility confirmed that there were numerous posters on display explaining the reporting procedures. Correctional Officers and inmates interviewed could articulate ways to report PREA allegations such as correctional officers and non-correctional officers accepting reports made verbally, in writing, anonymously and from third parties, correctional officers and non-correctional officers were able to verbally confirm they are required to immediately document any allegation and notify their Supervisor.

Interviews with inmates confirmed that they fully understand PREA safeguards and the facility's zero-tolerance policy. Inmate interviews confirm during orientation and a week after intake they are given PREA information. Inmate's Admission and Orientation (A&O) handbook contains information on reporting PREA incidents, and the facility's zero-tolerance policy. PREA posting on reporting PREA incidents are located throughout the facility. The posting 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 regarding identify 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 of reporting PREA allegations. Ways of reporting PREA allegations were posted near phone on inmate housing units and throughout the Facility.

Review of policy documents, observation during the on-site visit and interviews with correctional staff, PCM, PC, and inmates confirm the Facility is compliance to standard 115.1.

Corrective Action:

Separate the PREA hotline *22 number from the *63 community support agency number, because the community support number is for crisis calling and they do not report any PREA incidents.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Agency GA-01.12 Inmate Grievance Process has an administrative procedure for dealing with inmate grievances regarding sexual abuse. The CPA reviewed the policy that allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The policy specifies time limits at each step in the procedure are contained herein; but in most instances, grievances will be processed from initiation to final disposition within 171 days except when the Branch Chief/Designee, Inmate Grievance Branch, specifically agrees to a request for an extension. If an extension is granted, the IGC will notify the inmate in writing. (NOTE: The maximum extension that may be given is 90 days. Under certain circumstances the grievance process may exceed 261 days.)

The Agency's policy requires an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse, and allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

The agency's policy and procedure require that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint and requires a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

In addition to the GA 01.12: Inmate Grievance System policy reads as follows.

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

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

15.2.3 Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing grievances for administrative remedies relating to allegations of sexual abuse and shall be permitted to file on behalf of the inmate. However, the inmate must agree in writing, that he/she wishes to have the grievance processed on his/her behalf. If the inmate declines, this decision will be documented on the grievance form. NOTE: Even if the inmate declines, a copy will still be forwarded to the Division of Investigations (DOI) for review.

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

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

A review exhaustion of administrative remedies documents informed the CPA of no grievances alleging sexual abuse/sexual harassment were filed within the past 12 months. Therefore, there were no instances which required an extension, due to final decision not being reached within 90-day timeframe

A Review of the Agency's policy permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. The Agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. No inmates file grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline.

The Agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. No inmates filed emergency grievances alleging substantial risk of imminent sexual abuse within in the past 12 months: Therefore, no inmates had grievances that had an initial response within 48 hours:

The Agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days. There were no inmates that filed grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days:

The Agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where grievance alleging sexual abuse the agency demonstrates that the inmate filed the grievance in bad faith. There were no inmates that filed grievance alleging sexual abuse in the past 12 months. Therefore, no inmates that filed grievances alleging sexual abused in disciplinary action by the Agency against the inmate for having filed the grievance in bad faith:

Review of the PREA Policy OP-21.12 and interviews with staff were considered during the evaluation of the compliance with this standard. Interviews with staff and inmates provided information that inmates could make an allegation of sexual abuse as part of the grievance system. 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

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 provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The CPA observed during the onsite visit posters throughout the Facility informing inmates about crisis counseling support "beyond abuse" by dialing *63. The facility provides inmates with access to "beyond abuse" by giving inmates access to telephone number (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations.

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. The facility informs inmates, prior to giving them access to outside support services, 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 available in English or Spanish.

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

The facility works with the local rape crisis center, Beyond Abuse. This Auditor was able to speak with staff from Beyond Abuse on a call following the onsite audit. The conversation was regarding what the services are that the rape crisis center can provide to the inmates. There was discussion about providing services at Self Regional Hospital and the crisis intervention services provided over the phone.

The agency has set up a phone number (*63) which rings directly to this local rape crisis center for crisis intervention services. This Auditor dialed this number on 90% 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 the call 100% of the time.

During interviews, inmates knew what a rape crisis center is and what services this entity can provide. Many were aware of the confidentiality the rape crisis center provides. Beyond Abuse *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 created confusion for inmates when asked what number they could dial to report PREA allegation. Inmates believed that you could dial both numbers to Report PREA allegations. The Rape Crisis hotline does not report PREA allegations. The line is 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. The Facility demonstrated by pictures that corrective action was completed.

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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The agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment by providing inmates 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 available in English or Spanish.

The agency publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. Information on how to make a report directly to SCDC is displayed on the SCDC website for anyone to access. To make a report to an outside agency, the SCDC has an agreement with the State Law Enforcement Division (SLED). Anyone can write to SLED to make a report of sexual abuse inside a correctional institution in South Carolina.

Compliance with this standard was determined by a review of PREA information, posters, brochures, 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

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 GA-01.12 requires all staff to report immediately and according to agency policy 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 and according to agency policy any retaliation against inmates or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy 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. All notifications of an allegation would result in the opening of a formal PREA investigation. The 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. All staff at the facility who were interviewed were clear that all staff, contractors, and volunteers are required to report any information they receive involving sexual abuse or if they have a suspicion of sexual abuse or information about retaliation relating to sexual abuse. Interviews confirmed that all staff are given information through ongoing training about reporting abuse, suspicion of abuse or retaliation in the facility. Interview with medical and mental health staff confirm they inform inmates about their 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 20-83. The 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

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 GA-01.12 requires when staff person learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. In the past 1two months, the was no time the Facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

100% of Correctional Officers interviewed confirmed they knew their responsibilities to separate ensure the safety of the inmates. 100% of Correctional Officers interviewed knew the protocols to keep inmates safe from imminent danger. 100% of Correctional Officers interviewed conveyed knew the steps to act immediately to protect the inmate by separating and protecting the victim from the abuser, isolate the area, and notify 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. 20-83 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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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 no 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 no allegations of sexual abuse from other facilities.

Interview with Warden confirmed the process of notifying other facilities. Other agencies make the referral directly to the facility, specifically to the Warden. If the notification does not directly go to the Warden of the facility, the staff who receive the notification immediately forward it to the Warden so that the allegation can be appropriately investigated. The Warden presented a tracking form for documenting notify the head of the facility where sexual abuse is alleged to have occurred and stated the Facility response when it receives notification from a Facility's Warden.

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, one allegation was reported that an inmate was sexually abused. The one allegation in the past 12 months resulted in security staff member responding to the report by separating the alleged victim and abuser. In the past 12 months there was no allegations where staff were notified within a time that still allowed for the collection of physical evidence. In the past 12 months there was no allegations where staff were notified within a time that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence. In the past 12 months there was no allegations where staff were notified within a time that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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.

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

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 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 has a 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 they were knowledgeable regarding their 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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The agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has entered or renewed any collective bargaining agreement or other agreement since the last PREA Audit. At the time of the onsite visit, there were no organized unions in the Agency or its Facilities.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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.

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.

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.

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. No 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. No 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.

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 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The 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 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 one criminal and/or administrative investigations of alleged inmate sexual abuse was completed by the agency/facility in the past 12 months. In the past 12 months one inmate was notified, verbally or in writing, of the results of the investigation. In the past 12 months there was no inmate investigation of alleged inmate sexual abuse in the facility that were completed by an outside agency. Of the outside agency investigations of alleged sexual abuse that was one completed in the past 12 months.

The CPA interviewed investigator agent outside the Facility prior to onsite visit. The Investigator Agent was able to provide information about the investigative process throughout the corrections system. Police Services currently has approximately (40) investigators. These investigators work under a regional concept. The state is divided into (4) regions. Investigators are "assigned" to a particular facility; however, they travel to all institutions in their region based on the cases they are working on at the time.

Interview with the PCM describe the investigation process. The investigator will collect evidence, interview persons related to the investigations and present the cases to the local solicitor to determine whether criminal charges will be filed. 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 where the case is in the criminal process in the local county. The PCM stays in contact with the investigator to stay informed of the progress of the case. While Police Services completes all criminal investigations, the PCM begin the initial investigation process of all PREA allegations. PCM can interview inmates and collect evidence.

Police Services does utilize a Police Management System for keeping the case files and each region has its own number and then there are class codes that are also assigned to each case. Police Services investigates all criminal allegations at all SCDC institutions. All sexual abuse cases are sent to Police Services, while the sexual harassment allegations are investigated at the local facility. In addition, all staff on inmate allegations are sent to Police Services for investigations. Polygraph machines are not used as part of the investigation process.

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

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

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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 meets 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.

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

One criminal and/or administrative investigations of alleged inmate sexual abuse was completed by the agency/facility in the past 12 months, and notified, verbally or in writing, of the results of the investigation. There were no 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 notifications to inmates were provided and documented.

This was an area that was discussed with the PCM as she is the one responsible 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, notifying inmate of investigation outcome

A review of documentation confirmed that, in all instances, the inmates were informed, in writing, regarding the results of each investigation and the inmates signed that they received the notice.

was reviewed and 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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The Agency had 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, one staff from the facility violated agency sexual abuse or sexual harassment policies. In the past 12 months, one staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. In the past 12 months, the number of one 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 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 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 were clear that sexual abuse and harassment by a staff member should be grounds for dismissal from their position. 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 HR. 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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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.

Because of the COVID-19 pandemic, no contractors or volunteers have worked at the Facility in the past 12 months. Therefore, in the past 12 months no contractors or volunteers were reported to law enforcement for 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 HR 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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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. All sexual activity between inmates and disciplines inmates 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 no administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. In the past 12 months there was no criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

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 infection 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".

As confirmed by review of intake screening documents, screening for prior sexual victimization in any setting 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 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.

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.

The Agency has 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.

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.

Beyond Abuse provides emotional support, crisis services, and referrals over the phone or on-site to inmates. Interview with Beyond Abuse 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.

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.

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.

Interview with intake staff confirmed inmates are screened 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.

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.

In the past 12 months one criminal and/or administrative investigations of alleged sexual abuse completed at the facility. In the past 12 months one 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 she is 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, in accordance with the National PREA Standards 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

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 confirm the Agency collects 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 Agency has a policy consistent with National PREA Standards. The Agency will collect data that will assist them in reducing the risk of sexual abuse and/or sexual activity occurring within its institutions. The Facility will compile the information that relates to the prevalence of sexual abuse and/or sexual activity within the institutions, including circumstances that contribute to this kind of behavior, to provide insight into potential strategies for its reduction or elimination.

The Facility has an annual report for 2020 in draft. However, the PC sent the CPA the draft. The Facility's Annual Report is well written and thorough. The report will be housed on the agency website with other PREA information.

Compliance with this standard was determined by a review of policy, procedures, the agency website, and the Annual Report, as well as an interview PC and confirmed that collects data, and the data is securely retained. The agency is compliant with standard 115.87.

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 has a policy "10.3 SCDC will maintain data collected in accordance the National PREA Standards and with SCDC Policy OP-21.10 PC will ensure that data collected pursuant to the PREA Standards are securely retained for at least ten (10) years after the date of the initial collection.

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, plus five (5) years.

The Agency's policy 10.5 SCDC 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 19 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 a 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 has a policy that confirms a final report of completed audits will be available to the public on the Agency's public website.

PREA Audit reports are placed on the agency website within 90 days of their completion as required by the standard. The PC has indicated that final audit reports will be posted on the PREA page of the South Carolina Department of Corrections website once a final report is issued.

A review of the website confirmed the agency's compliance with standard 115.403.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Demetrius Henderson

October 22, 2021

Auditor Signature

Date

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

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