

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

Interim Final

Date of Interim Audit Report: January 11, 2021

Date of Final Audit Report: July 12, 2021

Auditor Information

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Company Name: PREA Auditors of America, LLC	
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Telephone: 713-818-9098	Date of Facility Visit: December 2-4, 2020

Agency Information

Name of Agency: South Carolina Department of Corrections			
Governing Authority or Parent Agency (If Applicable):			
Physical Address: 4444 Broad River Road		City, State, Zip: Columbia, SC 29210	
Mailing Address: 4444 Broad River Road		City, State, Zip: Columbia, SC 29210	
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.kenneth@doc.sc.gov	Telephone: 803-896-6436
PREA Coordinator Reports to: Sallie Elliott, Chief Legal and Compliance Manager	Number of Compliance Managers who report to the PREA Coordinator: 21

Facility Information

Name of Facility: Lieber Correctional Institution

Physical Address: 136 Wilborn Avenue

City, State, Zip: Ridgeland, SC 29472

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

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

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

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

Warden/Jail Administrator/Sheriff/Director

Name: Brian Kendall

Email: Kendall.Brian@doc.sc.gov

Telephone: 803-896-3700

Facility PREA Compliance Manager

Name: Ann Shepard

Email: Sheppard.Ann@doc.sc.gov

Telephone: 803-896-3700

Facility Health Service Administrator

Name: Elizabeth Gresh

Email: Gresh.Elizabeth@doc.sc.gov

Telephone: 803-896-3700

Facility Characteristics

Designated Facility Capacity:

1467

Current Population of Facility:

1078

Average daily population for the past 12 months:

1100

Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-85
Average length of stay or time under supervision:	Life
Facility security levels/inmate custody levels:	Minimum, Medium & Close
Number of inmates admitted to facility during the past 12 months:	853
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	773
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	533
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <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:	158
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	137
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	Not Provided
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	384

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>	13
<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>	13
<p>Number of single cell housing units:</p>	3
<p>Number of multiple occupancy cell housing units:</p>	10
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	88
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<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):</p>
Investigations	
Criminal Investigations	
<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>	47
<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 type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input 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 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): <input checked="" type="checkbox"/> N/A</p>
Administrative Investigations	
<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>	49
<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 checked="" 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): <input checked="" type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) certification audit for Lieber Correctional Institution (LCI), South Carolina Department of Corrections in Ridgeville, South Carolina was conducted on December 2, 2020

through December 3, 2020 to determine initial compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The agencyⁱ contract was secured through a third-party entity, PREA Auditors of America, LLC. and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit.

This is the initial certification audit for Lieber Correctional Institution. The South Carolina Department of Corrections began the PREA certification process for their facilities in 2018 and is currently in the second cycle of the current audit period.

Prior to the on-site portion of the audit the auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation. The facility ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received an assurance from the Associate Warden indicating the audit announcement was posted at least six weeks prior to the on-site portion of the audit. The auditor did not receive any correspondence from inmates or staff at LCI.

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the day of the audit (1078) the PREA auditor handbook indicated that at least 40 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across; gender, race, ethnicity, housing assignments and time in custody. Inmates were selected for interviews from each housing unit, except those that were quarantined due to COVID-19. Inmates selected for the targeted interviews were selected across varying factors, when possible. There were no inmates with cognitive disabilities identified nor were there any inmates in segregated housing due to their high risk of victimization during the on-site portion of the audit. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listing depicts the breakdown of inmate interviews.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

Category of Inmates	Number of Interviews
Random Inmates	20
Targeted Inmates	22
Total Inmates Interviewed	42
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Disability	3
• Inmates who are LEP	6
• Inmates with a Cognitive Disability	0
• Inmates who Identify as Lesbian, Gay or Bisexual	5
• Inmates who Identify as Transgender or Intersex	2
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	4
• Inmates who Reported Sexual Victimization During Screening	2

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across; gender, race, ethnicity and post assignments. Staff selected for the specialized interviews were selected across varying factors, when possible. Staff from both day and night shift were interviewed. It should be noted that due to COVID19 no volunteers were permitted access to the facility and as such were unable to be interviewed. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listing depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
 - Line staff who supervise youthful inmates, if any
 - Education staff who work with youthful inmates, if any
 - Program staff who work with youthful inmates, if any
 - Medical staff
 - Mental health staff
 - Non-medical staff involved in cross-gender strip or visual searches, if any
 - Administrative (Human Resources) staff

- SAFE and/or SANE staff
- Volunteers who have contact with inmates
- Contractors who have contact with inmates
- Criminal investigative staff
- Administrative investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, security staff (individuals who have responded to an incident of sexual abuse) and non-security staff
- Intake staff

Category of Staff	Number of Interviews
Random Staff	12
Specialized Staff	19
Total Staff Interviews	32
Specialized Staff Interviews	
• Agency Contract Administrator	1
• Intermediate or Higher-Level Facility Staff	2
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	3
• Human Resources Staff	1
• Volunteers and Contractors	1
• Investigative Staff	2
• Staff who Perform Screening for Risk of Victimization	2
• Staff who Supervise Inmates in Segregated Housing	1
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• Security and Non-Security who Acted as First Responders	3
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Ms. Salley W. Elliott (Agency Head Designee)
- Mr. Brian Kendall (Warden)
- Mr. Kenneth James (PREA Coordinator "PC")
- Ms. Ann Sheppard (PREA Compliance Manager "CM")

The on-site portion of the audit was conducted on December 2, 2020 and December 3, 2020. The auditor had an initial briefing with facility leadership and answered any questions. After the initial briefing, the auditor reviewed documentation and selected inmates and staff for interviews as well as identified all documentation needed for review. A tour of the facility was conducted on December 2, 2020 and began at 11:00am. The tour encompassed all areas associated with LCI, to include, the administrative building, medical and mental health, intake, all housing units, education and vocation, maintenance, prison industries, the cafeteria and kitchen, the chapel, laundry, commissary and visitation. It should be noted that those housing units that were quarantined due to COVID-19 were not toured. All housing units under quarantine had the same physical layout and set up as those toured. During the tour the auditor was cognizant of staffing levels, monitoring device placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. The tour was completed at 1:30pm. The auditor had limited contact with staff and inmates during the tour due to COVID-19.

Interviews were conducted on December 2, 2020 in the morning, afternoon and evening and on December 3, 2020 in the morning and afternoon. Prior to and during the on-site portion of the audit the auditor requested personnel and training documents of staff and inmates, as well as medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 158 staff assigned. The auditor reviewed a random sample of sixteen personnel and training records that included five individuals hired within the past twelve months. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Additionally, personnel and training files for four contractors as well as training files for four volunteers who have contact with inmates were reviewed.

Inmate Files. On the first day of the on-site portion of the audit, the inmate population was 1078. A total of fifteen inmate records were reviewed. The records reviewed were of inmates who arrived within the previous twelve months and included their initial risk screening, 30-day reassessment and inmate education. Additionally, five LEP and disabled inmate files were reviewed for appropriate inmate education.

Medical and Mental Health Records. During the past year, there have been eleven inmates who reported sexual abuse at the facility. The auditor reviewed medical and mental health files for the eleven inmates as well as mental health documents for victims who reported sexual harassment. Additionally, five mental health files were reviewed for inmates who reported prior victimization during the risk screening.

Grievances. The PAQ indicated that there were zero grievances within the previous twelve months. The auditor requested the grievance log to review.

Hotline Calls. The agency has a hotline for inmates to report sexual abuse and sexual harassment (*22). The auditor tested the hotline and received confirmation from the PC as well as a copy of the telephone call audio. None of the reviewed investigative reports indicated the inmate reported via the hotline.

Incident Reports. The PAQ indicated there were 24 PREA allegations reported in the previous twelve months. The auditor reviewed all incident reports associated with the 24 reported PREA allegations.

Investigation Files. Agency investigators (Police Services) or facility investigators (typically an Associate Warden) complete investigations for all sexual abuse and/or sexual harassment allegations. The PAQ indicated there were 24 PREA allegations reported in the previous twelve months. A review of the 24 investigative files determined that five did not rise to the level of PREA per the definitions. Of the nineteen remaining allegations, seven did not have an investigative outcome indicated anywhere in the file. Of the nineteen, nine did not have a complete investigation. The below table depicts those allegations that had a documented investigative outcome.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	0	0	0
Unsubstantiated	3	1	3	0
Unfounded	1	2	2	0
Total Allegations	4	3	5	0

The facility has an MOU with People Against Rape. The auditor contacted PAR staff who advised that they have a current MOU with the facility and that they provide services, including correspondence, a hotline and hospital accompaniment.

The auditor conducted a web-based search related to Lieber CI. The auditor located a few articles related to the facility however none were related to sexual abuse or sexual harassment. The auditor confirmed that the agency website had the PREA policy, annual reports, PREA audit reports, the PREA brochure, information on statewide partnerships with sexual assault centers and information on how to report sexual abuse or sexual harassment.

On May 2, 2021, June 25, 2021, June 28, 2021 and June 29, 2021 the auditor received follow-up documentation related to corrective action. The facility provided the auditor with criminal background investigation records, staff training records, inmate risk assessment and education records, investigative reports, deviations from the staffing plan documents and inmate housing assignments. While the facility did provide information, the information that was provided was inadequate, with the exception of standard 115.17, to determine corrective action and compliance. Further information is included in the standards below.

Facility Characteristics

Lieber Correctional Institution is a state prison under the authority of the South Carolina Department of Corrections, located at 136 Wilborn Avenue in Ridgeville, South Carolina. LCI opened in 1986 and is located in Dorchester County. LCI is located approximately 30 miles northwest of North Charleston, South Carolina. LCI is a level three security institution. The institution is home to the tire re-treading prison industries as well as numerous education and vocation programs including GED, literacy and carpentry. Additionally, the facility offers a variety of religious and volunteer programs.

All buildings associated with LCI are located inside the secure perimeter. The facility is a "U" shape. The majority of the programming and common areas are contained in one building (with the exception of the chapel and prison industries), which is one side of the "U" shape. The housing units are located on one other side of the facility in a "L" shape. The chapel and prison industries are the only separate program/common area buildings and are located at the front of the facility prior to the housing units.

The entrance to the facility is through a secure building. Staff and visitors are required to have materials scanned through the x-ray machine and are required to be checked by the body scanner. Staff and visitors show identification and are processed through two secure doors by a Control Center. Upon exit from this building is a breezeway that leads to the administration building. Central Control is located at the entrance to the administration building. One secure door leads to visitation while the other leads to the administrative offices. Administrative offices found in the building include the Warden's office, Human Resources, the mailroom, property, classification and numerous security offices. A holding area with benches is also located in the administrative area. One of the administrative office hallways leads to an exit where a breezeway leads to the RHU. The visitation area is a large open space with tables and chairs. Numerous staff offices line the outer wall of visitation, along with vending machines. The inmate restroom has a solid door to allow for privacy. The shakedown area is behind a solid door with a security window. The security window has privacy film three fourths of the way up the window. Reflective mirrors are found throughout the areas as well as posted PREA information.

Upon exiting the administration area you find an outdoor breezeway. Cross fencing leads to the different areas of the facility. Many of the other common areas are found in the same building as visitation and administration, however each area has its own outdoor entrance. Medical, mental health and dental are the first entrance. Dental is large room with chairs and machines. Half windows allow for visibility of those inmates in dental. Medical exam rooms are solid doors with small windows for monitoring. Mental health offices are the same. Both offer confidentiality and privacy. A small waiting area is located in medical and has benches for inmate to sit. Medical records are found behind a locked door. The infirmary is also found in this area and is considered a housing area. Reflective mirrors are strategically placed throughout the area to assist with monitoring.

The education and vocational area is the next entrance. Vocation is not currently operational, however there is a carpentry classroom. The remainder of education is the library, law library and numerous open classrooms with desks and chairs. The inmate restroom in the area is a solid door. Staff training is located next to education and vocation. This area is where staff complete their annual training and any other computer-based trainings. Inmates do not have access to this area. The multipurpose space/gymnasium is the next entrance. This is a large open space with numerous basketball courts. Bleachers are located in the area as well as an inmate restroom with a solid door. Staff offices are at the entrance of the multipurpose space/gymnasium and reflective mirrors are appropriately placed to assist staff with sight lines and monitoring.

Cross fencing lines the next three entrances, laundry and caustics, canteen/commissary and the cafeteria. Laundry includes industrial washers and dryers as well as a linen exchange area and a linen storage area. The canteen/commissary is a retail store setup with two back rooms for storage and supplies. The inmate restroom for the workers is a solid door. The cafeteria has a dish room located at the entrance and then consist of a large open area with tables and stools. Two serving lines separate the

cafeteria from the kitchen. The kitchen is equipped with a baking area, cooking area, dish area, kettles, grills, freezers, coolers and dry storage. The inmate restroom in the kitchen has a solid door for privacy.

The last entrance of the main building is maintenance. This entrance is on the back side of the building and leads to fenced areas with tools and equipment. The inmate restroom is equipped with a solid door for privacy. Near maintenance, but separate from the building is a shed that is utilized as a restroom for the inmates who are working on the grounds. The restroom inside has a solid door for privacy.

The chapel is located outside the administration building on the opposite side of the facility as the main building entrances. A sidewalk lead to the chapel. The chapel is a large open area with chairs that is used as a sanctuary. Staff offices are at the entrance of the building as well as a few classrooms for other chapel programs. The inmate restroom is a solid door that provides privacy. Reflective mirrors are located throughout the chapel to assist with monitoring.

The sidewalk from the chapel continues to prison industries. Cross fencing and a locked gate separate it from the rest of the facility. The factory is utilized to re-tread tires and is a large open warehouse that has industrial treading machines. Offices and supply rooms are located on the rear wall of the building. The inmate restroom has a solid door for privacy and posted PREA information was observed in the building. Two other buildings are located in the cross fencing of prison industries. One is an old prison industries building that was previously utilized to rebuild transmissions. The building is vacant and not in use. Additionally, a small shed is located at the entrance to the prison industries area. This space is utilized as the shakedown area for those inmates entering and exiting prison industries.

The institution has thirteen housing units in seven buildings. Ten of the housing units (five buildings) mirror one another and have the same physical layout. Each building contains two units, an A and B side. Entry to the building is through a secure door. The vestibule area at the entrance is where the security officer's desk is as well as rooms that are utilized as a barbershop and office space. Each side has a solid secure door for entry.

U housing unit contains the RHU and PC and is where intake occurs. The shakedown area is a room with a solid door. Within the area is a shower for new intakes. The shower is recessed and provides privacy through an obstructed view. Numerous holding cells are located near the entrance area as well as no contact visitation areas. The holding area is equipped with two toilets, both are behind walls. A kitchen is found in this building but is inoperable. It has a small dish area and a grill. Additionally, there are rooms near the entrances to the RHU and PC that have a room with a kiosk that is utilized for tele-med. The RHU and PC mirror one another with the exception of the dayroom area in PC and the showers. The housing units have two floors. Cells are double bunked but only have single occupancy. Each cell is equipped with a toilet and a sink. Cell doors are solid with a small security window. The PC unit has a dayroom on the first floor of the unit. It is an open space where inmates can congregate. The PC unit has its own recreation yard and PC inmates are able to make calls on their tablets. The RHU unit does not have dayroom access as inmates are restricted to their cells. The RHU has recreational enclosures that allow for one inmate per enclosure. Showers in both units are found in recessed areas at the end of the units with four showers per floor. The PC unit is equipped with curtains for the inmate showers, while the RHU unit has doors with lattice type material that obstructs cross-gender viewing. Both the PC and the RHU have two cells that have been designated as direct observation cells. All four of these cells are equipped with cameras for direct observation. The PC unit contained reflective mirrors to assist with monitoring and supervision.

The infirmary is located in medical and contains single cells. The cells are equipped with a space for a hospital bed or other type of bed as well as a sink, toilet and side table. Cell doors are solid with a small security window. The shower in the infirmary has a solid door with a security window. The security window has a cover to provide additional privacy.

All housing units have PREA reporting information posted which includes the hotline (*22) and People Against Rape (*63) information. Additionally, PREA posters were found throughout the facility in common

areas and program areas in English and Spanish. The auditor tested the phones and reached both the hotline and advocacy center.

Unit	Capacity	Style	Inmate Population
Stono – A	128	Multiple Occupancy	General Population – Character Unit
Stono – B	129	Multiple Occupancy	General Population – Character Unit
Ashley – A	128	Multiple Occupancy	General Population
Ashley – B	129	Multiple Occupancy	General Population
Cooper – A	128	Multiple Occupancy	General Population – Re-Entry
Cooper – B	129	Multiple Occupancy	General Population
Edisto – A	128	Multiple Occupancy	General Population – Structured Living
Edisto – B	129	Multiple Occupancy	General Population – Structured Living
Wando – A	256	Multiple Occupancy	Vacant – Temporary 18 and Under
Wando – B	256	Multiple Occupancy	Vacant – Temporary 18 and Under
U1	88	Single Occupancy	Protective Custody
U2	88	Single Occupancy	Restrictive Housing Unit
Infirmary	7	Single Occupancy	Medical

The facility employs 158 staff. Staff mainly make up two shifts, day shift works from 6:00am-6:00pm and evening shift works from 6:00pm-6:00am. There is also an administrative shift Monday through Friday that assist with supervision and monitoring. Captains serve as the shift supervisors and a Major is on-site Monday through Friday and serves as the highest security supervisory level staff. At least two Lieutenants and one Sergeant are assigned to each shift to assist with supervisory duties. At least seven Correctional Officers are assigned to each shift to provide supervision in the housing units. Additional officers are assigned to other areas to include; recreation, infirmary, horticulture, cafeteria, visitation, front gate, control, etc. The facility employs contractors that make up medical and mental health staff, however the auditor was not provided the exact number. The facility also has numerous volunteers that have contact with inmates. Currently the facility has 384 volunteers that provide services to the inmates. It should be noted that volunteers were not permitted access to the facility during the on-site portion of the audit due to COVID-19.

The total capacity for the facility is 1670. On the first day of the audit the population at the facility was 1078. The facility houses adult male inmates. The age range of the facility's population is nineteen to 86 years of age. The facility houses minimum to close custody inmates. The average length of sentence for inmates at the facility is approximately 26 years and ten months.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded:

Standards Met

Number of Standards Met: 23

Standards Not Met

Number of Standards Not Met: 22

List of Standards Not Met: 115.11, 115.15, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.52, 115.64, 115.67, 115.68, 115.71, 11.72, 115.73, 115.81, 115.82, 115.83 & 115.86

PREVENTION PLANNING

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.12ⁱⁱ
3. GA-06.11B
4. ADM-11.39
5. Organizational Charts

Interviews:

1. Interview with the PREA Coordinator

2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The agency's PREA Policies, OP-21.12 and GA-06.11B, mandate a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the strategies on preventing, detecting and responding to such conduct. Agency policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, a CM at each facility, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policies are consistent with the PREA standards and outline the agency's approach to sexual safety.

115.11 (b): The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide. The PREA Coordinator reports to the Deputy Director of Legal and Compliance who reports directly to the Agency Director. The PC was interviewed and he reported that he has enough time to manage his PREA responsibilities and that PREA is his only responsibility. He indicated that 21 Compliance Managers report to him and that he communicates with these individuals through email, Microsoft Teams and by visiting each institution. Throughout the audit process the PC demonstrated knowledge of the agency's policies and practices designed to promote sexual safety in the facility.

115.11 (c): The facility's organizational chart reflects that the CM position is the Associate Warden. This position reports directly to the Warden at the facility. The interview with the Compliance Manager indicated that she does not have enough time to manager all her PREA related responsibilities.

The evidence shows that the agency has a PREA policy, has designated an upper-level, agency-wide PC as verified through the organizational chart and has a PREA Compliance Manager as verified through the facility organizational chart. Based on the review of the PAQ, organizational charts and interviews with the PC and CM this standard appears to require corrective action. While the agency has a policy that outlines prevention, detection and response strategies and has a PC that has sufficient time and authority to develop, implement and oversee the agency's efforts to comply with PREA, the facility CM does not. The CM indicated she does not have sufficient time to coordinate the facility's PREA efforts. Additionally, the lack of documentation provided to the auditor as well as the lack of preparation for the audit and familiarity with the processes indicated that the CM does not have the appropriate time to coordinate her responsibilities. It should be noted that the CM is new to the position and has not received adequate training on her responsibilities.

Corrective Action

The auditor recommends that the CM receive training through the agency on her responsibilities as outlined in the agency's policies and procedures. Additionally, the auditor recommends that the facility provide the CM with a support staff member to assist with responsibilities or delegate some of the responsibilities to other staff at the facility. The auditor will need to see evidence of the training provided to the CM as well as a memo detailing how the CM is receiving assistance with regard to her duties in order to ensure she has sufficient time to coordinate the facility's efforts.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Training Memo with Detailed Topics

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (c). On May 20, 2020 the PC provided all agency Compliance Managers with training. The training included; information on PREA audits; appropriate forms to complete including deviation from the staffing plan, Warden to Warden notification and unannounced rounds; transgender inmate searches, canteen and other situations; sexual abuse investigations, including monitoring, follow-up and dispositions; the risk screening and mental health follow-up requirements and corrective action plans related to audits. Additionally, on January 26, 2021 the auditor was provided a memo detailing the training that was provided by the PREA Coordinator's office to the CM. The topics reviewed included; the PREA Audit Questionnaire and other audit process documentation from the PREA Resource Center, completing a sexual abuse investigation, how to access the National Institute of Corrections (NIC) training, monitoring for retaliation requirements and sexual abuse incident reviews. While the CM was provided training on two occasions, there was no information provided on how the CM would receive assistance to ensure she has enough time to coordinate the facility's efforts. Additionally, based on the lack of documentation provided during the corrective action period and the number of issues of non-compliance, further corrective action is required for this standard.

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

115.12 (a)

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

115.12 (b)

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. Agency Contracts

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.12 (a): The agency contracts with CoreCivic for the confinement of inmates. A review of the contract indicates that the agency includes language that requires the contractor to comply with the Federal Prison

Rape Elimination Act (PREA) standards. Additionally, it states that the contractor shall ensure that all its employees, and all of the employees of other agencies who will directly or indirectly supervise or deal with inmates, including volunteers, are oriented and trained on their responsibilities related to PREA prior to allowing those employees or volunteers to have personal contact with the Department's inmates. The interview with the Contract Administrator indicated that the agency has a provision in the contract mandating compliance with PREA standards and the PC communicates and monitors for compliance. The interview also indicated that CoreCivic has had a PREA compliance audit completed within the previous twelve months and that it is posted on CoreCivic's website.

115.12 (b): The agency contracts with CoreCivic for the confinement of inmates. A review of the contract indicates that the agency includes language that requires the contractor to comply with the Federal Prison Rape Elimination Act (PREA) standards. Additionally, it states that the contractor shall ensure that all its employees, and all of the employees of other agencies who will directly or indirectly supervise or deal with inmates, including volunteers, are oriented and trained on their responsibilities related to PREA prior to allowing those employees or volunteers to have personal contact with the Department's inmates. The interview with the Contract Administrator indicated that the agency has a provision in the contract mandating compliance with PREA standards and the PC communicates and monitors for compliance. The interview also indicated that CoreCivic has had a PREA compliance audit completed within the previous twelve months and that it is posted on CoreCivic's website.

Based on the review of the PAQ, the agency contract and the interview with the Contract Administrator, this standard appears to be compliant.

Standard 115.13: Supervision and monitoring

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? Yes No
- 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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-22.48
3. GA-06.11B
4. Institutional Staffing Plan Lieber
5. Staffing Plan Compliance Checklist
6. SCDC Form 164 & 164a

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels Throughout the Facility
2. Placement of Monitoring Technology

Findings (By Provision):

115.13 (a): GA-06.11B, page 2 indicates that each SCDC institution is required to develop and comply with a written documented staffing plan. The PAQ indicated that the agency requires facilities to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing. The PAQ indicated that the staffing plan takes into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ stated that the staffing plan is predicated based on an average of 1100 inmates. However a review of the staffing plan indicates the staffing plan is predicted on the facility's capacity (1467). A review of the Institutional Staffing Plan confirmed that the required factors are included in the plan. The facility employs 211 staff. Staff mainly make up two shifts, day shift works from 6:00am-6:00pm and evening shift works from 6:00pm-6:00am. There is also an administrative shift Monday through Friday that assist with supervision and monitoring. Captains serve as the shift supervisors and a Major is on-site Monday through Friday and serves as the highest security supervisory level staff. At least two Lieutenants and one Sergeant are assigned to each shift to assist with supervisory duties. At least seven Correctional Officers are assigned to each shift to provide supervision in the housing units. Additional officers are assigned to other areas to include; recreation, infirmary, horticulture, cafeteria, visitation, front gate, control, etc. The interview with the Warden confirmed that the facility has a staffing plan and that it considers the required factors. He stated that that plan is documented through headquarters as a master roster and that there is also an internal security plan at the facility. He stated that he walks around weekly to check for compliance as well as receives the rosters and the shift reports

daily. The CM confirmed that the facility has a staffing plan that provides adequate staffing levels and that it takes into consideration the required factors. During the tour the auditor observed that staff were present in housing units and common areas. While the institution did have blind spots, staff supervision and required security rounds assist with monitoring these areas. Video monitoring is minimal at the facility and as such did not provide assistance with monitoring.

115.13 (b): The facility indicated on the PAQ that each time the staffing plan is not complied with the facility documents and justifies the deviations. GA-06.11B, page 2 states that each institution will document on SCDC Form 19-29A, "Incident Report", and log all instances of non-compliance with the staffing plan in the unit's logbook. A review of documentation indicated that the agency also has a form, Deviation from Staffing Plan, to document, when necessary, the date, time and reason for any deviations to the staffing plan. The PAQ stated that the most common reasons for deviations in the previous twelve months were due to COVID-19 and staff shortages. The auditor requested documentation related to the deviations. The facility did not provide the auditor with any documentation that evidenced the deviations from the staffing plan. As such the auditor was unable to determine if deviations are properly documented and justified. The interview with the Warden indicated deviations are documented on the shift rosters and also through the automated system.

115.13 (c): The most recent staffing plan was reviewed on December 1, 2020. The plan is reviewed via the Staffing Plan Compliance Checklist. The plan was reviewed to assess, determine and document whether any adjustments were needed and if any additional resources were needed and available to commit to ensuring adherence to the staffing plan. Prior to 2019, reviews were completed by reviewing the post charts as a formal narrative staffing plan did not exist. The current PC initiated the current review process which meets the requirements under this provision. The PC confirmed in the interview that staffing reviews are completed annually and that he participates in the reviews.

115.13 (d): OP-22.48, section 4.2 indicates that all intermediate or higher-level supervisors, to include Warden, Associate Warden, Duty Wardens, Majors, and Shift Supervisors, who conduct unannounced rounds shall document "Unannounced Round" or "UAR" in the Reason for Visit column of the RHU Visitation Log or GP Visitation Log in each area visited. Additionally, the PAQ indicated that the facility prohibits staff from alerting other staff of the conduct of such rounds. Interviews conducted with intermediate-level or higher-level staff indicated that they conduct unannounced rounds and that rounds are documented in the log book. A review of two weeks of unannounced rounds on both shifts for all housing units indicated that rounds were conducted at least every few days by shift supervisors and that additional unannounced rounds were conducted by the Warden, Associate Warden and/or Duty Warden within those two weeks. During the interviews, staff indicated that they do not let staff know when they are coming and they do not let them know where they are going next. They both stated they do not make rounds in a pattern and they go where they can when they can based on daily operations.

Based on a review of the PAQ, OP-22.48, GA-06.11B, the Institutional Staffing Plan, documentation of unannounced rounds (SCDC 164 & 164a), observations made during the tour and interviews with intermediate-level or higher-level staff, the PC, the CM and the Warden, this standard appears to require corrective action. Specifically, provision (b) of this standard did not have the appropriate documentation provided related to deviations from the staffing plan. The current staffing plan was developed in December 2020, however prior to the plan the agency utilized their staffing rosters and post chart as their plan. The facility was unable to provide the auditor with any documentation related to the deviations from the staffing plan.

Corrective Action

The auditor suggests that the agency expedite their deviations from the staffing plan form or create a method in the interim to clearly document the deviations from the staffing plan and the justification for the deviations. The auditor will require that LCI provide four day and night shift rosters monthly for four months (24 total) as well as the documentation notating any deviations from the plan on those days/shifts.

The auditor will select the specific four days/nights for review, the Monday of the first week, the Wednesday of the second week, the Friday of the third week and the Tuesday of the fourth week.

Recommendation

There are numerous blind spots throughout the facility. The auditor highly recommends that cameras and additional mirrors are installed throughout the facility. There are also areas that could be fenced off or restricted to eliminate specific blind spots. Specifically, the auditor recommends that all housing units be equipped with mirrors and video monitoring technology including in the stairwells of the five general population dorms (or have access restricted somehow). The auditor also recommends monitoring devices be placed in maintenance, the kitchen, laundry and prison industries.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Deviations from the Staffing Plan

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (b). One June 29, 2021 the auditor was provided the 24 documented examples of deviations from the staffing plan. While the facility did not follow the directions outlined by the auditor related to the specific days and shifts, the facility did provide documents ranging from January 2020 through August 2020. Based on the numerous examples confirming deviations were documented on SCDC Form 19-212, the auditor determined that the documentation illustrates the corrective action and compliance under provision (b). The facility documents all deviations from the staffing plan on the appropriate form and also through the duty roster.

Standard 115.14: Youthful inmates

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*)

Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. OP-22.39

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations in Housing Units Related to Age of Inmates

Findings (By Provision):

115.14 (a): GA-06.11B, section 1.7 states that 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 the housing units, institutions will ensure direct staff supervision between youthful offenders and adult (eighteen years of age or older) offenders. The PAQ indicated that LCI does not house inmates under the age of eighteen. However, most recently due to COVID-19, LCI has become a temporary reception facility. This means new inmates to the SCDC are routed through LCI, including those under the age of eighteen. This is a temporary process due to COVID-19 and is not standard operating procedure. At the time of the on-site portion of the audit there were zero inmates under the age of eighteen. The PAQ indicated there was one inmate under the age of eighteen in the previous twelve months. During the tour the auditor observed that the Wando housing unit is utilized for inmates under the age of eighteen. This unit is at the far rear of the facility, has its own recreational yard and allows for inmates under eighteen to have sight, sound and physical separation from the rest of the inmates at LCI. When outside of the housing area, inmates under eighteen are escorted. Because it is a temporary operation, inmates under eighteen do not participate in typical work, education and program assignments. All activities and programs typically occur within the housing unit (i.e. food is brought to the unit, rather than going to the dining hall to eat). The interviews

with the Warden and the CM indicated that this is a temporary operation due to COVID-19 and that LCI does not typically house inmates under the age of eighteen. They indicated that inmates are kept separate from the remainder of the population through the use of Wando housing unit.

115.14 (b): GA-06.11B, section 1.7 states that 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 the housing units, institutions will ensure direct staff supervision between youthful offenders and adults (eighteen years of age or older) offenders. The PAQ indicated that LCI does not house inmates under the age of eighteen. However, most recently due to COVID-19, LCI has become a temporary reception facility. This means all inmates are routed through LCI, including those under the age of eighteen. This is a temporary process due to COVID-19 and is not standard operating procedure. At the time of the on-site portion of the audit there were zero inmates under the age of eighteen. The PAQ indicated there was one inmate under the age of eighteen in the previous twelve months. During the tour the auditor observed that the Wando housing unit is utilized for inmates under the age of eighteen. This unit is at the far rear of the facility, has its own recreational yard and allows for inmates under eighteen to have sight, sound and physical separation from the rest of the inmates at LCI. When outside of the housing area, inmates under eighteen are escorted. Because it is a temporary operation, inmates under eighteen do not participate in typical work, education and program assignments. All activities and programs typically occur within the housing unit (i.e. food is brought to the unit, rather than going to the dining hall to eat). The interviews with the Warden and the CM indicated that this is a temporary operation due to COVID-19 and that LCI does not typically house inmates under the age of eighteen. They indicated that inmates are kept separate from the remainder of the population through the use of Wando housing unit.

115.14 (c): GA-06.11B, section 1.7 states that 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 the housing units, institutions will ensure direct staff supervision between youthful offenders and adults (eighteen years of age or older) offenders. The PAQ indicated that LCI does not house inmates under the age of eighteen. However, most recently due to COVID-19, LCI has become a temporary reception facility. This means all inmates are routed through LCI, including those under the age of eighteen. This is a temporary process due to COVID-19 and is not standard operating procedure. At the time of the on-site portion of the audit there were zero inmates under the age of eighteen. The PAQ indicated there was one inmate under the age of eighteen in the previous twelve months. During the tour the auditor observed that the Wando housing unit is utilized for inmates under the age of eighteen. This unit is at the far rear of the facility, has its own recreational yard and allows for inmates under eighteen to have sight, sound and physical separation from the rest of the inmates at LCI. When outside of the housing area, inmates under eighteen are escorted. Because it is a temporary operation, inmates under eighteen do not participate in typical work, education and program assignments. All activities and programs typically occur within the housing unit (i.e. food is brought to the unit, rather than going to the dining hall to eat). The interviews with the Warden and the CM indicated that this is a temporary operation due to COVID-19 and that LCI does not typically house inmates under the age of eighteen. They indicated that inmates are kept separate from the remainder of the population through the use of Wando housing unit.

Based on a review of the PAQ, GA-06.11B, OP-22.39, observations made during the tour and information from interviews with the Warden and CM, this standard appears to be compliant.

Standard 115.15: Limits to cross-gender viewing and searches

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 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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-22.14 (2.4)
3. OP-22.19
4. GA-06.09
5. Contraband and Searches Training Curriculum
6. PRC's Guidance in Cross Gender and Transgender Pat Searches
7. PREA Roll Call Refresher – Working with Transgender Inmates
8. Staff Training Records

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

Site Review Observations:

1. Observations of Adequate Privacy
2. Observation of Absence of Female Inmates
3. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): OP-22.19, section 4.3 states that strip searches will be performed by employees of the same sex as the person being searched, except in extreme emergencies by the Major, or when the search is performed by medical practitioners. Section 5.6 states that only a physician or specially trained nursing personnel are authorized to conduct a body cavity search. Body cavity searches will always be witnessed by trained security staff of the same sex as the inmate being searched. The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches.

115.15 (b): The PAQ indicated that no female inmates are housed at the facility and therefore this section of the standard would not apply. A review of the daily population report for the previous twelve months as well as observations made during the tour indicated that no female inmates are or were housed at the facility in the previous twelve months.

115.15 (c): OP-22.19, section 4.3 requires that facilities shall document all cross-gender strip searches and section 5.2 requires that body cavity searches be documented on an incident report. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months and that female inmates are not housed at the facility.

115.15 (d): The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the

opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. OP-22.14 (2.4), section 3, indicates that the Housing Unit Officer will announce "Female in Unit" upon a female entering the unit or inmate restroom. Interviews with random inmates and interviews with random staff indicated that inmates have privacy while showering, using the restroom and changing clothes via curtains and doors. 36 of the 41 inmates interviewed indicated they were never naked in front of a female staff member. The few that said they were indicated it was either back in the 1980's, was incidental to official duties or was due to a disciplinary charge where they exposed themselves. Additionally, all twelve staff indicated that inmates have privacy while showering, changing clothes and using the restroom. The auditor observed that all housing units afforded inmates privacy. Cell doors were solid with small security windows and most housing units had shower curtains for privacy. A few areas had half walls, recessed showers with obstructed views and/or windows with lattice type material. During the tour, the auditor heard staff make the opposite gender announcement.

115.15 (e): OP-22.19, section 6 prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The policy further states that they shall not be subjected to more invasive searches than inmates who are not transgender or intersex. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with random staff indicated three of the twelve were aware of a policy prohibiting these searches. Most staff indicated they were not sure if there was a policy. A few staff indicated that they did know that transgender and intersex inmates were able to choose which gender staff searched them. Interviews with the two transgender inmates confirmed that neither were searched for the sole purpose of determining their genital status.

115.15 (f): OP-22.19, section 13.1 states that security staff shall be trained specifically on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Further, GA-06.09, page 3 indicates that transgender inmates are allowed to indicate in writing which gender they feel most comfortable being searched by to include frisk (pat) searches and strip searches. The PAQ indicated that 80% of security staff had received this training. A review of the Contraband and Searches training curriculum indicated that staff are trained on the types of allowable searches and the procedures for conducting searches. The auditor further reviewed the training documents and spoke with the PC and determined that all inmates are pat searched in the same manner. SCDC policy and training indicates that transgender inmates are searched based upon the gender that they identify. If an inmate identifies as a female then the inmate is pat searched in accordance with female pat search policy and training. All searches are conducted in a professional and respectful manner. As such, all inmates, regardless of gender or gender identity are searched the same. Additionally, recently SCDC has implemented the PREA Resource Center Guidance in Cross Gender and Transgender Pat Searches video. Interviews with random staff indicated that eight staff had received the PRC training video within the previous few months. The auditor requested training documents for eleven staff related to this training. The auditor was not provided any documentation confirming staff received this training. Therefore the auditor was unable to determine if staff had received the required cross-gender and transgender and intersex search training.

Based on a review of the PAQ, OP-22.14, OP-22.19, GA-06.09, the Contraband and Searches training curriculum, the PRC video, the PREA Roll Call Refresher, a random sample of staff training records, observations made during the tour to include shower curtains, solid doors, half walls, the observation of the opposite gender announcement and information from interviews with random staff and random inmates this standard appears to require corrective action. While the agency has a policy that prohibits staff from physically searching a transgender inmate for the sole purpose of determining his/her genital status, only three of the staff interviewed were unaware of the policy. Additionally, four of the twelve staff interviewed indicated they did not receive the cross-gender searches and transgender and intersex search training. The auditor was not provided any training documentation and as such could not confirm that staff receive the search training. As such, provision (f) requires corrective action and provision (e) has recommendations.

Corrective Action

With regard to provision (f), the facility will need to ensure all staff have received the cross-gender searches and searches of transgender and intersex inmates training. The auditor will need documentation from the Warden indicating the date that all staff at the facility completed the search training. Additionally, the auditor requests that a staff list is sent along with the corresponding training for cross-gender searches and transgender and intersex searches for all staff at LCI.

Recommendation

While provision (e) is compliant under the policy requirements of this standard it is highly recommended that the facility either conduct a supplemental PREA training where it is emphasized that the agency has a policy that prohibits physically searching a transgender or intersex inmate for the sole purpose of determining their genital status or that the information is emphasized during the 2021 annual PREA training or the cross-gender searches and searches of transgender and intersex inmates training.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. NA

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (f). The auditor was not provided any training documentation related to cross gender and transgender searches. As such the auditor was unable to determine if corrective action was taken and as such the auditor was unable to determine compliance with this provision.

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. GA-06.11B
4. PREA Roll Call Refresher – Helping Inmates who Primarily Speak Another Language
5. American Sign Language (ASL) Information
6. Language Line Information
7. School for the Deaf and the Blind Information
8. Let's Talk About Safety Brochure

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): OP-21.12, section 1.1.3 establishes that inmate orientation and orientation materials will be provided in formats which are accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The agency has an agreement with Esmeralda Concepcion for sign language interpretation services as well as a relationship with the School for the Deaf and the Blind for braille translated materials. A review of the PREA brochure and PREA posters confirmed that information is available in bright colors, larger font and in Spanish. The interview with the Agency Head Designee confirmed that the SCDC has established procedures to provide inmates with disabilities and LEP inmates equal opportunity to participate in PREA efforts. She stated that LEP inmates are provided with an orientation video, brochure and PREA signage in Spanish and other languages. She also indicated that a sign language interpreter is available for deaf inmates while braille information is available for blind inmates. The interviews with the nine LEP and disabled inmates indicated that four had received information in a format they could understand. The other four inmates indicated that they had not received any PREA information/education at LCI. During the tour, the PREA signage was observed to be in large text, bright colors and in English and Spanish.

115.16 (b): OP-21.12, section 1.1.3 establishes that inmate orientation and orientation materials will be provided in formats which are accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The facility utilizes LanguageLine Solutions to provide translation services in over 240 languages. A review of the PREA brochure and PREA posters confirmed that information is available English and in Spanish. It was also noted that the information could be translated to other languages when necessary. The interview with the Agency Head Designee confirmed that the SCDC has established procedures to provide inmates with disabilities and LEP inmates equal opportunity to participate in PREA efforts. She stated that LEP inmates are provided with an orientation video, brochure and PREA signage in Spanish and other languages. The interviews with the nine LEP and disabled inmates indicated that four had received information in a format they could understand. The other four inmates indicated that they had not received any PREA information/education at LCI. During the tour, the PREA signage was observed to be in large text, bright colors and in English and Spanish.

115.16 (c): GA-06.11B, page 2 states that SCDC 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. The PAQ indicated that there were no instances where an inmate was utilized to interpret, read or otherwise assist. The PREA Roll Call Refresher confirms that staff are provided information that another inmate is only able to translate if someone is in danger and that otherwise staff should utilize the state-run program or a bilingual staff member. Interviews with random staff indicated that ten of the twelve knew that inmates are not utilized to interpret, translate or assist for PREA purposes. All twelve indicated that they were unaware of any time an inmate was ever utilized to assist. Interviews with LEP and disabled inmates confirmed that none utilized another inmate for sexual abuse or sexual harassment issues.

Based on a review of the PAQ, OP-21.12, GA-06.11B, the ASL information, the braille education materials, the LanguageLine information, the PREA Roll Call Refresher, the PREA brochure, observations made during the tour to include the PREA signage and information from interviews with the Agency Head Designee, random staff, LEP inmates and disabled inmates indicate that this standard appears to be compliant.

Standard 115.17: Hiring and promotion decisions

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*)

Documents:

1. Pre-Audit Questionnaire
2. Admin 11.28
3. POL-23.31
4. GA-06.11B
5. PREA Questionnaire
6. Personnel Files of Staff
7. Contractor Background Files

Interviews:

1. Interview with Human Resource Staff

Site Review Observations:

1. Review of Employee Personnel Files
2. Review of Contractor Personnel Files

Findings (By Provision):

115.17 (a): Admin 11.28, section 9.12 indicates that applicants will be checked through the National Criminal Information Center (NCIC) before an official offer of employment is extended. Any applicant with a felony conviction(s) or drug related conviction(s) within ten years will not be hired by the agency for any position. Also, any applicant that has been convicted of engaging in 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 has been civilly or administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refuse will not be hired by the agency for any position. The PAQ indicated that the agency prohibits hiring or promoting anyone who has engaged in the activities under this provision. A review of personnel documentation for five staff hired in the previous twelve months at LCI confirmed that all five staff had a criminal background check completed prior to hiring. Additionally, the auditor has reviewed over 30 additional personnel files from prior SCDC audits conducted within this audit cycle and all agency staff had received a criminal background check.

115.17 (b): GA-06.11B, page 2 indicates that individuals who have engaged in sexual harassment will be considered on a case by case basis. The PAQ as well as the interview with the Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): Admin 11.28, section 9.12 indicates that applicants will be checked through the National Criminal Information Center (NCIC) before an official offer of employment is extended. Any applicant with a felony conviction(s) or drug related conviction(s) within ten years will not be hired by the agency for any position. Also, any applicant that has been convicted of engaging in 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 has been civilly or administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refuse will not be hired by the agency for any position. Additionally, POL-23.31, sections 1.3 indicates that the SCDC Fusion Center will conduct a criminal record check on the candidate. The PAQ indicated that 100% staff of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of personnel documentation for five staff hired in the previous twelve months at LCI confirmed that all five staff had a criminal background check completed prior to hiring. Additionally, the auditor has reviewed over 30 additional personnel files from prior SCDC audits conducted within this audit cycle and all agency staff had received a criminal background check. Human Resource staff indicated that a NCIC check is completed for all applicants and they also go over the PREA compliance questionnaire with all applicants. The Human Resource staff member also confirmed that all contractors have a background completed as well prior to receiving authority to report to any of the SCDC's facilities.

115.17 (d): The PAQ indicated that there has been one contract at the facility within the past twelve months. Of these 100% have had a criminal background check prior to enlisting services. The auditor requested records for five contract staff to verify that a criminal records check was completed prior to enlisting services. The auditor was provided two of the five. Human Resource staff confirmed that all contractors have a background check completed prior to receiving authority to report to any of the SCDC's facilities.

115.17 (e): GA-06.11B, page 2 states that the SCDC shall conduct criminal background record checks at least every five 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 agency conducts criminal history checks through NCIC. Additionally, all staff are fingerprinted and any subsequent arrest is immediately reported to the agency. The auditor requested an example of an employee arrest where it was reported directly to the agency. A review of the documentation indicated that the staff member was arrested on April 1, 2020 and the information was provided to Police Services who forwarded it to Human Resources and the institution. The interview with the Human Resource staff member confirmed that all staff and contractors are required to have a criminal background check through NCIC. The interview also indicated that Central Office Human Resource Office and the Institutional Human Resource Manager conduct the required five-year background checks. Further conversation with the PC indicated that because staff are fingerprinted and all subsequent arrests are reported directly to the agency, that five-year checks are no longer completed.

115.17 (f): A review of the SCDC employment application indicates that page 3 has a section where staff are asked; "Have you ever been accused of or been found liable of sexual abuse/sexual misconduct/sexual harassment or resigned during a pending investigation of a sexual abuse/sexual misconduct/sexual harassment allegation with any previous employer?", "Have you ever been arrested?", "Have you ever been charged with a crime?" and "Have you ever been convicted of a crime?". A review of personnel documentation indicated all hired staff are required to complete an application and indicate yes or no on the above questions. Additionally, the interview with Human Resource staff confirmed that all applicants are asked the PREA questions prior to being hired. Additionally, he indicated that institutional leadership encourage the Employee Conduct policy which reminds staff of the stiff penalties in doing something detrimental to the safety of the mission and the offenders.

115.17 (g): Admin 11.28, section 4.1 indicates that falsification, omission, or misrepresentation of official information or facts may result in the withdrawal of an official offer of employment or immediate termination if the individual in questions has already begun work. Additionally, the PAQ indicated that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.17 (h): Human Resource staff indicated that the agency follows the employment verification policy. He also stated that a PREA questionnaire is submitted for all prior corrections and law enforcement employers.

Based on a review of the PAQ, Admin 11.28, POL-23.31, GA-06.11B, the employment application, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to require corrective action. While the auditor has confirmed through previous audits that the agency conducts criminal background checks on all contractors that provide service for the SCDC, the facility was unable to provide the auditor with the requested facility contractor backgrounds. The auditor requested five background checks and received two. Therefore, the auditor did not receive appropriate documentation to determine whether provision (d) of this standard compliant.

Corrective Action

The auditor will need to see the original requested background checks as well as an additional four checks to confirm compliance.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Contractor Background Checks

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (d). On March 30, 2021 and June 25, 2021 the auditor was provided the four requested contractor backgrounds as well as an additional four. All eight had a criminal background check completed. As such, this provision has been corrected and this standard is compliant.

Standard 115.18: Upgrades to facilities and technologies

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*)

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:

1. Observations of Modification to the Physical Plant
2. Observations of Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the facility has not acquired a new facility or made a substantial modification since the last PREA audit. The interview with the Warden confirmed there have not been any modifications to the facility since August 20, 2012. The interview with the Agency Head Designee indicated that the PC meets frequently with Wardens, CM and facility management to tour the institutions, discuss PREA safety measures needed for each institution and develop plans to enhance the ability to protect inmates from sexual abuse. The PC also works with the Director of Compliance, Standards and Inspections to ensure that renovations to institutions comply with state and national standards. During the tour, the auditor did not observe any renovations or modifications.

115.18 (b): The PAQ indicated that there has not been any upgrades or installation of video monitoring technology at the facility since the last PREA audit. The facility has minimal camera coverage. Video monitoring is only found in the direct observation cells in U housing unit. The interview with the Agency Head Designee indicated that the agency has recently increased the number of cameras in many of the institutions to monitor activities. Cameras are monitored at the institution but there are also certain cameras that can be monitored at the central office level. The interview with the Warden indicated that they would take into consideration how the installation or updating of current video monitoring technology would enhance their ability to protect inmates from sexual abuse.

Based on a review of the PAQ, observations made during the tour to include video monitoring technology placement and absence of substantial physical plant modifications as well as information obtained during interviews with the Agency Head Designee and the Warden, this standard appears to be compliant.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence

for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. POL-23.01
3. POL-23.28
4. GA-06.11B
5. Memorandum of Understanding (MOU) with People Against Rape (PAR)
6. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with the PREA Compliance Manager
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations and that when conducting sexual abuse investigations, the agency follows a uniform evidence protocol. GA-06.11B, page 2 indicates that Police Services is responsible for investigating all allegations of sexual abuse, consistent with SCDC policy POL-23.01. POL-23.01 and POL-23.28 detail evidence collection, storage and destruction and make up the policies that outline the evidence protocol.

Interviews with random staff indicated that six of the twelve were aware of evidence protocol. Eleven of the twelve stated that either the CM, Police Services or a supervisor would conduct the investigation.

115.21 (b): The PAQ indicated that the protocol is developed appropriate for youth as well as was adapted from the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". POL-23.01 and POL-23.28 detail evidence collection, storage and destruction and was developed based on the DOJ's protocol.

115.21 (c): The PAQ stated that the facility offers inmates who experience sexual abuse access to forensic medical examinations and that they are provided at an outside facility. The PAQ indicated that during the previous twelve months, there have been zero forensic examination conducted by a Sexual Assault Forensic Examiner (SANE), Sexual Assault Nurse Examiner (SANE) or qualified staff. A review of investigative reports indicated that there were no forensic examinations conducted within the previous twelve months.

115.21 (d): The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center and if and when a rape crisis center is not available to provide victim advocacy services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. A review of documentation indicated that the facility has an MOU with People Against Rape. The MOU was executed on April 7, 2017 and outlines the advocacy services the center provides to inmates. Interviews with five inmates who reported sexual abuse indicated that two were able to speak to a victim advocate. One stated he was provided the information but did not contact them. Four of the five indicated that penetration did not occur. The one who stated penetration occurred indicated that it was actually consensual. The interview with the CM indicated that the facility has an MOU with PAR and that they are the local rape crisis center. She stated that she would notify PAR immediately and they would provide support at the hospital for the inmate victim.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany the victim during the forensic medical examination and investigatory interviews. A review of documentation indicated that the facility has an MOU with People Against Rape and that they provide advocacy services at the local hospital during forensic examinations. Additionally, they provide services via in-person visits if necessary. Interviews with five inmates who reported sexual abuse indicated that two were able to speak to a victim advocate. One stated he was provided the information but did not contact them. Four of the five indicated that penetration did not occur. The one who stated penetration occurred indicated that it was actually consensual. The interview with the CM indicated that the facility has an MOU with PAR and that they are the local rape crisis center. She stated that she would notify PAR immediately and they would provide support at the hospital for the inmate victim.

115.21 (f): The agency is responsible for conducting both criminal and administrative investigations and as such this provision is not applicable.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The auditor is not required to audit this provision.

Based on a review of the PAQ, POL-23.01, POL-23.28, GA-06.11B, the MOU with the People Against Rape, and information from interviews with random staff, inmates who reported sexual abuse and the Compliance Manager, this standard appears to be compliant.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. POL-23.01
3. OP-21.12
4. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): POL-23.01 and OP-21.12, section 6 outline the administrative and criminal investigative process. OP-21.12 indicates that all allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Division of Investigations shall initiate the investigation, will notify South Carolina Law Enforcement Division (SLED) and the Inspector General's office when sexual misconduct by staff, contractors or volunteers is alleged. POL-23.01, section 3.2 states that Police Services will be responsible for assigning investigative personnel to all reported criminal acts which are believed to have been committed by SCDC inmates, employees, or others when the crime relates to the agency. The PAQ indicated that there were 24 allegations reported within the previous twelve months. A review of the 24 investigative files determined that five did not rise to the level of PREA per the definitions. Of the nineteen remaining allegations, seven did not have an investigative outcome. Additionally, nine of the nineteen did not have documentation that would constitute an investigation. The auditor reviewed the files which illustrated that statements were taken and/or interviews were conducted, however that was the extent of the investigative process. The auditor reviewed one closed investigation from Police Services which had the required investigative elements, including an outcome. However the documentation that was provided on the facility investigations did not illustrate that an administrative or criminal investigation was completed for all allegations. The interview with the Agency Head Designee indicated that SCDC has a formal process in place to ensure administrative and criminal investigations are completed for allegations of sexual abuse and sexual harassment. She indicated that all allegations are reported to the CM initially. Incident reports and statements are collected and forwarded to the agency PC who will determine whether the matter warrants a criminal investigation or whether the matter will be referred to the CM for an administrative investigation. She further elaborated and stated that Police Services investigate all allegations of a criminal nature and that all administrative allegations concerning staff or volunteers.

115.22 (b): POL-23.01 and OP-21.12, section 6 outline the administrative and criminal investigative process. OP-21.12 indicates that all allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Division of Investigations shall initiate the investigation, will notify South Carolina Law Enforcement Division (SLED) and the Inspector General's office when sexual misconduct by staff, contractors or volunteers is alleged. POL-23.01, section 3.2 states that Police Services will be responsible for assigning investigative personnel to all reported criminal acts which are believed to have been committed by SCDC inmates, employees, or others when the crime relates to the agency. OP-21.12 is available on the Department's website: <http://www.doc.sc.gov/preaweb/>. The interviews with the investigators indicated that SCDC policy OP-21.12 requires all allegations be investigated and that Police Services has full state authority to conduct investigations and make arrests. Administrative investigations involving inmate on inmate sexual harassment are completed at the facility level by the CM. The Police Services investigator further stated that an MOU with SLED also allows for SLED to be the lead investigative agency if necessary.

115.22 (c): The agency is responsible for conducting both administrative and criminal investigations. No separate entity is responsible for investigations and as such this provision does not apply.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, POL-23.01, OP-21.12, a review of sexual abuse and sexual harassment investigations, the agency's website and information obtained via interviews with the Agency Head Designee and investigators, this standard appears to require corrective action. While the agency has a policy related to investigations and the investigative staff interviewed indicated all allegations are investigated, the documentation reviewed indicated otherwise. A review of the 24 investigative files determined that five did not rise to the level of PREA per the definitions. Of the nineteen remaining allegations, nine did not have any information that would constitute an investigation. The auditor reviewed

the files which indicated that statements were taken and/or interviews were conducted, however that was the extent of the investigative process. The auditor reviewed one closed investigation from Police Services which had the required investigative elements, including an outcome. However the documentation that was provided on the facility investigations did not illustrate that an administrative or criminal investigation was completed for all allegations.

Corrective Action

All allegations should have a completed investigation. As such, the nine allegations that did not have a completed investigation will need to be reviewed and an investigation will need to be completed for all of them. A copy of the investigations will need to be forwarded to the auditor for review. Additionally, in order for the auditor to ensure all future allegations include an investigation with the required PREA elements, the facility will need to report their monthly allegations to the auditor over the corrective action period and forward a copy of the completed investigations.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigative Reports

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related this standard. On June 29, 2021 the facility provided the auditor with eighteen investigative reports. A review of the investigative reports indicated that not all had a completed investigation. Similar to the initial issue, some of the investigations did not have a written report and did not include an investigative outcome. Additionally, the facility did not provide the auditor with the requested monthly list of sexual abuse and sexual harassment investigations to confirm that investigations were completed for all reported allegations. Thus, based on the lack of documentation the auditor is unable to determine if an investigation was completed for all reported sexual abuse and sexual harassment allegations completed during the corrective action period. Additionally, the investigations that were sent to the auditor were not complete.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. Prison Rape Elimination Act (PREA) Lesson Plan
4. Sample of Staff Training Records

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): OP-21.12, section 2 indicates that PREA training will be provided to all agency staff, contractors, temporary/grant employees, and volunteers during the individual orientation program as well as during mandatory in-service annual training. OP-21.12 as well as the PREA Lesson Plan confirmed that the training includes at a minimum the following information: the agency's zero tolerance policy for sexual abuse and sexual harassment of inmates, staff responsibilities related to sexual abuse and sexual harassment prevention, detection, reporting and response, inmate's rights to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened or actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates including lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmates and how to comply with relevant laws related to mandatory reporting sexual abuse to outside authorities. A review of eleven staff training records indicated that eight have received PREA training at some point during their employment with the SCDC. Two of the eleven were not documented with PREA training since 2017 and 2018. Interviews with random staff confirmed that all twelve had received PREA training within the previous year. Ten of the twelve staff interviewed indicated they had received PREA training within the previous year. The majority of the staff interviewed were unfamiliar with some of their responsibilities or some of the agency's policies related to sexual abuse and sexual harassment.

115.31 (b): The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with the opposite gender are given additional training. A review of the training curriculum indicated that the training has information related to both male inmates and female inmates and staff receive both of these whether they work at male or female facility. A review of eleven staff training records indicated that eight have received PREA training at some point during their employment with the SCDC.

115.31 (c): The PAQ indicated that 158 staff or 100% have been trained in PREA requirements and that they receive PREA training annually. The PAQ also indicated that between trainings the staff are provided updates and information during shift briefings. A review of eleven staff training records indicated that eight had received PREA training at some point during their employment with the SCDC. Two of the eleven were not documented with PREA training since 2017 and 2018.

115.31 (d): The PAQ indicated that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. All staff are required to sign a training roster indicating that they attended and understood the training. All electronic training requires staff to acknowledge that they understood the training. A review of eleven staff training records indicated that

eight have received PREA training at some point during their employment with the SCDC and signed an acknowledgment of the training.

Based on a review of the PAQ, OP-21.12, the PREA Lesson Plan, staff training records and information from interviews with random staff, this standard appears to require corrective action. While the agency has a policy related to training, and most staff indicated that they had received training. The documentation that was provided along with the substance of staff interviews indicate that corrective action is needed. A review of eleven staff training records indicated that eight have received PREA training at some point during their employment with the SCDC. Thus, three were not documented with any PREA training. Additionally, two of the eleven were not documented with PREA training since 2017 and 2018. Five of the eight only had documentation of one PREA training over the previous three years, indicating they had not received the required two years or refresher training. Staff interviews also confirmed that staff are not familiar with their responsibilities under PREA policies and procedures. Two staff indicated that they had not received PREA training and the majority of staff interviews indicated staff were unaware of information, policies and procedures as it relates to sexual abuse and sexual harassment. As such, provisions (a), (c) and (d) require corrective action.

Corrective Action

The auditor recommends that the facility conduct a special PREA training in addition to the 2021 PREA training to ensure staff are trained on their duties and responsibilities under the PREA policy. The auditor will need to see the appropriate staff training records for the originally requested eleven staff. If they are not available due to training not being completed, the auditor will require a memo from the Warden identifying the issue and why staff training was not completed as well as corrective action and the process to ensure training is completed annually as required by policy. Additionally, the auditor will require that all current staff receive PREA training within the corrective action period. A staff listing will be sent to the auditor and the auditor will select a representative sample for review. Copies of the selected staff training to include the staff signature acknowledging they received and understood the training will need to be forwarded to the auditor.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training Documents

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility provided the auditor with staff training documents as requested during the on-site portion of the audit, however the documents that were provided were duplicate of those already provided or did not show PREA training. Additionally, the facility did not provide the auditor with the staff listing as requested to select an additional sample to review for PREA training. Based on lack of documentation this standard requires further corrective action.

Standard 115.32: Volunteer and contractor training

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*)

Documents:

1. Pre-Audit Questionnaire
2. PS-10.04
3. SCDC Form 1-9
4. Prison Rape Elimination Act (PREA) Lesson Plan
5. Sample of Contractor Training Records
6. Sample of Volunteer Training Records

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): OP-21.12, section 2 indicates that PREA training will be provided to all agency staff, contractors, temporary/grant employees, and volunteers during the individual orientation program as well as during mandatory in-service annual training. Additionally, PS-10.04 indicates that will receive orientation from an employee of SCDC and topics include all PREA related issues. Contractors receive training via annual in-service training while volunteers receive training during the volunteer orientation. The PAQ did not indicated the number of volunteers and contractors that had received PREA training. The auditor requested training documents for four contractors and four volunteers. The facility was unable to provide the auditor with PREA training documents on any of the eight requested individuals. Therefore the auditor was unable to determine compliance. The interview with the contractor indicated that she was provided a pamphlet on PREA and it included her responsibilities and information on the agency's zero-tolerance policy, inmates reporting mechanism and who she should contact if she becomes aware of any sexual abuse or sexual harassment incidents. It should be noted that no volunteers were available due to COVID-19.

115.32 (b): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. It also indicated that the level and type of training is based on the services they provide and the contact they may have with inmates. All volunteers complete the volunteer orientation and sign SCDC Form 1-9, Volunteer Service Agreement. Contractors receive PREA education during the annual in-

service training. A review of the PREA lesson plan indicated that it contains information on the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. The auditor requested training documents for four contractors and four volunteers. The facility was unable to provide the auditor with PREA training documents on any of the eight requested individuals. Therefore the auditor was unable to determine compliance. The interview with the contractor indicated that she was provided a pamphlet on PREA and it included her responsibilities and information on the agency's zero-tolerance policy, inmates reporting mechanism and who she should contact if she becomes aware of any sexual abuse or sexual harassment incidents. It should be noted that no volunteers were available due to COVID-19.

115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. The auditor requested training documents for four contractors and four volunteers. The facility was unable to provide the auditor with PREA training documents on any of the eight requested individuals. Therefore the auditor was unable to determine compliance.

Based on a review of the PAQ, OP-21.12, PS-10.04, SDC Form 1-9, a review of a sample of contractor and volunteer training records as well as interviews with contractors this standard appears to require corrective action. While the agency has a policy related to volunteer and contractor training and the interview with the contractor confirmed she had received information on the PREA, the facility was unable to produce documentation to corroborate. The auditor requested training documents for four contractors and four volunteers. The facility was unable to provide the auditor with PREA training documents on any of the eight requested individuals. Therefore the auditor was unable to determine compliance. As such, provisions (a), (b) and (c) require corrective action.

Corrective Action

The auditor will need documentation of the eight originally requested individuals training. The facility will need to ensure that all current volunteers and contractors are trained. The auditor will need to be provided a list of all current contractors and volunteers and will select a sample for review for appropriate training. If the documents were just unavailable this corrective action will suffice. If the training was not completed on the initial eight, the auditor will require a memo from the Warden identifying the training issues as well as the plan to correct the issue.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Contractor Training Documents

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility did not provide any of the requested contractor or volunteer training documents requested on-site. Additionally, a list of contractors and volunteers were not sent to the auditor for selection of an additional sample. Based on the lack of documentation this standard requires additional corrective action.

Standard 115.33: Inmate education

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.04
3. OP-21.12
4. Let's Talk About Safety Brochure
5. PREA Resource Center PREA: What You Need to Know Video
6. PREA Poster
7. General Housing Unit Rules
8. Certification of Prison Rape Elimination Act (PREA) Orientation – SCDC Form 18-78
9. American Sign Language Information
10. Language Line Information
11. School for the Deaf and the Blind Information
12. Inmate Training Records

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.33 (a): OP-21.04, page 33, outlines the requirement for inmates to receive PREA education. Specifically, it indicates that inmates will receive institutional orientation within ten working days of arrival at the institution of assignment. The orientation will include information on sexual misconduct and Prison Rape Elimination Act (PREA) guidelines. Each inmate is required to sign the SCDC Form 18-78. The PAQ did not indicate the number of inmates that received information on the zero-tolerance policy and how to report at intake. The facility indicated in the PAQ that they had received 853 inmates in the previous twelve months. A review of documentation indicated that the Let's Talk About Safety brochure, the General Housing Unit Rules and the PREA poster have information on the zero-tolerance policy and the reporting methods. All inmates receive an intake packet. The packet includes the General Housing Unit Rules as well as the Let's Talk About Safety brochure. Inmates do not sign that they receive the forms, however during the tour, the auditor observed the intake area and viewed the packets on the table readily available for distribution. The General Housing Unit Rules provides inmates information on how to report, information on PAR and that the agency has a zero-tolerance policy. The brochure has similar information but expands on inmate rights and other information to know about PREA. Additionally, the intake area as well as all housing units had posted PREA information. The interview with the intake staff indicated that the facility provides inmates information related to the zero-tolerance policy and reporting

mechanism through a video. The staff indicated this is typically done in visitation and they try to complete it within 72 hours. 36 of the 41 inmates indicated that they had received information on the agency's sexual abuse and sexual harassment policies. Of the nineteen that arrived in the previous twelve months, most indicated they received it either the same day or within a week. The auditor requested twenty inmate records, to include three LEP and two disabled inmates, related to inmate PREA education. The facility did not provide the auditor with any documentation indicating any of the twenty inmates had received PREA information at intake.

115.33 (b): OP-21.04, page 33, outlines the requirement for inmates to receive PREA education. Specifically, it indicates that inmates will receive institutional orientation within ten working days of arrival at the institution of assignment. The orientation will include information on sexual misconduct and Prison Rape Elimination Act (PREA) guidelines. Each inmate is required to sign the SCDC Form 18-78. The comprehensive education is completed during orientation via the PREA What You Need to Know video. The PAQ did not indicate the number of inmates that received comprehensive PREA education within 30 days of intake. The facility indicated in the PAQ that they had received 533 inmates in the previous twelve months whose length of stay was for 30 days or more. The auditor requested twenty inmate records, to include three LEP and two disabled inmates, related to inmate PREA education. The facility did not provide the auditor with any documentation indicating any of the twenty inmates had received comprehensive PREA education. It should be noted that male inmates enter SCDC through Kirkland Correctional Institution and inmates are provided the comprehensive PREA education through the PREA What You Need to Know video. Additionally, inmates are typically provided the same video and information at each institution that they transfer to, which exceeds the requirement, as all policies and procedures are the same across SCDC. However, no records were provided to the auditor that the inmates were previously provided comprehensive PREA education. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Additionally, PREA posters and PREA information were provided to inmates and posted throughout the facility. The auditor was previously shown that the PREA brochure and other PREA information is available on the inmate kiosk and on the inmate tablet. Inmates are able to access the PREA brochure, posters, the What You Need to Know video and other PREA information on both of these devices. All SCDC inmates are provided a tablet and as such always have access to the information. The interview with the intake staff indicated that the facility provides inmates information related to the zero-tolerance policy and reporting mechanism through a video that they watch. The staff indicated this is typically done in visitation and they try to complete it within 72 hours. 36 of the 41 inmates indicated that they had received information on the agency's sexual abuse and sexual harassment policies. Of the nineteen that arrived in the previous twelve months, most indicated they received it either the same day or within a week.

115.33 (c): The PAQ did not indicate whether all inmates had received comprehensive PREA education by 2013. The auditor requested twenty inmate records, to include three LEP and two disabled inmates, related to inmate PREA education. The facility did not provide the auditor with any documentation indicating any of the twenty inmates had received comprehensive PREA education. The SCDC previously underwent an initiative that required all facilities to educate inmates on PREA and as such all inmates should have been provided the comprehensive PREA education video by 2014. Typically inmates who transfer facilities within the SCDC receive PREA education at each facility through orientation. The interview with the intake staff indicated all inmates receive PREA education through the video.

115.33 (d): OP-21.12, section 1.1.3 establishes that inmate orientation and orientation materials will be provided in formats which are accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The agency has an agreement with Esmeralda Concepcion for sign language interpretation services as well as a relationship with the School for the Deaf and the Blind for braille translated materials. Additionally, the facility utilizes LanguageLine Solutions to provide translation services in over 240 languages. A review of the PREA brochure and PREA posters confirmed that information is available in bright colors, larger font and in Spanish. It was also noted that the information could be translated to other languages when necessary. The interview with the Agency Head Designee confirmed that the SCDC has established

procedures to provide inmates with disabilities and LEP inmates equal opportunity to participate in PREA efforts. She stated that LEP inmates are provided with an orientation video, brochure and PREA signage in Spanish and other languages. She also indicated that a sign language interpreter is available for deaf inmates while braille information is available for blind inmates. The interviews with the nine LEP and disabled inmates indicated that four had received information in a format they could understand. The other four inmates indicated that they had not received any PREA information/education at LCI. The auditor requested three LEP and two disabled inmate files to confirm their PREA education. The facility did not provide the requested documentation and as such the auditor was unable to verify if it was completed appropriately. During the tour, the PREA signage was observed to be in large text, bright colors and in English and Spanish.

115.33 (e): Initial intake is provided via a packet and comprehensive education is completed via the video. After inmates receive comprehensive education they are required to sign the SCDC 18-78 form. This form is then maintained in the inmates file. The auditor requested twenty inmate records, to include three LEP and two disabled inmates, related to inmate PREA education. The facility did not provide the auditor with any documentation indicating any of the twenty inmates had received comprehensive PREA education.

115.33 (f): The PAQ indicated that information is continuously available through brochures, posters and other educational materials. A review of documentation indicated that the facility has PREA information via the inmate orientation, General Housing Unit Rules, the PREA brochure and PREA signage. All this information is found on the inmate kiosks and through the inmate tablets. During the tour, the auditor observed the PREA signage posted in common areas and housing units. PREA information is also available on the kiosks and inmate tablets. Numerous inmates made reference to the posted information during interviews.

Based on a review of the PAQ, OP-21.04, OP-21.12, the video, the brochure, General Housing Unit Rules, SCDC Form 18-78, the American Sign Language information, the LanguageLine information, the School for the Deaf and the Blind information, PREA posters, a sample of inmate records, observations made during the tour to include the availability of PREA information via signage and documents as well as information obtained during interviews with intake staff, random inmates, LEP inmates and disabled inmates indicates this standard requires corrective action. While the agency has a policy related to inmate PREA education and the intake staff member stated that inmates received education via the PREA video, documentation was not provided to evidence that this practice is occurring. The auditor requested twenty inmate records, to include three LEP and two disabled inmates, related to inmate PREA education. The facility did not provide the auditor with any documentation for these twenty inmates related to PREA education. As such provisions (a), (b), (c), (d) and (e) require corrective action.

Corrective Action

The facility will need to ensure that all current inmates have received initial information and comprehensive PREA education. The auditor suggests that the facility review their current intake and comprehensive PREA education process and come up with a plan to ensure the information is being provided to inmates in the required timeframes under this standard. The auditor requests that the facility provide a memo detailing the updated process as well as training logs for the staff involved indicating they have been trained on their responsibilities under the new process. The auditor will need to see the documentation of the originally requested twenty inmate's intake and comprehensive PREA education. Additionally, the auditor will need a memo from the Warden confirming all current LCI inmates have been provided PREA education. In order to ensure the new education process is systematic the auditor requests the facility provide five to ten examples each month over the next four months of the process of newly received inmates. Meaning, for the next four months the auditor will need documentation of inmates arriving that month at LCI (to include the exact arrival date) along with the signed forms indicating they received information at intake (orientation) and have received comprehensive PREA education (either at LCI or Kirkland, if received previously). Additionally, to ensure the provision (d) is corrected, the auditor will need the facility to provide the originally requested five LEP and disabled training documents as well as training documents for fifteen additional disabled and/or LEP inmates received over the corrective

action period. These documents will need to indicate how the training was provided to the inmate (i.e. Spanish video, Spanish form, staff translator, etc.).

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Inmate Education Documentation

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility provided the auditor with two inmate education training documents for two LEP inmates. Both contained an inmate signature on a Spanish acknowledgment form however one did not have a date. There were no additional inmate education documents provided and as such the facility did not provide the requested on-site documents. The facility also did not provide the auditor with the requested listings to select an additional sample of inmate documentation for review. As such this standard requires additional corrective action.

Standard 115.34: Specialized training: Investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. National Institute of Corrections (NIC) – Investigating Sexual Abuse in a Confinement Setting
4. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): OP-21.12, page 3 states that specialized training may be provided for staff members who will be charged with specific aspects of the agency response to abuse allegations. Interviews with the investigators indicated that they both received specialized training. A review of training files indicated that all Police Services investigators had received the NIC training, however the facility did not provide the auditor with the training certificate for the two facility investigators.

115.34 (b): OP-21.12, page 3 states that specialized training may be provided for staff members who will be charged with specific aspects of the agency response to abuse allegations. This training may include, but is not limited to crime scene management, elimination of contamination, evidence collection protocol and crisis intervention. The training is completed through the NIC's Investigating Sexual Abuse in a Confinement Setting. A review of the training curriculum confirms that it includes the following; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. Interviews with the investigators indicated that they both received the specialized training. Interviews indicated that the aforementioned topics were covered and that they remember training topics such as victim interviews, evidence collection and report writing.

115.34 (c): The PAQ indicated that currently there are 49 investigators who complete sexual abuse investigations. Of the 49, the PAQ indicated that all have received specialized training. A review of training files indicated that all Police Services investigators had received the NIC training, however the facility did not provide the auditor with the training certificate for the two facility investigators.

115.34 (d): This provision does not apply as no outside entity is responsible for conducting sexual abuse investigations.

Based on a review of the PAQ, OP-21.12, the NIC's Investigating Sexual Abuse in a Confinement Setting curriculum, a review of investigator training records and information obtained from the interviews with the investigators, this standard appears to require corrective action. While the facility investigator indicated she received specialized training, she was unable to provide the auditor with her training certificate as well as the other facility investigator training certificate in the interim report timeframe.

Corrective Action

The facility will need to provide the auditor with the NIC training certificate for the specialized investigator training for the two facility investigators in order to show provisions (a) and (c) of this standard compliant.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. NA

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility did not provide the auditor with the requested training records and as such this standard requires further corrective action.

Standard 115.35: Specialized training: Medical and mental health care

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*)

Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. NIC's Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff
4. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.35 (a): GA-06.11B, page 3 states that all full-time and part-time medical and mental health 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 years with documentation placed in the

employee file. The specialized training is completed through NIC's Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff training. A review of the training modules indicated that they include the following topics; how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 21 medical and mental health staff and that 100% of these staff received the specialized training. The auditor requested five of these staff member's medical and mental health specialized training records. The facility did not provide the auditor with any of the records and as such the auditor was unable to determine if the training is completed. Interviews with medical and mental health staff confirmed that two of the three had received the specialized training and that it covered the required topics. It was determined that the SCDC medical and mental health staff are required to complete the specialized training, however the contracted medical and mental health staff were not required to complete the specialized training.

115.35 (b): This provision does not apply. Forensic exams are not conducted on-site by any of the facility's medical staff. Inmates are transported to a local hospital where nurses with specialized training complete the forensic medical examination. Interviews with medical and mental health care staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. The auditor requested five of these staff member's medical and mental health specialized training records. The facility did not provide the auditor with any of the records and as such the auditor was unable to determine if the training is completed. It was determined that the SCDC medical and mental health staff are required to complete the specialized training, however the contracted medical and mental health staff were not required to complete the specialized training.

115.35 (d): All SCDC medical and mental health care staff complete the required annual employee PREA training. The auditor requested five of these staff member's annual employee PREA training records. The facility did not provide the auditor with any of the records and as such the auditor was unable to determine if the training is completed.

Based on a review of the PAQ, GA-06.11B, the NIC's Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff training, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard requires corrective action. While SCDC medical and mental health care staff are required to complete the specialized training, all full and part-time contracted medical and mental health care staff are not. Records and interviews confirm that the agency was unaware that the contracted medical and mental health care staff were required to complete the training. The auditor was not provided any training documents for the five requested staff. As such, provisions (a) and (c) of this standard are not compliant. Additionally, the auditor was unable to determine the compliance of provision (d) as appropriate documentation was not provided indicating the SCDC medical and mental health staff received employee PREA training.

Corrective Action

The agency as a whole will need to ensure that contracted medical and mental health care staff follow the requirements under this standard. Specifically, for LCI, all medical and mental health care staff will need to complete the NIC specialized medical and mental health training as well as either the contractor or SCDC employee PREA training. Based on the low number of medical and mental health care staff at the facility, the auditor requests that the facility send all (to include contracted and the SCDC employees) medical and mental health care staff specialized training, as well as all contractor or employee PREA training. The auditor would like a list of all current medical and mental health staff to confirm receipt of all training records.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Specialized Medical and Mental Health Training Records

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (c). On June 25, 2021 the facility provided the auditor with four requested specialized medical and mental health training certificates. An additional eight certificates were provided on the same date. The facility had still not provided one requested specialized medical and mental health training certificate. Additionally, the facility did not provide the contractor or staff training required under provision (c). Based on lack of documentation the auditor is unable to determine whether corrective action was taken and as such this standard requires additional corrective action.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.04
3. SCDC PREA Screening Checklist
4. Inmate Assessment and Re-Assessment Records

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): OP-21.04 address the risk screening process. Specifically, page 7 and 33 state that inmates must be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of arrival at SCDC and again at each subsequent transfer. A trained designated staff member will use

the automated PREA screening instrument to interview the inmate and complete the checklist. During the tour, the auditor observed the medical area, which is where the initial risk screening occurs. The risk screening is conducted in an office setting and allows for adequate privacy. Interviews with nineteen inmates received within the previous twelve months indicated that eighteen remember being asked the risk screening questions. Most indicated they were asked the same day or within a couple days. The auditor requested documents for fifteen inmates that arrived within the previous twelve months. The facility did not provide the auditor any information related to those fifteen inmates' initial risk assessment. As such, the auditor was unable to verify if the initial risk screening was conducted within 72 hours. The interviews with the staff responsible for the risk screening indicated that inmates are screened at intake (within 72 hours) by medical staff for their risk of sexual victimization or sexual abusiveness.

115.41 (b): OP-21.04 address the risk screening process. Specifically, page 7 and 33 state that inmates must be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of arrival at SCEC and again at each subsequent transfer. The PAQ indicated that inmates are screened within this timeframe and that 773 inmates were received at the facility whose length of stay was for 72 hours or more. Interviews with nineteen inmates received within the previous twelve months indicated that eighteen remember being asked the risk screening questions. Most indicated they were asked the same day or within a couple days. The auditor requested documents for fifteen inmates that arrived within the previous twelve months. The facility did not provide the auditor any information related to the fifteen inmate's initial risk assessment. As such, the auditor was unable to verify if the initial risk screening was conducted within 72 hours. The interviews with the staff responsible for the risk screening indicated that inmates are screened at intake (within 72 hours) by medical staff for their risk of sexual victimization or sexual abusiveness.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. OP-21.04, pages 7 and 33 state that a trained designated staff member will use the automated PREA screening instrument to interview the inmate and complete the checklist. A review of the SCDC PREA Screening Checklist indicated that the worksheet consists of yes or no questions. The screening staff verify answers and complete a file review for topics such as violent criminal history, any previous sexual convictions, etc.

115.41 (d): A review of the SCDC PREA Screening Checklist indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the 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; whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability. Inmates at the facility are not held solely for civil immigration purposes and as such this portion of the screening is not included. Interviews with risk screening staff indicated that the risk screening includes yes or no questions and that inmates have the ability to elaborate on yes responses. Additionally, inmates have the option to refuse to answer any of the questions. Interviews indicated that the risk screening includes yes or no questions and that they type any responses. The staff indicated questions include the nature of the inmate's current offense, if they were ever sexually abused, if they have a fear of living in general population, if they have any violent or nonviolent crimes, if they have ever been in prison before, their sexual gender identify, their physical build and their sexual orientation.

115.41 (e): A review of the SCDC PREA Screening Checklist confirms that the intake screening considers the following; prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews indicated that the risk screening includes yes or no questions and that they type any responses. The staff indicated questions include the nature of the inmate's current offense, if they were ever sexually abused, if they have a fear of living in general population, if they have any violent or nonviolent crimes, if they have ever been in prison before, their sexual gender identify, their physical build and their sexual orientation.

115.41 (f): OP-21.04, pages 8 and 33, indicate within 30 days of transfer, the Classification Caseworker/CPS will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received since the inmate's transfer. The PAQ indicated that the facility requires inmates to be reassessed and that 533 inmates had a length of stay for 30 days or more. The PAQ did not indicate the number of inmates that were re-assessed. Interviews with staff responsible for the risk screening indicated that inmates are reassessed within 30 days of intake. Interviews with nineteen inmates that arrived within the previous twelve months indicated that ten had been asked the risk screening questions on more than one occasion. The timeframe varied among the nine, some indicated they were asked a week or so later while some indicated it was months later. The auditor requested documents for fifteen inmates that arrived within the previous twelve months. The facility did not provide the auditor any information related to the fifteen inmate's re-assessments. As such, the auditor was unable to verify if the re-assessments are completed within 30 days.

115.41 (g): OP-21.04, page 8, indicates that within 30 days of transfer, the Classification Caseworker/CPS will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received since the inmate's transfer. If additional, relevant information has been received, the classification caseworker will assess the inmate's risk using the automated PREA screening instrument. The PAQ indicated that this practice is occurring. Interviews with the staff responsible for risk screening indicated inmates are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with nineteen inmates that arrived within the previous twelve months indicated that ten had been asked the risk screening questions on more than one occasion. The timeframe varied among the nine, some indicated they were asked a week or so later while some indicated it was months later. It should be noted that the facility does not consider an incident of sexual abuse unless the allegation is substantiated. A review of the sexual abuse investigations indicated that zero allegations were substantiated. As such, based on the agency's interpretation of the standard, there were no instances where an inmate would be required to be re-assessed. However, due to the lack of documentation provided, the auditor was unable to determine if there were inmates who needed a re-assessment based on referral, request or receipt of additional information.

115.41 (h): OP-21.04, page 8, indicates that inmates will not be disciplined for failure to disclose or for refusal to answer questions related to prior sexual abuse. The PAQ indicated that inmates are not disciplined for refusing to answer. The interviews with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for the risk screening indicate that risk screening information is not disseminated and is only accessible to staff that have a need to know. The PC, CM and staff responsible for risk screening indicated that medical, mental health, classification and the Associate Warden have access to the information.

Based on a review of the PAQ, OP-21.04, SCDC PREA Screening Checklist, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates, this standard appears to require corrective action. While staff indicated during interviews that they complete an initial risk screening and a 30-day re-assessment, lack of documentation does not allow for the corroboration of this information. The auditor requested documents for fifteen inmates that arrived within the previous twelve months. The facility did not provide the auditor any information related to those fifteen inmate's initial assessments or re-assessments. As such, the auditor was unable to verify compliance of provisions (a), (b), (f) and (g).

Corrective Action

The auditor suggests the facility create a plan on how initial assessments and re-assessments are to be completed. After a plan is created the facility should train the necessary staff to ensure they are aware of and understand their responsibilities in the risk screening process. Medical will need to know their responsibilities in the process of the initial assessments at intake and ensure they are completed within the 72-hour timeframe. Classification staff will need to know their responsibilities on ensuring re-

assessments are completed within the 30-day time frame. The auditor will require that a memo be provided explaining the initial and reassessment screening process. The auditor will also require that training documents be sent for the necessary staff related to that process. After the process development and training, the auditor will require that the facility provide ten assessments and re-assessments each month for four months for inmates that arrive at the facility. Additionally, the auditor will require that the facility provide ten examples over the four months of inmates who were reassessed due to referral, request, incident of sexual abuse or receipt of additional information. All of the documentation will be utilized to evidence that the process is systemic and that provision (a), (b), (f) and (g) have been corrected.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Inmate Risk Screening Documentation

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility provided the auditor with fifteen documents for inmates requested during the on-site portion of the audit. Of the fifteen, zero had a reassessment completed within the 30 day timeframe and eleven did not have an initial risk screening completed within the 72 hour timeframe. Additionally, a few of the fifteen did not have an initial or reassessment documented at all. Additionally, the facility did not provide the auditor with the requested listings to select an additional sample of inmate documentation for review. As such this standard requires additional corrective action.

Standard 115.42: Use of screening information

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.04
3. GA-06.11B
4. Sample of Risk Based Housing Documents
5. Sample of Transgender/Intersex Reassessments
6. Inmate Housing Assignments/Logs

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Location of Inmate Records
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): OP-21.04, page 8 indicates that the screening interview will be individualized to ensure the safety of each inmate and will be conducted in a private area that is conducive to obtaining complete and accurate information. The PAQ as well as interviews with the Compliance Manager and staff responsible for the risk screening indicated that risk screening information is utilized to house inmates appropriately. The risk screening staff stated that information is utilized to house the inmates correctly so that a victim would not be placed with a perpetrator. The CM indicated that they use the risk screening information to place them in a dorm that would be conducive to their risk level. She stated if they had an inmate who was at a highly elevated risk for sexual abuse they would more than likely place them in the character unit. A review of inmate files and of inmate housing and work assignments for the inmates who were identified with an elevated risk of vulnerability confirmed that inmates at high risk of victimization were not “roommates” with inmates at high risk of being sexually abusive. Additionally, they did not participate in work or program assignments to the extent possible.

115.42 (b): OP-21.04, page 8 indicates that the screening interview will be individualized to ensure the safety of each inmate and will be conducted in a private area that is conducive to obtaining complete and accurate information. The PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The risk screening staff stated that information is utilized to house the inmates correctly so that a victim would not be placed with a perpetrator. Staff stated classification review this information for assignments to ensure the inmate’s safety.

115.42 (c): OP-21.04, page 7, states that on a case by case basis, the Gender Dysphoria Multi-Disciplinary Team will determine whether to assign a transgender or intersex inmate to an institution for male or female inmates. The placement decision will be based on the inmate’s own views with respect to his or her health and safety, and whether such decision will present a management or security problem. The PAQ indicated that this practice is taking place. At the time of the audit, the facility had two transgender inmates. The agency as a whole has 29 inmates that identify as transgender or are intersex. Of the 29, seventeen are transgender female and twelve are transgender male. All seventeen transgender females are housed in a male facility and all twelve transgender males are housed in a female facility. The 29 identified transgender inmates have all been reviewed by the Gender Dysphoria Multi-Disciplinary Team and have been assigned housing based on their safety and security recommendations. The team determines the best housing for inmates based upon safety, security and management of each individual inmate as well as the inmate population at that facility. A review of the Gender Dysphoria Multi-Disciplinary Team meeting minutes indicated that the team routinely discusses

housing, safety, security and accommodations for transgender inmates. The auditor reviewed meeting minutes that discussed eight transgender inmates which confirmed that the inmates had been evaluated by the Gender Dysphoria Multi-Disciplinary Team. Additionally, the auditor reviewed two specific transgender female cases and confirmed that both included documentation related to recommended housing based on safety and security. The interview with the CM indicated that the facility does not make that determination. She stated that at the facility level classification reviews the inmates and they are placed in housing units based on certain criteria. The interviews with the two transgender inmates indicated that one was asked about her safety and the other was not. Both indicated they were not placed in a specific facility, dorm or wing based on their gender identity.

115.42 (d): GA-06.11B, page 4 states that in determining housing and programming for inmates who identify as transgender or intersex, assessment staff will complete the PREA Screening Application and will document the inmate's preferences in their assignment. Those identified as transgender, intersex or diagnosed with Gender Dysphoria will be provide an individualized accommodation plan. LCI had two transgender inmates housed during the on-site portion of the audit. The auditor requested the two transgender inmate's biannual assessments; however the facility did not provide the requested documentation. It should be noted however that the auditor did previously review documentation for five SCDC inmates who identify as transgender. All five had biannual assessments completed in 2019 and four had biannual assessments completed in 2020. The interviews with the staff responsible for risk screening indicated that one knew transgender and intersex inmates were reviewed at least twice a year while the other did not. The interview with the CM indicated that she knew that the transgender inmates get a housing change annually and that she would look into any issues if they had any.

115.42 (e): OP-21.04, page 7, states that on a case by case basis, the Gender Dysphoria Multi-Disciplinary Team will determine whether to assign a transgender or intersex inmate to an institution for male or female inmates. The placement decision will be based on the inmate's own views with respect to his or her health and safety, and whether such decision will present a management or security problem. The interview with the CM and staff responsible for the risk screening indicated that transgender and intersex inmate's views regarding their housing and safety would be given serious consideration. The interviews with the risk screening staff indicated they were unaware of how the inmate's own views would be handled. Interviews with the two transgender inmates indicated that one was asked about her safety while the other way not.

115.42 (f): GA-06.11B, page 4, states that transgender and intersex inmates will be given the opportunity to shower separately from other inmates. During the tour it was confirmed that all showers were single person showers with either curtains or lattice type material on the security windows. The interview with the CM and the staff responsible for risk screening confirmed that transgender and intersex inmates would be afforded the opportunity to shower separately. The CM indicated that all housing units have single person showers and that they have designed 2:00pm as the shower time for transgender and intersex inmates. The two transgender inmates indicated that they have single person showers for privacy, however the 2:00pm shower time is not always followed.

115.42 (g): The facility does not have an official method to track LGB self-identified inmates, however there were five inmates that were identified as self-reporting as gay or bisexual. A review of housing assignments for the inmates indicated that they were housed throughout different units within the facility. The interviews with the five LGB inmates indicated none felt they were placed in a unit strictly for LGBTI inmates. The interviews with the PC and CM confirmed that LGBTI inmates are not placed in one specific facility, unit or dorm.

Based on a review of the PAQ, OP-21.04, GA-06.11B, meeting minutes from the Gender Dysphoria Multi-Disciplinary Team, the transgender biannual assessments, a review of inmate housing assignment and information obtained from interviews with the PC, CM, staff responsible for the risk screening and LGBTI inmates, this standard appears to require corrective action. While the agency has a policy that requires biannual assessments of transgender and intersex inmates the facility was unable to provide the auditor with documentation of the two transgender inmate's biannual assessments at LCI. Additionally, the CM

and the staff responsible for risk screening were unaware of this requirement as indicated in their interview responses. As such, provision (d) is not compliant.

Corrective Action

The facility will need to send the required documentation related to the two transgender inmates at the facility, including their biannual assessments in 2020, to the auditor. The facility will also need to send the auditor the biannual reviews that are completed during the corrective action period. Additionally, while on-site the auditor spoke to at least two other inmates that indicated they wanted to identify as transgender. This information was passed along to the CM. These inmates as well as any others that identify during the corrective action period will need to have their initial biannual assessment completed. Documentation of these assessments will need to be forwarded to the auditor. Additionally, training should be provided to appropriate staff (to include the CM and the risk screening staff) related to these biannual assessments (including the inmate views with respect to their safety and the separate showers). The auditor requests a copy of the training documentation.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. NA

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility did not provide any documentation to the auditor related to this standard, as such further corrective action is required.

Standard 115.43: Protective Custody

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*)

Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B

3. Housing Records

Interviews:

1. Interview with the Warden
2. Staff who Supervise Inmates in Segregated Housing

Findings (By Provision):

115.43 (a): GA-06.11B, page 3 indicates that consistent with SCDC Policy OP-21.04, 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 PAQ indicated that there have been three inmates placed in involuntary segregated housing due to their risk of victimization, for 24 hours or less. The auditor requested documentation related to the three inmates who were involuntarily segregated. However, the facility did not provide the auditor with the requested documentation. As such the auditor could not determine compliance of this provision. The interview with the Warden indicated that the policy prohibits placing inmates in involuntary segregation but they typically end up placing them in the RHU because the inmate requests protection. A review of housing records for inmates at high risk of victimization indicated that none were placed in restrictive housing at the time of the on-site portion of the audit due to their risk of victimization.

115.43 (b): GA-06.11B, page 3, indicates that consistent with SCDC Policy OP-21.04, 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 auditor requested documentation related to the three inmates who were involuntarily segregated. However, the facility did not provide the auditor with the requested documentation. As such the auditor could not determine compliance of this provision. During the tour the auditor did not identify any high-risk inmates that were involuntarily segregated. Interviews with staff who supervise inmates in segregated housing indicated that inmates would not be restricted access to programs, privileges and work opportunities to the extent possible. He indicated any restriction would be documented.

115.43 (c): The PAQ indicated that there was one inmate that was assigned to involuntary segregated housing longer than 30 days while awaiting alternative placement. The interview with the Warden indicated that the facility would only assign an inmate involuntarily until an alternative means of separation could be achieved. He stated that 60 days would be the maximum time they would keep an inmate in segregation, but that pre-COVID it was about a week. Staff who supervise inmates in segregated housing stated that he would not make the call related to housing, rather operations would. He stated that an inmate could be involuntarily segregated for two to three months.

115.43 (d): The PAQ indicated that zero inmates were involuntarily segregated in the previous twelve months that required documentation of the basis for the facility's concern for the inmates' safety and the reason why no alternative means of separation could be arranged. The auditor requested documentation related to the three inmates who were involuntarily segregated, specifically the one over 30 day for this provision. However, the facility did not provide the auditor with the requested documentation. As such the auditor could not determine compliance of this provision.

115.43 (e): The PAQ indicated that every 30 calendar days, the facility shall afford the inmate a review to determine whether there is a continuing need for separation from the general population. The auditor requested documentation related to the three inmates who were involuntarily segregated, specifically the one over 30 day for this provision. However, the facility did not provide the auditor with the requested documentation. As such the auditor could not determine compliance of this provision. The staff who supervise inmates in segregated housing indicated that all inmates go through a regular review process and they would be reviewed at least every 30 days.

Based on a review of the PAQ, GA.06.11B, high risk inmate housing records, observations from the facility tour related to the segregation unit as well as information from the interview with the Warden and

staff who supervise inmates in segregated housing, indicates that this standard appears to require corrective action. The PAQ indicated that three inmates were involuntarily segregated up to 24 hours and that one was over 30 days. The auditor requested documentation related to these placements, however the facility did not provide the auditor with any documentation. As such, the auditor was unable to determine compliance with all provisions of this standard.

Corrective Action

The auditor requests that the facility send the documentation related to the three inmates who were involuntarily segregated in the previous twelve months for up to 24 hours as well as the documentation for the one inmate who was involuntarily segregated for more than 30 days. If no documentation exists, the auditor requests the facility provide information on the cases and what occurred. Additionally, the auditor requests the facility review their process and identify why policy and procedure was not followed and why documentation was unavailable. The auditor would like information pertaining to the deficiency and how it will be corrected. Additionally, the auditor would like a tracking log to be provided monthly by the CM of any inmates who are at high risk of victimization that are involuntarily segregated due to their risk and the corresponding documentation under this provision (i.e. access or restriction of programs, privileges, work opportunities, etc., the basis for the concern and why no alternative means of separation is available and the continued 30 day placement review).

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. NA

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility did not provide any documentation to the auditor related to this standard, as such further corrective action is required.

REPORTING

Standard 115.51: Inmate reporting

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. SCDC Sexual Abuse Response Protocol
4. Let's Talk About Safety Brochure
5. PREA Roll Call Refresher
6. General Housing Unit Rules

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of PREA Reporting in all Housing Units

Findings (By Provision):

115.51 (a): OP-21.12, page 3, indicates that inmates incarcerated in a SCDC facility may report any act of sexual abuse by calling *22, and/or by written or verbal reports to any agency staff member, contract employee, volunteer, or the Division of Investigations or SLED. A review of the brochure, the General Housing Unit Rules and the PREA Refresher indicates that inmates can report verbally to staff or SLED, by dialing *22, by filing a grievance or using the kiosk or through a third party such as a family or friend. The documentation indicates that inmates can report with or without giving their name and that they will not be subject to retaliation, reprisal, harassment or disciplinary action. During the tour, it was observed that information on how to report PREA allegations was outlined on the PREA posters throughout the facility. Interviews with inmates confirmed that 40 inmates were aware of at least one method to report sexual abuse and sexual harassment. The majority knew numerous methods to report and most indicated they would report via the hotline, a staff member or through their family. Interviews with twelve random staff confirmed that inmates can report verbally, in writing, anonymously and through a third party. During the tour the auditor tested the PREA hotline and advocacy line to ensure access.

115.51 (b): OP-21.12, page 3, indicates that inmates incarcerated in a SCDC facility may report any act of sexual abuse by calling *22, and/or by written or verbal reports to any agency staff member, contract employee, volunteer, or the Division of Investigations or SLED. The PAQ indicated that the agency provides at least one method for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. Inmates can report in writing to SLED (PO Box 21398, Columbia, SC 29221). A review of the brochure and poster indicated that inmates are provided information on how to report allegation to the outside law enforcement agency (SLED). Additionally, inmates are provided information related to the outside reporting mechanism during the PREA training at inmate orientation. The brochure and poster noted that inmates can anonymously report to SLED and inmates are advised of this and how to do this during the PREA training at inmate orientation. Inmates can request legal envelopes or can utilize their own envelopes. Postage is not required and a return address and inmate name/number are also not required. The auditor sent a letter to SLED to ensure that the third-party reporting mechanism was available. The auditor received an email from the PREA Coordinator eight calendar days later indicating the letter was received. This confirmed that the information was reported back to the PC and facility and as such the outside reporting mechanism was confirmed operational. The interview with the CM indicated that inmates can report via the hotline and PAR. She stated that if inmates report via PAR that the information is forwarded back to the facility. Interviews with inmates indicated that all were aware of a method to report, 25 knew they could report anonymously and 34 knew that a third part could report on their behalf. Nine indicated that they could report to their family as the outside reporting mechanism. None of the inmates specifically named SLED as the outside reporting mechanism. The facility does not detain inmates solely for civil immigration purposes so this section of the provision does not apply.

115.51 (c): OP-21.12, page 3, indicates that inmates incarcerated in a SCDC facility may report any act of sexual abuse by call *22, and/or by written or verbal reports to any agency staff member, contract employee, volunteer, or the Division of Investigations or SLED. The SCDC Sexual Abuse Response Protocol, Section II, indicates that staff who receive a report (whether verbal, in writing, anonymously, from a third party, or in some other manner) or witness sexual abuse will report it and will take appropriate initial steps. The PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. A review of the brochure and PREA Refresher indicate that inmates can report verbally to staff or in writing to SLED, by dialing *22, by filing a grievance or using the kiosk or through a third party such as a family or friend. Interviews with inmates confirm that 40 were aware of at least one method to report sexual abuse and sexual harassment. Interviews with staff indicate that they accept all allegations of sexual abuse and sexual harassment, that they immediately report any allegation to their supervisor and that they document the allegation.

115.51 (d): The PAQ indicates that the agency has a procedure for staff to privately report sexual abuse and sexual harassment of inmates. Interviews with staff indicate that they can privately report sexual abuse and sexual harassment of inmates through the hotline or to the AW or their supervisor.

Based on a review of the PAQ, OP-21.12, the Sexual Abuse Response Protocol, the brochure, the PREA Refresher, PREA signage, information from SLED, observations from the facility tour related to PREA signage and posted information and interviews with the CM, random inmates and random staff, this standard appears to be compliant.

Recommendation

While the facility complies with the standard the auditor highly recommends that the facility emphasize the outside reporting mechanism (SLED) during inmate PREA education. While the information is posted throughout the facility, is provided in the orientation packet and is available on the kiosk and tablet, only nine out of 41 inmates were aware they had an outside reporting mechanism and zero knew it was SLED. Additionally, the CM and the random staff were not familiar with SLED as the outside reporting mechanism during interviews. Additionally, the auditor recommends staff be trained on the methods to privately report sexual abuse of inmates during the next annual PREA training.

Standard 115.52: Exhaustion of administrative remedies

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*)

Documents:

1. Pre-Audit Questionnaire
2. GA-01.12
3. Memo Related to Extensions
4. Grievances

Findings (By Provision):

115.52 (a): GA-01.12 is the policy related to inmate grievances/administrative remedy. The PAQ indicated that the agency is not exempt from this standard.

115.52 (b): GA-01.12, page 8, describes the grievance process for allegations of sexual abuse. Specifically, it states that there will be no time frame for filing a grievance alleging sexual abuse. The inmate will not be required to attempt any informal resolution. A review of the orientation packet indicated that information is provided to inmates related to the grievance process.

115.52 (c): GA-01.12 outlines the grievance process for allegations of sexual abuse and sexual harassment. Page 6 specifically state that no employee involved or addressed in a grievance will be assigned to conduct any investigation regarding the same. A review of the orientation packet indicated that information is provided to inmates related to the grievance process.

115.52 (d): GA-01.12 outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, page 8 indicates that the agency will provide an agency final response to any grievance alleging sexual abuse within 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. The PAQ indicated that there were zero grievances of sexual abuse filed in the previous twelve months. The auditor requested a copy of the grievance log to verify whether there were any sexual abuse allegations reported. The facility did not provide the auditor with the grievance log. As such, based on the inaccuracies of the PAQ and the missing information on the PAQ paired with the inability to provide the grievance log, the auditor is unable to confirm there were no sexual abuse grievances and as such unable to determine if they were filed and answered correctly under this provision.

115.52 (e): GA-01.12 outlines the grievance process for 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 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. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months. The auditor requested a copy of the grievance log to verify whether there were any third-party sexual abuse allegations reported. The facility did not provide the auditor with the grievance log.

115.52 (f): GA-01.12 outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, page 9 states that 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 calendar days. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. The auditor requested a copy of the grievance log to verify whether there were any emergency sexual abuse allegations reported. The facility did not provide the auditor with the grievance log.

115.52 (g): GA-01.12, page 9 indicates that 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. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, GA-01.12, the one PREA grievance, a review of the grievance log and a spot check of a sample of grievances, indicates that this standard appears to require corrective action. While agency policy is compliant with regard to this standard the facility's inability to provide the requested information does not allow the auditor to certify compliance. The auditor requested a copy of the grievance log to verify whether there were any sexual abuse allegations reported. The facility did not provide the auditor with the grievance log. As such, based on the inaccuracies of the PAQ and the missing information on the PAQ paired with the inability to provide the grievance log, the auditor is unable to confirm there were no sexual abuse grievances filed. As such provision (b) of this standard is not compliant.

Corrective Action

The auditor requests that the grievance log for the audit period be forwarded to the auditor to review. Once received the auditor will request a sample of grievances to review. The auditor also requests that if any grievances of sexual abuse are filed in the corrective action period that they be forwarded to the auditor to for review.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Grievance Log

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility did not provide the auditor with the requested grievance log until June 25, 2021. As such, the auditor did not have enough time to select sample grievances for review prior to completing this report. As such, further corrective action is required for this standard.

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

Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. Memorandum of Understanding with People Against Rape (PAR)
4. Let's Talk About Safety Brochure
5. People Against Rape Poster
6. General Housing Unit Rules

Interviews:

1. Interview with Random Inmates

Site Review Observations:

1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that inmates are provided access to outside victim emotional support services related to sexual abuse through a mailing address and a phone numbers and that the facility enables reasonable communication with these services in as confidential a manner as possible. A review of the People Against Rape poster as well as the brochure and the General Housing Unit Rules indicated that inmates are provided a speed dial number (*63) as well as an address (PO Box 1723, Charleston, SC 29403) to contact PAR for emotional support services. During the tour the auditor observed that each housing unit information posted near the phones that had the victim advocacy contact number. Interviews with inmates indicated that seven were provided information on victim advocacy. Most stated that they were provided papers with the information or that it was posted in the housing units. The victim advocacy information is contained in the General Housing Unit Rules, the Lets' Talk about Safety brochure, on other PREA signage and is discussed during inmate orientation, therefore inmates have been provided this information and they also see it daily posted around the facility. Interviews with inmates who reported sexual abuse indicated that two were offered access to victim advocates. One advised he did not contact them though. It should be noted that none of the inmates interviewed received a forensic examination and all had access to PAR via *63. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): The PAQ indicated that inmates were informed of the extent to which their communication would be monitored and the extent that reports of abuse would be forwarded to authorities, prior to giving them access. GA-06.11B indicates that any monitored communications of inmates, recording or live streaming of conversations with advocacy centers, will be expressed to inmates and/or others prior to authorization for use. Interviews with inmates indicated that seven inmates were provided information on victim advocacy. Most stated that they were provided papers with the information or that it was posted in the housing units. The victim advocacy information is contained in the General Housing Unit Rules, the Lets' Talk about Safety brochure, on other PREA signage and is discussed during inmate orientation, therefore inmates have been provided this information and they also see it daily posted around the facility. The literature indicates that communication with PAR is free and confidential. The seven inmates who knew about the advocacy information indicated they believed it was free and they confirmed it was confidential. Interviews with inmates who reported abuse indicated that two were offered access to victim advocates. One advised he did not contact them though. It should be noted that none of the inmates interviewed received a forensic examination and all had access to PAR via *63.

115.53 (c): The agency has a MOU with People Against Rape that indicates an agreement between the parties for services related to goals and implementation of federal PREA mandates. A review of the MOU indicates it was signed and executed on March 7, 2017. The interview with People Against Rape staff member confirmed that they have an MOU and provide services to inmates. The staff member advised they offer in person counseling at the facility, a 24-hour hotline, a PO box for correspondence and

accompaniment during forensic examinations and investigatory interviews. He also indicated that the hotline is confidential and that it is set up so that when inmates call from the *63 it shuts off the recording.

Based on a review of the PAQ, the brochure, the poster, the MOU with the PAR, observations from the facility tour related to PREA signage and posted information and information from interviews with random inmates and the staff member from PAR, this standard appears to be compliant.

Recommendation

While the facility complies with the standard based on policy, the MOU and the plethora of information provided and posted related to advocacy services, the auditor highly recommends that the facility emphasize the PAR available services (including that the information is free and confidential) during inmate PREA education. While the information is posted throughout the facility, is provided in the orientation packet and is available on the kiosk and tablet, only seven out of 41 inmates had knowledge of the victim support services.

Standard 115.54: Third-party reporting

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*)

Documents:

1. Pre-Audit Questionnaire

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the agency's website (http://www.doc.sc.gov/preaweb/prea_partnerships.html) confirms that third parties can report on behalf of an inmate by clicking on a link on the page titled "Report Sexual Abuse or Sexual Harassment".

Based on a review of the PAQ and the agency's website this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. GA-06.11
4. GA-06.11B
5. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): OP-21.12, page 3 outlines that staff will be trained that they are required to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment. Additionally, page 4 states that any employee, volunteer, agent or contractor of the agency who observes or receives information concerning sexual abuse, including threats of sexual abuse or substantial risk of imminent sexual abuse, must report it immediately. The PAQ along with interviews with random staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, staff neglect and/or retaliation due to reporting such abuse. All twelve staff indicated they would document the allegation and immediately notify their supervisor.

115.61 (b): GA.06.11, page 5, states that staff will only share information related to the incident with those people who need to know in order to ensure the alleged victim's safety, conduct the investigation, or provide treatment to the alleged victim or alleged perpetrator. The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service 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. Interviews with staff indicate that when they learn of an allegation they report to their supervisor and complete an incident report.

115.61 (c): Interviews with medical and mental health care staff confirmed that they are required to report all allegations of sexual abuse that occurred within a confinement setting. One staff member stated that she had an inmate report to her many years ago and that she reported it immediately to security. A review of investigations indicated that none were reported to medical or mental health.

115.61 (d): The interview with the PC confirmed that any allegation made by an inmate under the age of 18 or considered a vulnerable adult would be reported to the Director of the Youth Offender Program. The Director would report to the Department of Juvenile Justice. The information would also be reported to Police Services for investigation. The Warden stated that he reports everything to the Regional Director and Police Services and they make any outside notifications.

115.61 (e): GA.06.11B, page 4, states that all employees are required to report immediately any knowledge, suspicion, information or allegation of sexual offenses. Additionally, it states that anyone who suspects, alleges or has knowledge of sexual abuse of an inmate may report the allegation on the SCDC PREA Tips website. The interview with the Warden confirmed that all allegations are reported to the appropriate investigators. A review of investigations indicated that all allegations were reported and forwarded for investigation, however nine did not have an appropriate investigation completed.

Based on a review of the PAQ, OP-21.12, GA-06.11B, investigative reports and information from interviews with random staff, medical, mental health, the PREA Coordinator and the Warden indicate that that this standard appears to be compliant.

Standard 115.62: Agency protection duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.12

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): OP-21.12, page 4 states that any employee, volunteer, agent or contractor of the agency who observes or receives information concerning sexual abuse, including threats of sexual abuse or a substantial risk of imminent sexual abuse, must immediately report it. The PAQ indicated there were zero inmates who were determined to be at risk of imminent sexual abuse in the previous twelve months. The interview with the Warden indicated that if an inmate was determined to be at imminent risk of sexual abuse that his housing would be changed and that he would be housed with someone he was compatible with. He also stated that they would let the inmate know he can request protection if he has any other issues. The Agency Head Designee interview confirmed that if there was a specific source of imminent sexual abuse, the abuser would be relocated so there would be no contact. She also stated that potential victimization or abusiveness would be used to consider all housing and work assignments and that as a last resort Protective Custody could be utilized for the victim. The interviews with random staff indicated that eleven of the twelve would separate or move the inmate if they were at imminent risk of sexual abuse.

Based on a review of the PAQ, OP-21.12 and interviews with the Agency Head Designee, Warden and random staff, this standard appears to be compliant.

Standard 115.63: Reporting to other confinement facilities

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. GA-06.11B
4. Warden to Warden PREA Notification Form

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Findings (By Provision):

115.63 (a). GA-06.11B, page 5 states that any reports or allegations of sexual abuse that occurred while an inmate was housed at an institution outside the authority of SCDC will be reported to the Warden within 72 hours of receiving the allegation and will be documented utilizing SCDC Form 19-184, Warden to Warden PREA Notification. The PAQ indicated that during the previous twelve months, the facility had no instances where an inmate reported that he was abused while confined at another facility. A review of incident reports and investigative reports indicated that no inmates reported sexual abuse or sexual harassment that occurred at a prior facility.

115.63 (b): GA-06.11B, page 5 states that any reports or allegations of sexual abuse that occurred while an inmate was housed at an institution outside the authority of SCDC will be reported to the Warden within 72 hours of receiving the allegation and will be documented utilizing SCDC Form 19-184, Warden to Warden PREA Notification. The PAQ indicated that during the previous twelve months, the facility had no instances where an inmate reported that he was abused while confined at another facility. A review of incident reports and investigative reports indicated that no inmates reported sexual abuse or sexual harassment that occurred at a prior facility.

115.63 (c): GA-06.11B, page 5 states that any reports or allegations of sexual abuse that occurred while an inmate was housed at an institution outside the authority of SCDC will be reported to the Warden within 72 hours of receiving the allegation and will be documented utilizing SCDC Form 19-184, Warden to Warden PREA Notification. The PAQ indicated that during the previous twelve months, the facility had no instances where an inmate reported that he was abused while confined at another facility. A review of

incident reports and investigative reports indicated that no inmates reported sexual abuse or sexual harassment that occurred at a prior facility.

115.63 (d): OP-21.12 indicates that all allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The PAQ indicated that during the previous twelve months, the facility had zero reports from other facilities that an inmate reported that he was abused while confined at LCI. A review of investigative reports indicated all allegations were reported directly at LCI. The interview with the Agency Head Designee indicated that allegations received from another agency or facility are referred to the agency PC as the central point of contact. The PC then reviews the allegation and refers it either to the CM for an administrative investigation or to Police Services for a criminal investigation. The interview with the Warden confirmed that the allegation would be investigated and that they would identify the alleged perpetrator to determine if there is a need to place him in the RHU.

Based on a review of the PAQ, OP-21.12, GA-06.11B, and information from interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

Standard 115.64: Staff first responder duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. SCDC Sexual Abuse Response Checklist
4. Investigative Reports

Interviews:

1. Interview with Security Staff and Non-Security Staff First Responders
2. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.64 (a). OP-21.12, page 5 describes staff first responder duties. Specifically, it states that security staff first responders must take the following initial steps: identify and separate perpetrator and victim, immediately take the victim to medical, isolate any witnesses, secure the crime scene and document all incident promptly. Additionally, the SCDC Sexual Abuse Response Checklist indicates that security staff first at the scene shall separate survivor and alleged abuser(s), secure any crime scene(s) and preserve any evidence, and if the assault involved sexual contact, advise the survivor not to take any action to destroy evidence and place the perpetrator in a dry cell with restricted access to a toilet or water. The PAQ indicated that during the previous twelve months, there has been 24 allegations of sexual abuse. Further review indicated there were eleven confirmed allegations of sexual abuse with a possible three additional. Three allegations did not have enough information to determine the allegation type, nor did they have an investigation. The PAQ stated that none of the allegations required the separation of victim and alleged abuser, none were within a timeframe that allowed for the collection of physical evidence and none required the staff to instruct inmates not to destroy evidence. A review of incident reports and investigations for the eleven confirmed sexual abuse investigation did not allow for the auditor to determine what first responder duties occurred. The documentation in the investigative files were inadequate and most of the allegations did not have a complete investigation. Interviews with first responders indicated that they would separate the inmates, call a supervisor, secure the crime scene, place the inmates in a dry cell so they would not destroy evidence and escort the victim to medical. The interviews with inmates who reported sexual abuse indicated that all five believed staff handled it appropriately. All of the inmates reported to staff either verbally or in writing. Three of the five indicated they were immediately taken to medical; one stated his housing was changed and one indicated he had moved prior to the allegation.

115.64 (b): The PAQ indicated that the agency policy requires that if the first staff responder is not a security staff member, that the responder shall be required to request that the alleged victim not take any action to destroy physical evidence and to notify security. The PAQ indicated that during the previous twelve months, there have been no allegations of sexual abuse where the first responder was a non-security staff member. The auditor reviewed investigative reports, however due to the inadequate level of the reports was unable to confirm if any were reported to a non-security first responder or required a non-security first responder to take action. The interviews with first responders confirmed that they are aware of their first responder duties. The non-security staff member first responder indicated she would notify security and ensure the inmate was safe. Eleven of the twelve random staff interviewed indicated they would separate the inmates. A few stated they would secure the crime scene and take the inmate to medical. Overall, most random staff were aware of basic first responder duties.

Based on a review of the PAQ, OP-21.12, the Sexual Abuse Response Checklist, the PREA Coordinated Response Protocol, a review of investigative reports and interviews with random staff, staff first responders and inmates who reported sexual abuse, this standard appears to require corrective action.

While the PAQ indicated there were no allegations that involved the separation of victim and alleged abuser or allowed for collection of physical evidence, the inadequacy of the investigative reports does not provide documentation to confirm the information. Therefore, the auditor requires further information and documentation to find this standard compliant.

Corrective Action

The facility will need to review their documentation process for sexual abuse allegations. Specifically, the documentation of first responder duties. The auditor will need to review incident reports and investigative reports for sexual abuse allegations reported during the corrective action period to ensure appropriate first responder duties have been taken.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. NA

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility did not provide any documentation to the auditor related to this standard, as such further corrective action is required.

Standard 115.65: Coordinated response

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*)

Documents:

1. Pre-Audit Questionnaire
2. PREA Coordinated Response Protocol

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health,

investigators and facility leaders. A review of the PREA Coordinated Response Protocol indicated that the document is extremely comprehensive and includes staff first responder duties, shift supervisor duties, facility leadership (CM and Warden) duties, medical and mental health duties, SANE/SAFE duties, rape crisis advocate duties, and investigative duties. The plan includes the information and actions that each person and/or department is responsible for completing during seven different stages after an allegation of sexual abuse. The Warden confirmed that the facility has a coordinated response plan that outlines staff responsibilities.

Based on a review of the PAQ, the PREA Coordinated Response Protocol and the interview with the Warden, this standard appears to be compliant.

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

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*)

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Agency Head Designee

Findings (By Provision):

115.66 (a): The PAQ indicated that the agency has not entered into or renewed a collective bargaining agreement since August 20, 2012. The interview with the Agency Head Designee confirmed that the agency does not have collective bargaining.

115.66 (b): The PAQ indicated that the agency has not entered into or renewed a collective bargaining agreement since August 20, 2012. The interview with the Agency Head Designee confirmed that the agency does not have collective bargaining.

Based on a review of the PAQ and the interview with the Agency Head Designee, this standard appears to be compliant.

Standard 115.67: Agency protection against retaliation

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. GA-06.11B
4. Investigative Reports
5. Sexual Abuse Retaliation Monitoring Form 19-182

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): OP-21.12, page 4 states that no inmate will be subjected to retaliation, reprisal, harassment or disciplinary action by employees, volunteers or other inmates for reporting allegations or knowledge of sexual abuse against an inmate. Additionally, GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. The PAQ indicated that the facility has a policy and that retaliation monitoring is completed by the Associate Warden who is the CM.

115.67 (b): GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. Monitoring will be documented on SCDC Form 19-182. The interview with the Agency Head Designee indicated that the perpetrator is removed from the areas that might allow contact with the victim and that the CM consults with and conducts wellness checks with the victim for at least 90 days. The interview with the Warden confirmed that protective actions would be taken. He stated that an inmate would be moved (housing change, facility transfer, etc.) away from anyone that they feared would retaliate. The Warden indicated if it were staff that they can be removed from the institution if necessary. The staff member charged with monitoring for retaliation stated there is a zero-tolerance for retaliation. She stated she educates staff and inmates about this policy and that she speaks to inmates and staff to ensure they are protected. She stated she can separate inmates and can remove staff from specific posts or areas if needed. Interviews with five inmates who reported sexual abuse indicated that three felt protected against retaliation. One inmate advised that “it’s the government” and he never feels protected. The other inmate had a mental health issue and the interview ended prior to the completion of the questions.

115.67 (c): GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. A review of SCDC Form 19-182 shows that the form has check boxes to indicate the required components are reviewed and monitored by the staff. A review of investigative reports indicated that there were eleven confirmed allegations of sexual abuse. There were three additional allegations that the auditor was unable to categorize due to lack of documentation. Of the eleven confirmed, four did not have an investigative outcome and four required monitoring under this standard. A review of documentation indicated that none of the four included monitoring of the inmate victim. The interview with the Warden indicated that if he suspected retaliation he would hold corrective action for those individuals involved. The interview with the staff charged with monitoring for retaliation indicated that she monitors to see if inmates are acting different or withdrawn and that she would check disciplinary reports and any status changes. She stated she would monitor whenever it is brought to her attention and that she would check on them within a week or so of the allegation. She stated she would try to monitor for at least 30 days.

115.67 (d): GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. A review of investigative reports indicated that there were eleven confirmed allegations of sexual abuse. There were three additional allegations that the auditor was unable to categorize due to lack of documentation. Of the eleven confirmed, four did not have an investigative outcome and four required monitoring under this standard. A review of documentation indicated that none of the four included monitoring of the inmate victim. The interview with the staff charged with monitoring for retaliation indicated that she monitors to see if inmates are acting different or withdrawn and that she would check disciplinary reports and any status changes. She stated she would monitor whenever it is brought to her attention and that she would check on them within a week or so of the allegation. She stated she would try to monitor for at least 30 days.

115.67 (e): -06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. There were no documented instances where retaliation was reported. Interviews with the Agency Head Designee and Warden indicated that if he suspected retaliation that he would hold corrective action with those involved. He indicated he would remove the inmate from the situation by housing changes or facility transfers or he would remove the staff from the institution if needed.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, GA-06.11B, a review of investigative reports, SCDC Form 19-182 and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, this standard appears to require corrective action. While the agency has a policy on monitoring and the Warden indicated that the facility monitors for retaliation, documentation and the interview with the staff responsible for monitoring retaliation indicate that this standard is not compliant. A review of investigative reports indicated that there were eleven confirmed allegations of sexual abuse. There were three additional allegations that the auditor was unable to categorize due to lack of documentation. Of the eleven confirmed, four did not have an investigative outcome and four required monitoring under this standard. A review of documentation indicated that none of the four included monitoring of the inmate victim. Additionally, the staff member charged with monitoring for retaliation was unfamiliar with the 90-day requirement and what was required under provision (c) to be monitored. Due to the lack of documentation for monitoring and the staff member's lack of knowledge on the process, provisions (c) and (d) require corrective action.

Corrective Action

The staff member charged with monitoring for retaliation will need to be trained on her responsibilities under this standard, to include the 90-day timeframe, the required period status checks and the required monitoring of any housing changes, program changes, disciplinary reports, negative staff performance reviews and/or staff reassignments. The auditor will need a copy of the training as well as the staff's signature acknowledging she received the training. Additionally, the auditor will need to be forwarded all sexual abuse allegations that require monitoring during the corrective action period. These documents will need to illustrate the full 90-day monitoring, to include the status checks and the required reviews.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. NA

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility did not provide any documentation to the auditor related to this standard, as such further corrective action is required.

Standard 115.68: Post-allegation protective custody

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*)

Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. Investigative Reports
4. Housing Logs

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations of Segregation Unit

Findings (By Provision):

115.68 (a): GA-06.11B, page 3, indicates that consistent with SCDC Policy OP-21.04, 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 PAQ indicated that three inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours and that zero inmates were involuntarily segregated for longer than 30 days. The auditor requested documentation related to the three inmates who were involuntarily segregated. However, the facility did not provide the auditor with the requested documentation. As such the auditor could not determine compliance of this provision. The auditor did receive housing assignments of six inmates who reported sexual abuse. A review of the documentation indicated that none of the six were placed in the RHU after their allegation. The interview with the Warden indicated that the policy prohibits placing inmates in involuntary segregation but they typically end up placing them in the RHU because the inmate requests protection. Additionally he stated that the facility would only assign an inmate involuntarily until an alternative means of separation could be achieved. He stated that 60 days would be the maximum time they would keep an inmate in segregation, but that pre-COVID it was about a week. The interview with the staff who supervise inmates in segregated housing indicated that inmates would not be restricted access to programs, privileges and work opportunities to the extent possible. He indicated any restriction would be documented and that inmates could be involuntarily segregation for two to three months. He also stated that that all inmates go through a regular review process and they would be reviewed at least every 30 days.

Based on a review of the PAQ, GA-06.11B, investigative reports, housing logs and the interview with the Warden and staff who supervise inmates in segregated housing, this standard appears to require corrective action. While the agency has a policy prohibiting placement of inmates who allege sexual abuse in segregated housing the facility was unable to provide the necessary documentation to confirm the appropriate actions were taken in the three reported instances on the PAQ. The PAQ indicated that there have been three inmates placed in involuntary segregated housing after an allegation of sexual abuse, for 24 hours or less. The auditor requested documentation related to the three inmates who were involuntarily segregated. However, the facility did not provide the auditor with the requested documentation. As such the auditor could not determine compliance of this provision. Additionally, interviews with inmates and staff eluded to the fact that inmates who allege sexual abuse are immediately placed in the RHU. The auditor reviewed six inmate housing assignments after allegations of sexual abuse and was unable to corroborate the information from the interviews. Based on the lack of documentation this standard is not compliant.

Corrective Action

The auditor requests that the facility send the documentation related to the three inmates who were involuntarily segregated in the previous twelve months. If no documentation exists, the auditor requests the facility provide information on the cases and what occurred. Additionally, the auditor requests the facility review their process and identify why policy and procedure was not followed and why

documentation was unavailable. The auditor would like information pertaining to the deficiency and how it will be corrected. Additionally, the auditor would like a tracking log to be provided monthly by the CM related to the reported allegations of sexual abuse. The auditor will need to see documentation of housing assignments for the inmates who reported sexual abuse and if any are involuntarily segregated, the corresponding documentation under this provision (i.e. access or restriction of programs, privileges, work opportunities, etc., the basis for the concern and why no alternative means of separation is available and the continued 30-day placement review).

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Inmate Housing Documentation

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility provided the auditor with housing assignments for eight inmates. Of the eight, the auditor was able to identify three that were victims in a sexual abuse allegation. Of the three, none had a housing change after their allegation. While the three reviewed were not involuntarily segregated after their allegation, further documentation is needed (to include the other three the auditor reviewed on-site). Additionally, due to the limited information from investigations during the on-site portion of the audit, the auditor was unable to match up the additional inmate housing records with the reported sexual abuse and sexual harassment allegations. As such, additional information is required for this standard to determine compliance.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. POL-23.01
3. OP-21.12
4. Investigative Reports
5. Investigator Training Records

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): OP-21.12, page 5, states that all allegations of sexual abuse and sexual harassment, including threats and attempts, will immediately and aggressively be investigated. Additionally, POL-23.01, page 4, states that Police Services will be responsible for assigning investigative personnel to all reported criminal acts which are believed to have been committed by SCDC inmates, employees or others when the crime relates to the agency. Page 7 further indicates that for administrative cases Police Services will be responsible for assigning personnel to investigate incidents of serious violations of agency policies and procedures, rules, or regulations. The PAQ indicated that there were 24 allegations reported within the previous twelve months. A review of the 24 investigative files determined that five did not rise to the level of PREA per the definitions. Of the nineteen remaining allegations, seven did not have an investigative outcome. Additionally, nine of the nineteen did not have documentation that would constitute an investigation. The auditor reviewed the files which indicated that statements were taken and/or interviews were conducted, however that was the extent of the investigative process. The auditor reviewed one closed investigation from Police Services, which included the appropriate investigative elements. However, the documentation that was provided on the facility investigations did not illustrate that an administrative or criminal investigation was completed for all allegations. Thus the review yielded that investigation are not done promptly, thoroughly and objectively. The interviews with the investigators

indicated that an investigation is initiated immediately after an allegation is received and reviewed by Police Services. The time from incident date to referral to Police Services vary based upon circumstances but typically it is a short period. The interviews also confirmed that third party and anonymous allegations are handled the same as any other allegation.

115.71 (b): OP-21.12, page 3, states that specialized training may be provided for staff members who will be charged with specific aspects of the agency response to abuse allegations. Interviews with the investigators indicated that they both received specialized training. A review of training files indicated that all Police Services investigators had received the NIC training, however documentation was not provided for the two facility investigators training.

115.71 (c): POL-23.01, page 5, section 3.3 describes the crime scene and evidence protection process. Section 3.3.2 indicates that crime scene technicians will process the scene and if evidence is seized or discovered that it be collected using SCDC Form S-23, Evidence/Chain of Possession of Evidence. The section further describes the seizure of physical evidence to include clothing as well as electronic evidence. Section 5.3 and section 5.4 discuss the witness, suspect and employee interview process. The PAQ indicated that there were 24 allegations reported within the previous twelve months. A review of the 24 investigative files determined that five did not rise to the level of PREA per the definitions. Of the nineteen remaining allegations, seven did not have an investigative outcome. Additionally, nine of the nineteen did not have documentation that would constitute an investigation. The auditor reviewed the files which indicated that initial statements were taken from the inmate victim and some had interviews of witnesses and perpetrators, however documentation was missing related to the evidence that was gathered. The majority of the files reviewed did not contain actual investigations but rather piece meal documents. Thus the review did not allow for the auditor to determine if the investigator gathered and preserved direct and circumstantial evidence. Additionally, none of the files contained a review of prior complains of sexual abuse involving the perpetrator. The interviews with the investigators indicated that all cases are different but an investigation would normally begin with an interview of the victim. Then witnesses would be interviewed and evidence would be collected. The suspect would then be interviewed and any follow up interviews would take place. A report would be written and if criminal charges were made it would be prepared for prosecution through the courts.

115.71 (d): A review of the seven confirmed sexual abuse with investigative outcomes indicated that none were substantiated and as such did not involve compelled interviews. While seven other allegations did not involve an investigative outcome none of the information reviewed indicated the facility ever conducted compelled interviews. The interviews with the investigators confirmed that Police Services agents are trained investigators and are not required to consult with prosecutors before conducting interviews. Investigators proceed and consult with prosecutors if needed but there is also an attorney on staff with Police Services to provide guidance.

115.71 (e): The interview with the investigators indicated that there are several ways to corroborate information; through an investigation, prior incidents, demeanor during interviews, information from other SCDC staff, etc. The investigators stated that they would not require an inmate to submit to a polygraph test as a condition to proceed with an investigation, however they may allow them to take one for the possibility of revealing further investigative information. Interviews with five inmates who reported sexual abuse indicated that four were not required to take a polygraph. The one inmate interviewed had a mental health issue and did not finish the interview, as such he did not answer this question.

115.71 (f): The PAQ indicated that there were 24 allegations reported within the previous twelve months. A review of the 24 investigative files determined that five did not rise to the level of PREA per the definitions. Of the nineteen remaining allegations, seven did not have an investigative outcome. Additionally, nine of the nineteen did not have documentation that would constitute an investigation. The auditor reviewed the files which indicated that statements were taken and/or interviews were conducted, however that was the extent of the investigative process. The interviews with investigative staff indicated that all investigations are in written form and any and all information received is included in the report. All documents generated through the investigation process are also included in the report.

115.71 (g): The agency is responsible for conducting criminal investigations. There were two criminal investigations completed within the previous twelve months by Police Services. The auditor was only provided one of the cases for review. The one report reviewed had a summary of the allegation, a description of the evidence (including statements) as well as facts and findings. The auditor has also reviewed other Police Services investigations for other SCDC facilities and can confirm that criminal investigations follow a uniform written format. The interviews with investigative staff indicated that all investigations are in written form and any and all information received is included in the report. All documents generated through the investigation are also included in the report.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have been zero allegations referred for prosecution since the last PREA audit. A review of the closed cases that included an investigative outcome confirmed that no allegations were substantiated and referred for prosecution. The interviews with the investigators indicated that investigations are referred for prosecution when the allegation is found to be criminal under South Carolina Code of Laws.

115.71 (i): The PAQ indicated that 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. A review of historical sexual abuse and sexual harassment investigations from 2014 to present confirmed that the agency properly retains investigations.

115.71 (j): The interviews with the investigators confirmed that if a staff member or inmate perpetrator departs from SCDC prior to the completion of an investigation that the investigation continues. Their employment or incarceration has no bearing on the investigative process.

115.71 (k): The agency is responsible for conducting administrative and criminal investigations and as such this provision does not apply.

115.71 (l): The agency is responsible for conducting administrative and criminal investigations and as such this provision does not apply.

Based on a review of the PAQ, POL-23.01, OP-23.12, GA-06.11B, a review of investigative reports, investigator training records and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager and investigative staff, this standard appears to require corrective action. The PAQ indicated that there were 24 allegations reported within the previous twelve months. A review of the 24 investigative files determined that five did not rise to the level of PREA per the definitions. Of the nineteen remaining allegations, seven did not have an investigative outcome. Additionally, nine of the nineteen did not have documentation that would constitute an investigation. The auditor reviewed the files which indicated that statements were taken and/or interviews were conducted, however that was the extent of the investigative process. Therefore, provisions (a), (c) and (f) require corrective action. Additionally, the facility investigators specialized training records were not provided to the facility and as such provision (b) requires corrective action.

Corrective Action

All sexual abuse allegations require an investigation. The agency created an investigative template that outlines all the required elements under this standard. The auditor will need a copy of the facility specialized investigator training as well as documentation indicating the facility investigators received training on the SCDC PREA investigative process to include the investigative template and the elements required to complete an adequate investigation (complete, thorough and timely). The nine allegations that did not have a completed investigation will need to be reviewed and an investigation will need to be completed for all of them. A copy of the investigations will need to be forwarded to the auditor for review. Additionally, in order for the auditor to ensure all future allegations include an investigation with the required elements under this standard (to include a written report, description of evidence, review of prior complaints, interview of victim, subject and witnesses and an investigative outcome), the facility will need

to report their monthly allegations to the auditor over the corrective action period and forward a copy of the completed investigations.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigative Reports

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related this standard. On June 29, 2021 the facility provided the auditor with eighteen investigative reports. A review of the investigative reports indicated that not all had a completed investigation. Similar to the initial issue, some of the investigations did not have a written report and did not include an investigative outcome. Additionally, the facility did not provide the auditor with the requested monthly list of sexual abuse and sexual harassment investigations to confirm that investigations were completed for all reported allegations. Thus, based on the lack of documentation the auditor is unable to determine if an investigation was completed for all reported sexual abuse and sexual harassment allegations completed during the corrective action period. Additionally, the investigations that were sent to the auditor were not complete.

Standard 115.72: Evidentiary standard for administrative investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): The PAQ indicated that the agency poses a standard of a preponderance of evidence or lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. The PAQ indicated that there were 24 allegations reported within the previous twelve months. A review of the 24 investigative files determined that five did not rise to the level of PREA per

the definitions. Of the nineteen remaining allegations, seven did not have an investigative outcome. Additionally, nine of the nineteen did not have documentation that would constitute an investigation. Therefore, the auditor was unable to determine if the facility utilizes the proper standard of proof for investigations. The interviews with investigative staff indicated the standard of evidence required to substantiate an allegation of sexual abuse and sexual harassment is a preponderance of evidence.

Based on a review of the PAQ, investigative reports and information from the interviews with investigative staff it is determined that this standard appears to require corrective action. The facility did not complete investigations for nine allegations. Additionally, the investigations that were completed did not have the required elements, including facts and findings, in order for the auditor to determine what standard of proof is utilized for substantiated allegations

Corrective Action

All sexual abuse and sexual harassment allegations require an investigation. The agency created an investigative template that outlines all the required elements under standard 115.71. The nine allegations that did not have a completed investigation will need to be reviewed and an investigation will need to be completed for all of them. A copy of the investigations will need to be forwarded to the auditor for review. Additionally, in order for the auditor to determine if the appropriate standard of proof is utilized in administrative investigations the facility will need to report their monthly allegations to the auditor over the corrective action period and forward a copy of the completed administrative investigations.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigative Reports

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related this standard. On June 29, 2021 the facility provided the auditor with eighteen investigative reports. A review of the investigative reports indicated that not all had a completed investigation. Similar to the initial issue, some of the investigations did not have a written report and did not include an investigative outcome. Additionally, the facility did not provide the auditor with the requested monthly list of sexual abuse and sexual harassment investigations to confirm that investigations were completed for all reported allegations. Thus, based on the lack of documentation the auditor is unable to determine if an investigation was completed for all reported sexual abuse and sexual harassment allegations completed during the corrective action period. Additionally, the investigations that were sent to the auditor were not complete.

Standard 115.73: Reporting to inmates

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*)

Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. South Carolina Department of Corrections (SCDC) Form 19-165
4. Memos Relating to Reporting to Inmates
5. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): GA-06.11B, page 5 states that following a report of sexual abuse/sexual harassment, the alleged victim is notified of the outcome of the investigation. SCDC Form 19-165 is utilized to inform inmates of investigative outcomes. The top of the form states that inmates are notified within ten day of the conclusion of the investigation and the form is maintained in the victim's file. A review of the form indicated a specific section that outlines the date the investigation was concluded as well as check boxes for the appropriate investigative outcome. The inmate is required to sign the bottom indicating that they received and understood the information. The PAQ did not indicated the number of sexual abuse investigation completed within the previous twelve months. A review of investigations indicated there were eleven confirmed sexual abuse allegations. Of these, four did not have an investigative outcome noted in the investigative file. Additionally, there were three other investigative files that the auditor could not determine whether the allegation was sexual abuse or sexual harassment. A review of the seven sexual abuse investigations with outcomes indicated that two were documented with a notification to the inmate victim. The interviews with the Warden and the investigative staff confirmed that inmates are notified of the outcome of the investigation. The Warden stated that inmates are notified by the Associate Warden. The interviews with inmates who reported sexual abuse indicated that one was informed of the outcome of the investigation while three others were not. One inmate had a mental health issues during the interview and did not answer this specific question

115.73 (b): The agency is responsible for conducting administrative and criminal investigations. As such, this provision does not apply.

115.73 (c): GA-06.11B, page 5 states that when the alleged perpetrator is a staff member, the CM will ensure the alleged victim is notified of the progress of the investigation as specified in PREA Standard 115.73. The PAQ indicated that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have not been any substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. A review of investigative reports confirmed that there have been zero substantiated sexual abuse allegations against staff in the previous twelve months. It should be noted that there were four allegations that did not have an investigative outcome and three that were unable to be determined if they were sexual abuse or sexual

harassment. The interviews with the inmates who reported sexual abuse indicated that only one involved an allegation against a staff member and he was not notified related to anything under this provision.

115.73 (d): The PAQ indicated that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative reports confirmed that there have not been any substantiated allegations of inmate on inmate sexual abuse in the previous twelve months. It should be noted that there were four allegations that did not have an investigative outcome and three that were unable to be determined if they were sexual abuse or sexual harassment. The interviews with the inmates who reported sexual abuse indicated that three were involved another inmate, however none were notified of anything under this provision.

115.73 (e): GA-06.11B, page 5 states that following a report of sexual abuse/sexual harassment, the alleged victim is notified of the outcome of the investigation. SCDC Form 19-165 is utilized to make all required notifications under this standard. The PAQ indicated that there were zero notifications made during the audit period. However, after a review there were actually two notifications under provision (a) of this standard. A review of investigations indicated there were eleven confirmed sexual abuse allegations. Of these, four did not have an investigative outcome noted in the investigative file. Additionally, there were three other investigative files that the auditor could not determine whether the allegation was sexual abuse or sexual harassment. A review of the seven sexual abuse investigations with outcomes indicated that two were documented with a notification to the inmate victim.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, GA-06.11B, SCDC Form 19-165, investigative reports and information from interviews with the Warden, investigative staff and inmates who reported sexual abuse, this standard requires corrective action. A review of investigations indicated there were eleven confirmed sexual abuse allegations. Of these, four did not have an investigative outcome noted in the investigative file. Additionally, there were three other investigative files that the auditor could not determine whether the allegation was sexual abuse or sexual harassment. A review of the seven sexual abuse investigations with outcomes indicated that only two were documented with a notification to the inmate victim. As such, provision (a) and (e) are not compliant.

Corrective Action

All allegations of sexual abuse require an investigative outcome notification to the inmate victim. The facility staff will need to be trained on their responsibilities under this standard. A copy of the training as well as a memo indicating the deficiency and the corrective action to the process will need to be provided to the auditor. Five of the seven sexual abuse allegations that had an outcome did not have a documented inmate notification. The facility will need to complete a notification for these investigations and provide to the inmate. The auditor will need to be forwarded evidence of these notifications. Additionally, the four sexual abuse allegations that did not have an outcome will need to be completed and a notification will need to be provided to the inmates. A copy of these notifications will need to be provided to the auditor as well. Additionally, copies of all sexual abuse inmate notifications during the corrective action period will need to be forwarded to the auditor for review.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigative Reports

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related this standard. On June 29, 2021 the facility provided the auditor with eighteen investigative reports. Of the eighteen, only three had a documented signature of the inmate victim indicating they were informed of the outcome of the investigation. The remaining either did not include a notification form or the form was not signed by the inmate. Additionally, the facility did not provide the auditor with the requested monthly list of sexual abuse and sexual harassment investigations to determine if notifications were made. Thus, based on the lack of documentation the auditor is unable to determine if an investigation was completed for all reported sexual abuse and sexual harassment allegations completed during the corrective action period. Additionally, the investigations that were sent to the auditor were not complete.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. GA.06.11B
4. Investigative Reports

Findings (By Provision):

115.76 (a): OP-21.12, page 5, states that if allegations of conduct that appear to be criminal are substantiated, referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to agency corrective action up to and including termination.

115.76 (b): GA-06.11B, page 5, states that the presumptive disciplinary sanction for staff who have engaged in sexual relations with an inmate is termination. The PAQ indicated that there were not any staff members who violated the sexual abuse and sexual harassment policies within the previous twelve months. A review of completed investigations indicated zero were substantiated.

115.76 (c): The PAQ indicated that disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by staff with similar histories. The PAQ also indicated that there have been no staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports indicated that there have been no substantiated allegations of sexual abuse or sexual harassment committed by a staff member in the previous twelve months.

115.76 (d): GA-06.11B, page 5, states that any employee, contractor, volunteer, intern or visitor investigated and substantiated for sexual abuse/sexual harassment of an inmate will be reported to the appropriate licensing authority. The PAQ indicated that there have been zero staff members that were reported to law enforcement or licensing agencies for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports indicated that there have been no substantiated allegations of sexual abuse or sexual harassment committed by a staff member in the previous twelve months.

Based on a review of the PAQ, OP-21.12, GA-06.11B and a review of investigative reports, this standard appears to be compliant.

Standard 115.77: Corrective action for contractors and volunteers**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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. Investigative Reports

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): OP-21.12, page 5, states that all allegations of sexual abuse and sexual harassment, including threats and attempts, will immediately and aggressively investigated. The Division of Investigations shall initiate the investigation, will notify SLED and the Inspector General's office when sexual misconduct by staff, contractors or volunteers is alleged, and will conduct an internal investigation in accordance with SCDC policy GA-05.01. The PAQ indicated that the agency requires any contractor or volunteer who engages in sexual abuse be reported to local law enforcement agencies and relevant licensing bodies. The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates. A review of investigative reports confirmed that there have not been any substantiated allegations of sexual abuse or sexual harassment against contractors or volunteers during the audit period.

115.77 (b): The PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being removed from the facility. He stated they would then notify the Deputy Director and PC to ensure they are restricted access to all other SCDC facilities. He also indicated the information would be provided to Police Services and it may result in an arrest.

Based on a review of the PAQ, OP-21.12, a review of investigative reports and information from the interview with the Warden, this standard appears to be compliant.

Standard 115.78: Disciplinary sanctions for inmates

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-22.14
3. GA-06.11B
4. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): OP-22.14, page 32, indicates that engaging in consensual or non-consensual sexual acts or intimate physical contact of a sexual nature with other inmates; or soliciting sexual acts from other inmates, or engaging in any form of sexual harassment will be forwarded for a Disciplinary Hearing. The PAQ indicated that there have been no administrative or criminal investigative findings of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of the investigative reports confirmed that there were no substantiated allegations of inmate-on-inmate sexual abuse in the previous twelve months.

115.78 (b): OP-22.14, page 32, indicates that engaging in consensual or non-consensual sexual acts or intimate physical contact of a sexual nature with other inmates; or soliciting sexual acts from other inmates, or engaging in any form of sexual harassment will be forwarded for a Disciplinary Hearing. The interview with the Warden indicated that there are many different disciplinary measures that can be taken. They follow their discipline policies and procedures. Sanctions could include loss of privileges such as visitation, phone calls and canteen. He also stated that there could be external criminal charges filed against the inmate. A review of investigative reports confirmed that there were no substantiated allegations of inmate-on-inmate sexual abuse.

115.78 (c): OP-22.14, page 32, indicates that engaging in consensual or non-consensual sexual acts or intimate physical contact of a sexual nature with other inmates; or soliciting sexual acts from other inmates, or engaging in any form of sexual harassment will be forwarded for a Disciplinary Hearing. The interview with the Warden indicated that the inmate's mental health would be taken into consideration in the disciplinary hearing process.

115.78 (d): The PAQ indicated that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Additionally, the PAQ indicated that it considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The interview with mental health indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues, however, it is voluntary and that they would not require it in order to participate in other activities and obtain other privileges.

115.78 (e): OP-22.14, page 32 states that inmates that engage in any non-consensual sex act with an employee, visitor, vendor, or volunteer, to include intimate physical contact or solicitation of sexual acts will be forwarded for a Disciplinary Hearing. The PAQ indicated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact. A review of the allegations of staff on inmate sexual abuse indicated no inmates were disciplined.

115.78 (f): GA-06.11B, page 5, states that inmates who willingly submit a false report will be subject to disciplinary sanctions. The PAQ indicated that inmates will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): OP-22.14, page 32, indicates that engaging in consensual or non-consensual sexual acts or intimate physical contact of a sexual nature with other inmates; or soliciting sexual acts from other inmates, or engaging in any form of sexual harassment will be forwarded for a Disciplinary Hearing. The PAQ indicated that the agency prohibits all sexual activity between inmates and that it only deems such activity to constitute sexual abuse if it is determined that the activity was coerced.

Based on a review of the PAQ, OP-22.14, GA-06.11B and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

MEDICAL AND MENTAL CARE

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.04
3. Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Inmate who Disclose Victimization at Risk Screening
3. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): OP-21.04, page 7, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who have experienced prior sexual victimization or perpetrated sexual abuse on others whether it occurred in an institutional setting or in the community will be offered a follow-up meeting with a qualified medical/mental health staff within fourteen calendar days of the initial screening. The PAQ indicated that inmates who disclosed prior sexual victimization are offered a follow-up with medical or mental health within fourteen days. The PAQ indicated that 3% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. The facility does not have a tracking mechanism to identify inmates that have reported prior victimization. The facility utilizes a vulnerable list however, which includes inmates who have reported prior victimization, inmates with a disability, inmates who identify as LGBTI, etc. From the list, the auditor confirmed at least five had reported prior victimization. The facility was unable to provide the auditor with documentation illustrating that the five inmates were seen by or refused a follow up with mental health within the required fourteen-day timeframe. Interviews with staff responsible for the risk screening indicated that if an inmate reports prior victimization that they would typically be seen within 24 hours. Interviews with two inmates identified as disclosing prior victimization indicated that one was not seen by mental health and the other was already on the mental health caseload.

115.81 (b): OP-21.04, page 7, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who have experienced prior sexual victimization or perpetrated sexual abuse on others whether it occurred in an institutional setting or in the community will be offered a follow-up meeting with a qualified medical/mental health staff within fourteen calendar days of the initial screening. The PAQ did not indicate that percentage of inmates who reported previously perpetrating sexual abuse that were seen by mental health within fourteen days. The facility did not have a method to track those that reported prior perpetration of sexual abuse. Due to the limited tracking information the auditor was unable to fully determine if these referrals are taking place. Additionally, the process for inmates in provision (a) is not adequate and as such the auditor can infer that inmates under this provision are not provided referrals as well. Interviews with staff responsible for the risk screening indicated that if an inmate reports prior abusiveness that they would typically be seen within 24 hours.

115.81 (c): This provision does not apply as the facility is not a jail but rather a state prison.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not limited to medical and mental health staff. The PAQ did indicate though that the information is only shared with other staff as necessary, to inform treatment plans and security and management decision. During the tour, the auditor observed the areas where the risk screenings are conducted. The screenings are conducted in private office settings to allow for confidentiality. The auditor observed that inmate classification records as well as medical and mental health records are behind a locked door and are not accessible to security staff.

15.81 (e): The PAQ indicated that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under 18. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting victimization that did not occur in an institutional setting and that they disclose their duty to report and limitations to confidentiality. Additionally, staff indicated that they do not have inmates under the age of eighteen so they were not familiar with those under eighteen.

Based on a review of the PAQ, OP-21.14, medical and mental health documents, observations made during the tour and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to require corrective action. The auditor requested documentation for five inmates who disclosed prior victimization. The facility did not provide the auditor with the requested documentation. Additionally, interviews with two inmates identified as disclosing prior victimization indicated they were not offered a follow up with mental health related to the victimization. The facility does not have a tracking mechanism for inmates who reported prior sexual abusiveness and as such the auditor was unable to determine if inmates are offered a follow up with mental health in the appropriate timeframe. Thus, based on the lack of documentation and interviews provisions (a), (b) and (c) of this standard requires corrective action.

Corrective Action

The auditor suggests that the facility develop a tracking mechanism for inmates who disclose prior victimization and prior perpetration during the risk screening. This tracking mechanism can then be utilized to ensure inmates are offered a follow up with mental health within the required fourteen days. The auditor suggests that risk screening staff as well as mental health staff be trained on the process and their responsibilities under this standard. Once a process is established and training is conducted, the auditor requests that a memo is provided explaining the process as well as training documents illustrating the appropriate staff received and understand their responsibilities of the process. The facility will need to ensure all current inmates who disclosed prior victimization have been offered a follow up with mental health. The auditor will need to see mental health documents for the five inmates identified on-site that reported prior victimization. The auditor understands that LCI is not an intake institution and as such may not have as many inmates disclose prior victimization or perpetration. As such the auditor request that the facility provide the auditor with a list of inmates who disclosed prior victimization or perpetration at the four-month mark of the corrective action period. At that time the auditor will identify inmate records to review to ensure compliance.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. NA

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility did not provide any documentation to the auditor related to this standard, as such further corrective action is required.

Standard 115.82: Access to emergency medical and mental health services

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. GA-06.11B
4. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Security Staff and Non-Security Staff First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): OP-21.12, page 6, states that all alleged inmate victims will be taken to the Medical Services Area for an initial medical assessment. Additionally, an individual treatment plan shall be developed and initiated for each victim and the plan shall include, at a minimum, mental health counseling and medical follow up. The PAQ indicated that inmates receive timely unimpeded access to emergency medical treatment and crisis interventions and that the nature and scope are determined by medical and mental health staff based on their professional judgement. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. The auditor identified eleven allegations of sexual abuse and three additional allegations that were unable to be classified as either sexual abuse or sexual harassment. The auditor requested medical and mental health documents related to these allegations but was not provided the requested documentation. Additionally, the files reviewed did not contain any medical or mental health documentation. During the tour, the auditor noted that there were numerous medical exam rooms and mental health rooms for treatment of inmates. All of the rooms are private and allow for confidentiality via solid doors. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately. They also advised that services are based on their professional judgement and current policy and procedure. Interviews with inmates who reported sexual abuse indicated that four of the five received medical and/or mental health services. Three of the four indicated that they did not receive services for a while though.

115.82 (b): OP-21.12, page 6, indicates that if medical personnel determine that a sexual assault may have occurred, the inmate will be taken to an outside medical facility. The outside medical facility will perform a medical forensic exam, as appropriate. The interviews with first responders indicated inmates would be separated and the victim would be instructed not to take any action to destroy any evidence. One indicated that they would take the inmate to medical. The auditor identified eleven allegations of sexual abuse and three additional allegations that were unable to be classified as either sexual abuse or sexual harassment. The auditor requested medical and mental health documents related to these allegations but was not provided the requested documentation. Additionally, the files reviewed did not contain any medical or mental health documentation.

115.82 (c): OP-21.12, page 6, states that all alleged inmate victims will be taken to the Medical Services Area for an initial medical assessment. Additionally, an individual treatment plan shall be developed and initiated for each victim and the plan shall include, at a minimum, mental health counseling and medical follow up, including baseline testing for infectious diseases, etc. The PAQ indicated that inmate victims are offered timely information and timely access to emergency contraception and sexually transmitted infection prophylaxis. The auditor identified eleven allegations of sexual abuse and three additional allegations that were unable to be classified as either sexual abuse or sexual harassment. The auditor requested medical and mental health documents related to these allegations but was not provided the requested documentation. Additionally, the files reviewed did not contain any medical or mental health documentation. Interviews with medical staff confirm that inmates would receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis. Interviews with inmates who reported sexual abuse indicated that only one involved penetration. The inmate advised that he received tests but his results were negative so he did not receive medication.

115.82 (d): GA-06.11B, page 6 states that 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. Interviews with inmates who reported sexual abuse illustrated that the one denied services and the other stated he did not receive services.

Based on a review of the PAQ, OP-21.12, GA-06.11B, medical and mental health documents, and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to require corrective action. While the agency has a policy related to medical

and mental health services and interviews with staff and inmates illustrate that services are offered, the auditor was not provided documentation to confirm services were offered/provided to inmate victims of sexual abuse. The auditor identified eleven allegations of sexual abuse and three additional allegations that were unable to be classified as either sexual abuse or sexual harassment. The auditor requested medical and mental health documents related to these allegations but was not provided the requested documentation. Additionally, the files reviewed did not contain any medical or mental health documentation. As such, provisions (a), (b) and (c) are not compliant.

Corrective Action

Inmate victims of sexual abuse should be provided access to medical and mental health services. The facility will need to provide medical and/or mental health documentation for the eleven inmate victims who reported sexual abuse during the audit period. If these documents are unavailable the facility will need to review their current process and document the deficiencies and why the documentation was not available. Moving forward the auditor will need medical and mental health documentation of inmates who report sexual abuse during the corrective action period to indicate they are provided appropriate services.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. NA

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility did not provide any documentation to the auditor related to this standard, as such further corrective action is required.

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. OP-21.12
3. GA-06.11B
4. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Security Staff and Non-Security Staff First Responders

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): OP-21.12, page 6, states that an individual treatment plan shall be developed and initiated for each victim of sexual abuse to address post-traumatic stress resulting from the sexual abuse. The treatment plan shall include, at a minimum, mental health counseling, medical follow up etc. The PAQ indicated that the agency offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that there were numerous medical areas for treatment of inmates. All of the rooms were private and allowed for confidentiality via solid doors. The auditor requested medical and mental health documents for the eleven inmates who reported sexual abuse during the audit period. The facility did not provide the auditor with the requested documents. Additionally, the auditor confirmed at least five inmates had reported prior victimization. The facility was unable to provide the auditor with documentation illustrating that the five inmates were seen by or refused a follow up with mental health within services.

115.83 (b): OP-21.12, page 6, states that an individual treatment plan shall be developed and initiated for each victim of sexual abuse to address post-traumatic stress resulting from the sexual abuse. The treatment plan shall include, at a minimum, mental health counseling, medical follow up etc. The auditor requested medical and mental health documents for the eleven inmates who reported sexual abuse during the audit period. The facility did not provide the auditor with the requested documents. Additionally, the auditor confirmed at least five inmates had reported prior victimization. The facility was unable to provide the auditor with documentation illustrating that the five inmates were seen by or refused a follow up with mental health within services. Interviews with medical and mental health care staff confirmed that they provide follow up services as deemed necessary. Mental health staff indicated that they provide counseling and then would direct inmates to any outside services that are required. Interviews with medical staff indicated that inmates would be given an exam and would have follow up with any lab exposure panels. Interviews with inmates who reported sexual abuse indicate that two were provided follow up services. One indicated he sees mental health every two weeks and the other indicated he had a medical issue after the allegation and received follow up medical care.

115.83 (c): All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes a local hospital for forensic medical examinations. The auditor requested medical and mental health documents for the eleven inmates who reported sexual abuse during the audit period. The facility did not provide the auditor with the requested documents. Additionally, the auditor confirmed at least five inmates had reported prior victimization. The facility was unable to provide the auditor with documentation illustrating that the five inmates were seen by or refused a follow up with mental health within services. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): This provision does not apply as the facility does not house female inmates.

115.83 (e): This provision does not apply as the facility does not house female inmates.

115.83 (f): OP-21.12, page 6, states that an individual treatment plan shall be developed and initiated for each victim of sexual abuse to address post-traumatic stress resulting from the sexual abuse. The treatment plan shall include, at a minimum, mental health counseling, medical follow up (i.e. baseline testing for infectious diseases, etc.). The auditor requested medical and mental health documents for the eleven inmates who reported sexual abuse during the audit period. The facility did not provide the auditor with the requested documents and as such the auditor was unable to determine if appropriate testing

was completed. Interviews with inmates who reported sexual abuse indicated only one involved penetration. The inmate indicated that he received testing for sexually transmitted infections.

115.83 (g): GA-06.11B, page 6 states that 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. Interviews with inmates who reported sexual abuse indicated that none of the five were required to pay for their medical or mental health services.

115.83 (h): The PAQ indicates that the facility attempts to conduct a mental health evaluation of all known inmate on inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. There were no substantiated inmate-on-inmate sexual abuse allegations within the previous twelve months. Therefore, due to no substantiated allegations the facility determined there were no “known” abusers. Interviews with mental health staff confirm that known inmate-on-inmate abusers would be offered mental health services.

Based on a review of the PAQ, OP-21.12, GA-06.11B, medical and mental health documents, and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to require corrective action. While policy and interviews indicate that medical and mental health services are provided correctly at LCI, the lack of documentation to corroborate does not allow the auditor to determine compliance. The auditor requested medical and mental health documents for the eleven inmates who reported sexual abuse during the audit period. The facility did not provide the auditor with the requested documents. Additionally, the auditor confirmed at least five inmates had reported prior victimization. The facility was unable to provide the auditor with documentation illustrating that the five inmates were seen by or refused a follow up with mental health within services. Thus, provision (a), (b), (c) and (f) are not compliant.

Corrective Action

The auditor suggests that the facility develop a tracking mechanism for inmates who disclose prior victimization and prior perpetration during the risk screening. This tracking mechanism can then be utilized to ensure inmates are offered a follow up with mental health within the required fourteen days. The auditor suggests that risk screening staff as well as mental health staff be trained on the process and their responsibilities under this standard. Once a process is established and training is conducted, the auditor requests that a memo is provided explaining the process as well as training documents illustrating the appropriate staff received and understand their responsibilities of the process. The facility will need to ensure all current inmates who disclosed prior victimization have been offered a follow up with mental health. The auditor will need to see mental health documents for the five inmates identified on-site that reported prior victimization. The auditor understands that LCI is not an intake institution and as such may not have as many inmates disclose prior victimization or perpetration. As such the auditor request that the facility provide the auditor with a list of inmates who disclosed prior victimization or perpetration at the four-month mark of the corrective action period. At that time the auditor will identify inmate records to review to ensure compliance. Additionally, Inmate victims of sexual abuse should be provided access to medical and mental health services. The facility will need to provide medical and/or mental health documentation for the eleven inmate victims who reported sexual abuse during the audit period. If these documents are unavailable the facility will need to review their current process and document the deficiencies and why the documentation was not available. Moving forward the auditor will need medical and mental health documentation of inmates who report sexual abuse during the corrective action period to indicate they are provided appropriate services.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. NA

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility did not provide any documentation to the auditor related to this standard, as such further corrective action is required.

DATA COLLECTION AND REVIEW**Standard 115.86: Sexual abuse incident reviews****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*)

Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. PREA Incident Review – SCDC Form 19-183

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): GA-06.11B, page 6, states that all SCDC institutional Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review within 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 cause of the incident. The incident review, and its findings, will be documented on SCDC Form 19-183, and filed with the institutions CM and PC. The PAQ indicated that there have been zero sexual abuse investigations completed within the previous twelve months and there have been no sexual abuse reviews completed within the previous twelve months. A review of documentation indicated that there have been eleven allegations of sexual abuse reported in the previous twelve months, four of which did not have an investigative outcome documented. Additionally, there were three allegations that based on documentation the auditor was unable to determine if they were sexual abuse or sexual harassment. Of the seven allegations that had an investigative outcome, three were deemed unfounded. As such, four required a sexual abuse incident review. A review of investigative files determined that none had a completed sexual abuse incident review.

115.86 (b): GA-06.11B, page 6, states that all SCDC institutional Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review within 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 cause of the incident. The incident review, and its findings, will be documented on SCDC Form 19-183, and filed with the institutions CM and PC. The PAQ indicated that there have been zero sexual abuse investigations completed within the previous twelve months and there have been no sexual abuse reviews completed within the previous twelve months. A review of documentation indicated that there have been eleven allegations of sexual abuse reported in the previous twelve months, four of which did not have an investigative outcome documented. Additionally, there were three allegations that based on documentation the auditor was unable to determine if they were sexual abuse or sexual harassment. Of the seven allegations that had an investigative outcome, three were deemed unfounded. As such, four required a sexual abuse incident review. A review of investigative files determined that none had a completed sexual abuse incident review.

115.86 (c): The PAQ indicated that the sexual abuse team includes upper-level management officials and allows for input from line supervisors, investigators and medical or mental health practitioners. A review of SCDC Form 19-183 indicates that meeting attendees include; the Warden, the CM, a member of security and a supervisor from the area where the alleged incident occurred. A review of documentation indicated that there have been eleven allegations of sexual abuse reported in the previous twelve months, four of which did not have an investigative outcome documented. Additionally, there were three allegations that based on documentation the auditor was unable to determine if they were sexual abuse or sexual harassment. Of the seven allegations that had an investigative outcome, three were deemed unfounded. As such, four required a sexual abuse incident review. A review of investigative files determined that none had a completed sexual abuse incident review. Thus, the auditor was unable to determine if the necessary staff complete the reviews. The interview with the Warden confirmed that reviews include upper-level management officials, supervisors, investigators and medical and mental health practitioners.

115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews and considers: whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. A review of SCDC Form 19-183 indicates that the form includes a section for all of the requirements of this provision. A review of documentation indicated that there have been eleven allegations of sexual abuse reported in the previous twelve months, four of which did not have an investigative outcome documented. Additionally, there were three allegations that based on documentation the auditor was unable to determine if they were sexual abuse or sexual harassment. Of the seven allegations that had an investigative outcome, three were deemed unfounded. As such, four required a sexual abuse incident review. A review of investigative files determined that none had a completed sexual abuse incident review. Thus, the auditor was unable to determine if the necessary elements under this provision are reviewed during the incident reviews. The Warden stated that they utilize the reviews to make recommendations and ensure the incident does not happen again. He stated that they look at adding cameras or mirrors in areas and they may even look at something like adding curtains. The CM indicated the team collectively talks about the allegation and makes recommendations. She stated there is a form that is utilized and that she has only completed two reviews so there have not been any trends. The CM said she would brief staff on any necessary corrective action and ensure it is implemented. The interview with the sexual abuse incident review team member indicated the required components under this provision are discussed during the review.

115.86 (e): The PAQ indicates that the facility implements the recommendations for improvement or documents its reasons for not doing so. A review of SCDC Form 19-183 indicates that a section exists for recommendations for improvement. A review of documentation indicated that there have been eleven allegations of sexual abuse reported in the previous twelve months, four of which did not have an investigative outcome documented. Additionally, there were three allegations that based on documentation the auditor was unable to determine if they were sexual abuse or sexual harassment. Of the seven allegations that had an investigative outcome, three were deemed unfounded. As such, four required a sexual abuse incident review. A review of investigative files determined that none had a completed sexual abuse incident review. Thus, the auditor was unable to determine if recommendations are made during the incident reviews.

Based on a review of the PAQ, GA-06.11B, SCDC Form 19-183 and information from interviews with the Warden, PC, CM and a member of the sexual abuse incident review team this standard appears to be require corrective action. While policy and interviews indicate these reviews are being completed and the necessary elements are reviewed, the lack of documentation proves otherwise. A review of documentation indicated that there have been eleven allegations of sexual abuse reported in the previous twelve months, four of which did not have an investigative outcome documented. Additionally, there were three allegations that based on documentation the auditor was unable to determine if they were sexual abuse or sexual harassment. Of the seven allegations that had an investigative outcome, three were

deemed unfounded. As such, four required a sexual abuse incident review. A review of investigative files determined that none had a completed sexual abuse incident review. Thus provisions (a), (b), (c) and (d) of this standard are not compliant.

Corrective Action

The facility will need to complete an incident review for the four identified allegations that required the review. These reviews will need to be forwarded to the auditor. Additionally, once the facility determines the outcome of the four other sexual abuse allegations as well as identifies the three unclassified allegations, any that required an incident review will need to be forwarded to the auditor. Facility staff that are on the incident review will need to complete a statement indicating they will ensure they participate in any required reviews and the Warden will document in a memo the process to ensure reviews are completed. The facility will need to send the auditor all required sexual abuse incident reviews during the corrective action period. The auditor will receive a list of all allegations with outcomes monthly from the facility and will ensure all reviews are completed.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. NA

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to this standard. The facility did not provide any documentation to the auditor related to this standard, as such further corrective action is required.

Standard 115.87: Data collection

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*)

Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. Survey of Sexual Victimization (SSV)

Findings (By Provision):

115.87 (a): GA-06.11B, page 6 outlines the data collection process. It states that the SCDC will report to the US Department of Justice, US Bureau of Justice Statistics, SLED and any other federal and/or state authority that requires sexual abuse data and information annually, all acts of sexual abuse, sexual harassment and staff sexual misconduct with inmates, for all its institutions and contracted institutions. The policy also states that consistent with the National PREA Standards, SCDC will collect data that will assist SCDC in reducing the risk of sexual abuse and/or sexual activity occurring within SCDC institutions. SCDC 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, in order to provide insight into potential strategies for its reduction or elimination. The PAQ indicates that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control. A review of the agency website confirmed that SSV data is available from 2006 to current.

115.87 (b): GA-06.11B, page 6 outlines the data collection process. It states that the SCDC will report to the US Department of Justice, US Bureau of Justice Statistics, SLED and any other federal and/or state authority that requires sexual abuse data and information annually, all acts of sexual abuse, sexual harassment and staff sexual misconduct with inmates, for all its institutions and contracted institutions. The policy also states that consistent with the National PREA Standards, SCDC will collect data that will assist SCDC in reducing the risk of sexual abuse and/or sexual activity occurring within SCDC institutions. SCDC 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, in order to provide insight into potential strategies for its reduction or elimination. The PAQ indicated that the agency aggregates the incident based sexual abuse data at least annually. A review of the agency website confirmed that SSV data is available from 2006 to current.

115.87 (c): GA-06.11B, page 6 outlines the data collection process. It states that the SCDC will report to the US Department of Justice, US Bureau of Justice Statistics, SLED and any other federal and/or state authority that requires sexual abuse data and information annually, all acts of sexual abuse, sexual harassment and staff sexual misconduct with inmates, for all its institutions and contracted institutions. The policy also states that consistent with the National PREA Standards, SCDC will collect data that will assist SCDC in reducing the risk of sexual abuse and/or sexual activity occurring within SCDC institutions. SCDC 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, in order to provide insight into potential strategies for its reduction or elimination. The agency reports their data annually to the DOJ via the SSV. A review of the agency website confirmed that SSV data is available from 2006 to current.

115.87 (d): GA-06.11B, page 6 outlines the data collection process. It states that the SCDC will report to the US Department of Justice, US Bureau of Justice Statistics, SLED and any other federal and/or state authority that requires sexual abuse data and information annually, all acts of sexual abuse, sexual harassment and staff sexual misconduct with inmates, for all its institutions and contracted institutions. The policy also states that consistent with the National PREA Standards, SCDC will collect data that will assist SCDC in reducing the risk of sexual abuse and/or sexual activity occurring within SCDC institutions. SCDC 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, in order to provide insight into potential strategies for its reduction or elimination. The PAQ indicated that the agency maintains, reviews and collects data as needed from all available incident-based documents.

115.87 (e): The PAQ indicates that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmate.

115.87 (f): GA-06.11B, page 6 outlines the data collection process. It states that the SCDC will report to the US Department of Justice, US Bureau of Justice Statistics, SLED and any other federal and/or state authority that requires sexual abuse data and information annually, all acts of sexual abuse, sexual harassment and staff sexual misconduct with inmates, for all its institutions and contracted institutions. A review of the Survey of Sexual Victimization indicated that the last survey was submitted in 2018. The current Survey has not yet been submitted for 2018 data as the form was not published until August 2019.

Based on a review of the PAQ, GA-06.11B and the agency website that contains historical and current Surveys of Sexual Victimization this standard appears to be compliant.

Standard 115.88: Data review for corrective action

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*)

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Annual Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicates that the agency reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of the 2018 and 2019 annual reports indicate that the reports contain information on the SCDC's PREA efforts to include notable successes, areas of concern, aggregated data by agency as well as broken down by facility, comparison of data from the previous two years and corrective actions. The interview with the Agency Head Designee indicated that incident-based information is reviewed to analyze locations of abuse, the frequency with which inmates may be identified as perpetrators or victims, patterns within certain institutions, and the times and days of abuse. The information is then used to determine locations for electronic surveillance equipment, facility renovations, staffing allocations, institutional training and the need for protective measures for specific inmates. The CM stated that the facility collects data through allegations and investigation and

this information is relayed to the Warden. She stated she looks for trends and tracks data to protect inmates from repeat offenders.

115.88 (b): The PAQ indicated that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress. A review of 2018 and 2019 Annual Reports indicates that the report contains information on the SCDC's PREA efforts to include notable successes, areas of concern and corrective actions. The reports also contain a comparison of collected data from the previous two years.

115.88 (c): The PAQ indicated that the agency's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head Designee confirmed that the Deputy Director of Legal and Compliance and the Director of SCDC review and approve the annual report and that is available on the website. A review of the website confirmed that current and previous annual reports are available to the public online.

115.88 (d): The PAQ indicated that the agency may redact specific material from the report when it would present a clear and specific threat to the safety and security of the facility. A review of annual reports confirmed that no information was required to be redacted. The interview with the PC indicated that all personally identifiable information is redacted and only raw data is contained in the report.

Based on a review of the PAQ, Annual Reports, the agency website and information from interviews with the Agency Head Designee, PC and CM, this standard appears to be compliant.

Standard 115.89: Data storage, publication, and destruction

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*)

Documents:

1. Pre-Audit Questionnaire
2. ADM-15.05
3. Prison Rape Elimination Act Annual Reports
4. Survey of Sexual Victimization (SSV)

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): ADM-15.05, section 3.6, states that files containing confidential data will not be stored on local hard drives, removable media, on any type of internet cloud storage and will not be sent via email unencrypted. The PAQ as well as the interview with the PREA Coordinator confirmed that data is securely retained. He stated that he retains the data and that it is in a shared folder within their secure cloud-based system.

115.89 (b): The PAQ states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website confirmed that the most current (2018) Survey of Sexual Victimization as well as previous Annual Reports (aggregated data) are available to the public online.

115.89 (c): The agency does not include any identifiable information or sensitive information on the Annual Report and as such does not require any information to be redacted. A review of historical annual reports confirmed that no personal identifiers were publicly available.

115.88 (d): The PAQ indicates that the agency maintains sexual abuse data collected pursuant to 115.87 for at least ten years after the date of the initial collection. A review of the agency's website confirmed that data is available from 2006 to present.

Based on a review of the PAQ, ADM-15.05, Annual Reports, the SSVs, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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*)

Findings (By Provision):

115.401 (a). The facility is part of the South Carolina Department of Corrections. The agency began PREA certification audits in 2018 and thus all facilities were not audited during the August 2016-August 2019 cycle.

115.401 (b): The facility is part of the South Carolina Department of Corrections. The SCDC has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

Standard 115.403: Audit contents and findings

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*)

Findings (By Provision):

115.403 (f). This is the initial certification audit for the MacDougall Correctional Institution. The South Carolina Department of Corrections began the PREA certification process for their facilities in 2018. All completed audit reports for the previous audit period (August 2016-August 2019) are available online at http://www.doc.sc.gov/preaweb/prea_audits.html.

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 Signature

July 12, 2021

Date

ⁱ Agency and Department are utilized interchangeably in this document.

ⁱⁱ During the audit period the SCDC updated their PREA policies. They went from OP-21.12 to GA-06.11 and GA.06.11B. The auditor utilized the policies provided during the pre-audit phase and as such the majority of reference is through OP-21.12 and GA-06.11B.