



## Facility Information

**Name of Facility:** MacDougall Correctional Institution

**Physical Address:** 1516 Old Gilliard Road      **City, State, Zip:** Ridgeville, 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:** Edsel T. Taylor

**Email:** taylor.edsel@doc.sc.gov      **Telephone:** 803-737-3036

### Facility PREA Compliance Manager

**Name:** Will Langdon

**Email:** langdon.william@doc.sc.gov      **Telephone:** 803-737-3036

### Facility Health Service Administrator

**Name:** Richard Henry

**Email:** henry.richard@doc.sc.gov      **Telephone:** 803-737-3036

## Facility Characteristics

**Designated Facility Capacity:** 672

Current Population of Facility:	509	
Average daily population for the past 12 months:	618	
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:	21-81	
Average length of stay or time under supervision:	7,521	
Facility security levels/inmate custody levels:	Minimum to Medium	
Number of inmates admitted to facility during the past 12 months:	830	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	818	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	676	
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: <a href="#">Click or tap here to enter text.</a> <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	159	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	22	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1	

Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	2
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	368
<b>Physical Plant</b>	
<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>	28
<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>	15
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	1
Number of open bay/dorm housing units:	14
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	0
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<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: <a href="#">Click or tap here to enter text.</a> )

### Investigations

#### Criminal Investigations

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:	27
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <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

#### Administrative Investigations

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?	49
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <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

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) certification audit for MacDougall Correctional Institution (MCI), South Carolina Department of Corrections in Ridgeville, South Carolina was conducted on October 5-6, 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 audit was initially scheduled for June 17-19, 2020, however due to COVID19 the audit was rescheduled. As such, the facility provided the auditor updated information from June 2020 through October 2020. This report will indicate initial PAQ provided information as well as any subsequent updated PAQ information, if applicable.

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 agency<sup>1</sup> 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 the MacDougall 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 emailed photos on May 15, 2020 confirming that the PREA audit announcement was posted. The photos evidenced the announcement posted in bright neon orange at the front door of the institution and in inmate housing areas. Due to COVID19 the audit was rescheduled from June to October and as such the updated audit announcement was placed throughout the facility on August 28, 2020. The auditor received one letter from an inmate at MCI. The letter expressed concern related to how the allegation was handled. The inmate was interviewed during the on-site portion of the audit and the auditor reviewed the allegation and the investigation.

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 (509) the PREA auditor handbook indicated that at least 30 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. At least one inmate from each housing unit was selected for interview. Inmates selected for the targeted interviews were selected across varying factors, when possible. There were no LEP, cognitive disability, transgender or intersex inmates at MCI during the audit. Additionally, the facility does not have a segregated housing unit and as such no inmates in segregation were able to be interviewed. 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	15
Targeted Inmates	18
Total Inmates Interviewed	33 <sup>1</sup>
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Disability	3
• Inmates who are LEP	0
• Inmates with a Cognitive Disability	0
• Inmates who Identify as Lesbian, Gay or Bisexual	5
• Inmates who Identify as Transgender or Intersex	0
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	2
• Inmates who Reported Sexual Victimization During Screening	8

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

<sup>1</sup> Two inmates completed questions for two categories, therefore only 31 total inmates were interviewed.

- 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	31
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	4
• Human Resources Staff	1
• Volunteers and Contractors	2
• Investigative Staff	2
• Staff who Perform Screening for Risk of Victimization	2
• Staff who Supervise Inmates in Segregated Housing	0



• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• Security and Non-Security who Acted as First Responders	2
• 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. Edsel Taylor (Warden)
- Mr. Kenneth James (PREA Coordinator “PC”)
- Mr. William Langdon (PREA Compliance Manager “CM”)

The on-site portion of the audit was conducted on October 5, 2020 and October 6, 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. It should be noted that the majority of documentation was provided to the auditor prior to the audit to limit on-site time due to COVID19. A tour of the facility was conducted on October 5, 2020 and began at 1:00pm. The tour encompassed all areas associated with MCI, to include, the administrative building, medical and mental health, intake, housing units, education and vocation, prison industries, maintenance, the cafeteria and kitchen, the chapel, laundry, commissary and visitation. 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. During the tour the auditor spoke to numerous staff and inmates informally about PREA and the facility in general. The tour was completed at 3:30pm.

Interviews were conducted on October 5, 2020 and October 6, 2020. Prior to and during 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 159 staff assigned. The auditor reviewed a random sample of 29 personnel and training records that included seventeen 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 two contractors as well as training files for four volunteers were reviewed.

**Inmate Files.** On the first day of the on-site phase of the audit, the inmate population was 509. A total of eighteen 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, three inmate files of those received prior to 2013 were reviewed for appropriate inmate education.

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

**Grievances.** The original PAQ indicated that there were three grievances within the previous twelve months. Upon review and conversation with facility staff it was determined that only one PREA grievance was received within the previous twelve months. The auditor reviewed the one PREA grievance. Additionally, the auditor reviewed the grievance log and selected seven random grievances for review.

**Hotline Calls.** The facility received three PREA hotline calls within the previous twelve months. A review of the investigative reports confirmed that three inmates reported allegations via the hotline.

**Incident Reports.** The original PAQ indicated there were eight PREA allegations reported in the previous twelve months. Subsequent PAQ information indicated that there were ten allegations reported in the previous twelve months. The auditor reviewed all incident reports associated with the ten 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 original PAQ indicated there were eight PREA allegations reported in the previous twelve months. Subsequent PAQ information indicated that there were ten allegations reported in the previous twelve months. A review of the ten investigative files determined that six did not rise to the level of PREA per the definitions. Three staff on inmate sexual harassment allegations were not repeated, one inmate on inmate sexual harassment allegation was not repeated and two staff sexual abuse allegations (voyeurism) were actually part of staff official duties. While the six allegations did not rise to the level of PREA, a prompt and thorough investigation was completed for each. Of the four remaining allegations, one was a criminal investigation completed by Police Services and three were administrative investigations completed by the facility investigator. The auditor reviewed all ten investigations to ensure compliance with the standards. The below table depicts the allegations and the investigative outcomes.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	0	0	0
Unsubstantiated	0	0	0	1
Unfounded	1	1	0	1
<b>Total Allegations</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>

## Facility Characteristics

MacDougall Correctional Institution is a state prison under the authority of the South Carolina Department of Corrections, located at 1516 Old Gilliard Road, in Ridgeville, South Carolina. MCI opened in 1966 and was initially a juvenile facility. MCI is located in Ridgeville, South Carolina which is located approximately 45 minutes northwest of Charleston, South Carolina. MCI is a level two medium security institution. The institution is home to numerous education and vocational programs including; GED, literacy, brick masonry, auto body repair, carpentry and horticulture. Additionally, the institution is home to the prison industries rag plant as well as chicken pens and a processing/refrigeration warehouse where all the eggs for the SCDC are cleaned and packaged. MCI also provides inmate labor crews to the Department of Transportation to assist with trash pick-up along the highways. The facility comprises 28 buildings. 23 are found within the secure perimeter and five are outside of the perimeter.

Within the secure perimeter are all housing units, the administration building, medical and mental health, intake, visitation, prison industries, education and vocation, maintenance, laundry, commissary, the cafeteria and kitchen, the chapel and numerous storage buildings/sheds.

The entrance to the facility is through the administrative building. This is a large brick building where both staff and visitors enter. Staff and visitors are required to have any materials scanned through the x-ray machine and are required to be checked by the body scanner. Medical, mental health and dental are found at the west end of the administration building while intake and the mailroom are found at the east end. There is also an inmate waiting vestibule centrally located behind the control center.

The intake area contains two dry holding cells, two restrooms, an open space and numerous offices. The bathrooms are where strip searches are conducted and are equipped with solid doors for privacy. A reflective mirror is found within the intake area to supplement supervision. Additionally, PREA information is posted throughout the area and the intake packet, including the PREA brochure, is available for distribution. The restroom is equipped with a solid door for privacy. The medical area consists of exam rooms, an emergency room, a pharmacy, an inmate waiting area and a restroom. Medical services are provided Monday through Friday from 7:00am to 8:00pm and 6:00am to 7:00pm on Saturday and Sunday. Privacy is provided via curtains and curtain rods in each exam room. Additionally, medical records are found in this area behind a locked door. The inmate waiting vestibule is a dry waiting area with open bar stock.

Visitation is found west of the administrative building and is a large open area with collapsible tables and chairs. The inmate restroom is equipped with a solid door for privacy and the strip search area is behind full doors and contains half wall barriers.

Hickory, Magnolia and Oak (unoccupied closed) housing units are located northwest of visitation. Northwest of Oak is a large open grassy area that is utilized as a garden and a bee keeping space. Neither of these programs were operational during the audit due to the time of year. At the far corner of the institution is the warehouse that comprises prison industries. This is a large open space that houses compressed barrels of rags and the machines necessary to complete operations. The warehouse has an inmate restroom that is equipped with a full door for privacy. Additionally, a plain clothes staff member and a security staff member supervise operations in prison industries daily. North of prison industries is the greenhouse and horticulture building. The horticulture building is currently closed and the program is currently run out of the greenhouse. East of the greenhouse are three small buildings, a recycling building and two paint shops. Maintenance is east of these buildings. Maintenance is a large warehouse with different caged areas for tools and equipment. The restroom in this space has a solid door for privacy. Two maintenance staff and a security officer supervise inmates in this area during the day. The back gate is located next to the maintenance building. This gate is typically not utilized as an entrance, but is a backup/alternative entrance.

South of the maintenance building is the education and vocation area. The building contains numerous classrooms, a library, the law library, carpentry, brick masonry and auto body. The building contains mirrors to supplement supervision and the restroom is equipped with a solid door to provide privacy. In addition to the main building, there are two storage sheds, one for brick masonry and one for lumber as well as a gas storage shed.

Burch and Cypress housing units are located southeast of the education building. Immediately south of the housing units is the laundry and commissary building. The laundry is on the north side of the building and the commissary is on the south side of the building. Laundry comprises industrial washers and dryers as well as an area for clothing storage, caustic storage and clothing/linen exchange. The restroom in the building has a solid door to allow for privacy. The commissary section of the building is set up similar to a store. There is a back room that stores bulk goods and a front room that is laid out like store shelves.

The cafeteria, kitchen and the chapel make up the remainder of the institutional compound. The cafeteria and kitchen are located in the building south of commissary. The cafeteria is a large open space with bolted tables and bench seats. One end of the cafeteria contains the dish room as well as staff dining (currently closed and used as storage only). The other end of the cafeteria contains the serving lines as well as the entrance to the kitchen. The kitchen contains all equipment and materials necessary to provide three meals a day to over 600 inmates. This space consists of ovens, coolers, freezers, a dry storage area, a preparation area and a baking area. The inmate restroom in the kitchen has a full door that

provides privacy. In addition to the cafeteria and kitchen, two storage sheds are found behind the building. The chapel is located south of the cafeteria and is where inmates at the institution go to worship and participate in groups and other programs. The building contains a sanctuary, library and classrooms. The restroom is equipped with a solid door for privacy and reflective mirrors are visible for added supervision.

Outside of the secure perimeter is a training building, three chicken pens and a processing/refrigeration warehouse. The training building is found half a mile down the road and is where MCI staff attend all SCDC training. The chicken pens and processing/refrigeration warehouse are located northeast of the facility (outside the perimeter fence behind the education building). The chicken pens house a plethora of chickens that lay eggs that are utilized at the institutions across SCDC. The processing/refrigeration warehouse is a large building where the eggs are washed and packaged prior to distribution. Inmates work under the supervision of staff in this area.

The total capacity of the facility is 672. On the first day of the audit the population at the facility was 509. The facility houses adult male inmates. The age range of the facility's population is 21-81 years of age. The facility houses minimum and medium custody inmates. The average length of stay within SCDC custody for inmates at the institution is over 20 years.

The institution comprises fifteen housing units, one of which is closed. The units are named after trees and consist of Hickory, Magnolia, Burch, Cypress and Oak. Housing units comprise general population inmates. Two of the units are general population but have special programs (character unit and veteran's unit). A breakdown of the units and the inmate population that make up each unit is found below. All occupied units are open bay style with a capacity of 48. The one closed unit (Oak) was previously utilized as a segregation unit, but has not been utilized for this purpose in years.

Magnolia, Burch and Cypress units have the same physical plant design ("H" style). A and B are contained on one side of the "H", while C and D are contained on the opposite side of the "H". A barbershop is located in the center of the "H". An officer's station is located on both sides of the "H" between the A and B units and C and D units. Each unit (A, B, C and D) mirror one another. All contain telephones, bulletin boards, kiosks, a dayroom and a bathroom. The dayrooms contain tables, benches and televisions. The bathrooms contain sinks, urinals, toilets and showers. The entrance to the bathroom has a side slanted wall that provides partial privacy. Toilets have half walls separating them which provides privacy when viewing from the bathroom entrance. Additional privacy is provided via cloth barriers that can be hung between the half walls in front of the toilets. The showers are located at the far end of the bathroom. Shower heads are located on both sides and are recessed behind solid walls. The bedding area of the units are a modified open bay style. Half walls are constructed in cubes that separate inmate living space. Each cube contains two beds, lockers, a desk and a chair.

Hickory unit is the only housing unit that differs in physical plant. The unit has an A and B side. Each side is broken into four living quadrants with a dayroom on one end and a bathroom on the other end. The officer's station is located at the center of the dorm and connects the A and B side. Additionally, a door is located in the dayrooms that connect the A and B side. The entrance to the unit is at the center where the officer's station is located. Both sides have telephones, kiosks and bulletin boards. The dayrooms contain televisions, tables, chairs and computers. The bathrooms contain sinks, urinals, toilets and showers. The toilets are separated by half walls and have cloth barriers that can be hung between the half walls to provide additional privacy. The showers are located at the far end of the bathroom. Shower heads are located on both sides and are recessed behind solid walls. Additional privacy is afforded in this unit by homemade shower curtains. The bedding areas (four quadrants) are a modified open bay style. Inmate lockers are strategically placed to construct barriers to separate living spaces. These living areas contain bunk beds, desks, chairs and lockers for two inmates.

All housing units have a PREA reporting placard that includes information about the hotline (\*22) and People Against Rape (\*63). Additionally, PREA posters were found throughout the facility posted in English and Spanish. The auditor tested the phones in two housing units and reached both the hotline and advocacy center voicemail. It should be noted the advocacy center live line was not accessible during the audit, however PAR had a line for inmates to leave messages that was functional. The auditor inquired

about access to the live line and the agency provided an email indicating that the line was functional on the facility side. Further inquiry determined that the issues was due to the call forwarding services PAR was currently utilizing. PAR was working on resolving the issues with the live line as soon as possible. Video technology is limited at MCI. Cameras are found in visitation, on the yard and in the administration building.

Unit	Capacity	Style	Inmate Population
Hickory A	48	Open Bay	General Population/Character Dorm
Hickory B	48	Open Bay	General Population/Character Dorm
Magnolia A	48	Open Bay	General Population/Veterans Dorm
Magnolia B	48	Open Bay	General Population
Magnolia C	48	Open Bay	General Population
Magnolia D	48	Open Bay	General Population
Burch A	48	Open Bay	General Population
Burch B	48	Open Bay	General Population
Burch C	48	Open Bay	General Population
Burch D	48	Open Bay	General Population
Cypress A	48	Open Bay	General Population
Cypress B	48	Open Bay	General Population
Cypress C	48	Open Bay	General Population
Cypress D	48	Open Bay	General Population
Oak	N/A	Multiple Occupancy	Closed

The facility employs 159 staff members. Staff make up three shifts; day shift works from 7:00am to 7:00pm, night shift works from 7:00pm to 7:00am and the administrative shift varies in hours between 6:00am through 4:00pm. Both the day and night shifts have a Captain that serves as the shift supervisor and three Corporals. The day shift comprises three Lieutenants, five Sergeants and fifteen Officers while the night shift has two Lieutenants, four Sergeants and twelve Officers. Additionally the administrative shift supplements day and night shift with officers assigned to areas including; operations, contraband, transportation, education, tool room, property, medical and litter crew. The facility employs two contractors that provide medical services. The facility also has 368 volunteers approved to provide services to the inmates.

## Summary of Audit Findings

### Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: 115.31, 115.67 & 115.73

### Standards Met

Number of Standards Met: 42

### Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

## 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-21.12
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 indicates he has enough time to coordinate the facility's PREA 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 and related documents, PREA implementation appears to comply with the standard under the PC and CM. The preparedness for the audit, the absence of any additional job duties for the PC and overall incorporation of institutionalized sexual safety practices demonstrates that the PC and CM has sufficient time and authority to accomplish PREA responsibilities for the agency and facility.

### 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 MacDougall
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. Cameras and Mirrors Utilized for Monitoring and Blind Spot Coverage

### 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. A review of the Institutional Staffing Plan confirmed that the required factors are included in the plan, as well as supplemental information from the facility's coordinated response plan. The Staffing Plan indicated that the facility requires 32 Correctional Officers seven days a week to cover all required posts. Posts include, perimeter, communications, gate, yard, and housing officers. The interview with the Warden confirmed that the facility has a staffing plan and that it considers the required factors to include the physical layout, the population, blind spots, incidents of sexual abuse and findings of inadequacy. He stated that even when the staffing plan is not followed that he still believes they have adequate staffing. He also stated that while the facility is equipped with some cameras that the plan does not consider video monitoring as much as it should. The Warden indicated that all audits are utilized to modify any staffing issues and that additional staff are posted during the day and in areas that have blind spots. The CM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they take into consideration the required factors. The CM stated that he utilizes a mapping concept that tracks allegations and that it is utilized when developing and modifying the staffing plan. During the tour the auditor observed that staff were present in each housing unit and common areas. While the institution did have blind spots, staff supervision and required rounds assist with monitoring these areas. Additionally, the CM indicated they were in the process of installing reflective mirrors to eliminate some of the blind spots and to supplement monitoring.

**115.13 (b):** The facility indicated on the PAQ and via a memo from the CM that this provision does not apply as MacDougall has never deviated from the staffing plan. The updated PAQ information indicate that since COVID19 the facility has had to deviate from the staffing plan. 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. A review of 57 SCDC Form 19-29As from July through October indicated that deviations are documented and that justification is provided on why the deviation occurred. Additionally, the form indicated actions taken due to shortage, to include a supervisor conducting additional rounds and security checks in the area with limited to no staff due to the deviation. The interview with the Warden indicated deviations are documented on the Deviations From Staffing Plan form. He stated that the form states the reason for deviation and that it is forwarded to him to sign off on.

**115.13 (c):** The most recent staffing plan was reviewed on June 2, 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. 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/higher level staff indicated that they conduct daily unannounced rounds and that rounds are documented in the log book as well as the supervisor's book. A review of two weeks of unannounced rounds on both shifts for all housing units indicated that rounds were typically conducted daily 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 conduct rounds in a pattern and that they deviate their times and locations to prohibit staff from alerting others of the rounds.

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 supervisors, the PC, the CM and the Warden, this standard appears to be compliant.

## 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. Memorandum

### 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):** The PAQ as well as the memo from the CM indicated that MacDougall CI does not house inmates under the age of 18. While the agency does house youthful inmates, MacDougall CI does not. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. Interviews with the Warden and CM confirmed that no inmates under the age of 18 are housed or have been housed at the facility during the audit period.

**115.14 (b):** The PAQ as well as the memo from the CM indicated that MacDougall CI does not house inmates under the age of 18. While the agency does house youthful inmates, MacDougall CI does not. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. Interviews with the Warden and CM confirmed that no inmates under the age of 18 are housed or have been housed at the facility during the audit period.

**115.14 (c):** The PAQ as well as the memo from the CM indicated that MacDougall CI does not house inmates under the age of 18. While the agency does house youthful inmates, MacDougall CI does not. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. Interviews with the Warden and CM confirmed that no inmates under the age of 18 are housed or have been housed at the facility during the audit period.

Based on a review of the PAQ, the memo from the CM, observations made during the tour and information from interviews with the Warden and CM, this standard appears to be non-applicable and as such, 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. All 31 inmates interviewed indicated they were never naked in front of a female staff member. 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. Toilets contained half walls and a cloth privacy barrier. Showers were recessed behind walls and some contained homemade shower curtains for additional privacy. All restrooms throughout the facility (work, program and common areas) contained solid doors for privacy. All holding cells were dry and did not require any privacy barriers. During the tour, the auditor heard staff make the opposite gender announcement. Additionally, a review of housing unit logs during the tour indicated that the female announcement was documented in red in the log.

**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 eleven of the twelve were aware of a policy prohibiting these



searches. One staff member indicated he was not sure because the facility has not had any transgender inmates. No transgender or intersex inmates were housed at MCI during the audit period and therefore no interviews were able to be conducted.

**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 100% 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 nine staff had received the PRC training video within the previous few months. A review of a sample of twelve staff training records indicated that all twelve had received the Contraband and Searches training and that ten had received the PRC video 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 walls, cloth barriers and homemade shower curtains for privacy, observations on the log of the cross gender announcement as well as hearing the opposite gender announcement and information from interviews with random staff, random inmates and transgender inmates, this standard appears to be compliant.

## **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 three disabled inmates indicated that they all had received information in a format they could understand. Two of the inmates indicated that the video volume was turned up loud and that they sat at the front of the room. They also stated that they received written information that they could read. A review of the three disabled inmate files indicated that they received PREA information and they signed that they understood the information. 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. There were no LEP inmates identified during the on-site portion of the audit

therefore interviews were unable to be conducted. 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 disabled inmates confirmed that no other inmates were utilized to provide them assistance with PREA related information.

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 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 the 22 staff hired in the previous twelve months confirmed that eighteen of the staff had a criminal background check completed prior to hiring. Of the remaining four, three did not continue with the employment process and one was a rehire that already had a completed background check. Additionally the two contractors reviewed had background checks completed prior to enlisting their services.

**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% 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 the 22 staff hired in the previous twelve months indicated that three did not continue with the employment process and one was a rehire. Therefore a review of the eighteen remaining personnel files indicated 100% of those reviewed had a criminal background completed and necessary institutional checks. 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. The contract is for medical and two staff are part of the contract. Of these 100% have had a criminal background check prior to enlisting services. A review of the two contractor personnel files indicated that criminal background checks had been completed. 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 be 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 have been no upgrades or installation of video monitoring technology at the facility since the last PREA audit. The facility has cameras in the visitation area, on the outside yard and in the administrative building. 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 do not have many cameras but that they use the ones they do have to provide better coverage of areas with blind spots and areas where staffing needs supplemented. He indicated these areas are the ones where vulnerabilities can occur such as sexual abuse or sexual harassment.

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 eleven of the twelve were aware of evidence protocol (mainly through evidence preservation). They indicated they separate the inmates and preserve the crime scene. They also indicated that inmates would be taken to the hospital for evidence collection and that SCDC investigators or Police Services would be responsible for 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. Specifically, examinations are performed at the Medical University of South Carolina (MUSC). The PAQ indicated that during the previous twelve months, there have been zero forensic examination conducted by a Sexual Assault Forensic Examiner (SANE) or Sexual Assault Nurse Examiner (SANE). A review of the hospital website confirmed that sexual assault services are provided and that examinations are performed by SANEs. A review of investigative reports indicated that there were no allegations that warranted a forensic examination and as such no exams were 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. The interview with the two inmates who reported sexual abuse indicated that they did not have a victim advocate, however the inmates interviewed did not have allegations that involved penetration. The interview with the CM indicated that the facility has an MOU with PAR and that inmates are provided contact information and access to the organization when necessary. He also stated that PAR is the local rape crisis center.

**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 MUSC during forensic examinations as well as any required in person visits. The interview with the two inmates who reported sexual abuse indicated that they did not have a victim advocate, however the inmates interviewed did not have allegations that involved penetration. The interview with the CM indicated that the facility has an MOU with PAR and that inmates are provided contact information and access to the organization when necessary. He also stated that PAR is the local rape crisis center.

**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, the hospital website 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 eight allegations reported within the previous twelve months. The updated PAQ information indicated there were ten allegations of sexual abuse or sexual harassment in the previous twelve months. A review of the ten investigative files determined that six did not rise to the level of PREA per the definitions. Three staff on inmate sexual harassment allegations were not repeated, one inmate on inmate sexual harassment allegation was not repeated and two staff sexual abuse allegations (voyeurism) were actually part of staff official duties. While the six allegations did not rise to the level of PREA, a prompt and thorough investigation was completed for each. Of the four remaining allegations, one was a criminal investigation completed by Police Services and three were administrative investigations completed by the facility investigator. 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 be compliant.

## 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 twelve staff training records indicated that eleven have received PREA training. The one staff member who was not documented with PREA training has been out of work since 2018. Interviews with random staff confirmed that all twelve had received PREA training within the previous year. All twelve staff interviewed were knowledgeable on PREA and elaborated on questions that were asked. Staff were familiar with most questions asked and were prepared. The auditor determined that in addition to formal training that informal training is being conducted and that the facility exceeds in their efforts to ensure staff know their responsibilities and are knowledgeable on PREA.

**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 twelve staff training records indicated that eleven have received PREA training. The one staff member who was not documented with PREA training has been out of work since 2018.

**115.31 (c):** The PAQ indicated that 159 staff have been trained in PREA requirements and that they receive PREA training annually. The PAQ also indicated that between trainings the Department of Policy Development sends updated information out to employees. A review of documentation confirmed that staff received PREA training in 2018, 2019 and 2020. A review of twelve staff training records indicated that eleven have received PREA training in either 2018 and 2019 or 2019 and 2020. The one staff member who was not documented with PREA training has been out of work since 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 staff training records indicated that all twelve staff had signed that they attended and understood PREA training.



Based on a review of the PAQ, OP-21.12, the PREA Lesson Plan, a review of a sample of staff training records showing training completed annually as well as interviews with random staff, indicates that the facility exceeds this standard. Staff receive PREA training annually, which exceeds the requirement of every two years. Additionally, staff interviews indicated that informal trainings were being conducted routinely and that staff were exceptionally prepared with regard to training on PREA and their responsibilities. The CM indicated that leadership staff and shift supervisors go over PREA often at shift briefings and that they provide any updated information and all PREA policy updates during shift briefings as well.

## 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 indicated that 370 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of training documents for two contractors and four volunteers indicated that 100% of those reviewed received PREA training. Additionally, the interviews conducted with the two contractors confirmed that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation.

**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. Interviews with the two contractors confirmed that they had received PREA training, were aware of the zero-tolerance policy and who to report allegations to.

**115.32 (c):** The PAQ indicated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. A review of contractor training documents indicated that 100% of those reviewed had signed a training roster indicating that they attended and understood the training. A review of volunteer training document indicated that 100% of those reviewed had signed SCDC Form 1-9 acknowledging that they understood the zero-tolerance policy and how to report such incidents.

Based on a review of the PAQ, OP-21.12, PS-10.04, SCDC Form 1-9, a review of a sample of contractor and volunteer training records as well as interviews with contractors indicates that this standard appears to be compliant.

## **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 indicated that 830 inmates received information on the zero-tolerance policy and how to report at intake. The facility indicated in the PAQ that they had received 830 inmates in the previous twelve month which is equivalent to 100%. 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 intake staff indicated that the facility provides inmates information related to the zero-tolerance policy and reporting mechanism via brochure and then through a video during orientation. Of the 31 inmates that were interviewed all 31 indicated that they received information on the sexual abuse and sexual harassment policies. The majority indicated they received the information either the same day they arrived or within a few days of arrival. Two inmates interviewed had been at the facility for six plus year and indicated they received the information when they initiated the PREA program in SCDC.

**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 indicated that 676 inmates received comprehensive PREA education within 30 days of intake. The facility indicated in the PAQ that they had received 676 inmates in the previous twelve months whose length of stay was for 30 days or more, indicating that 100% had received comprehensive education. A

review of fifteen inmate files of those inmates received in the previous twelve months indicated that seven of those reviewed had been documented that they received comprehensive PREA education at MCI within 30 days of their most current arrival. Those that were not documented with comprehensive education at MCI in the 30 days from their most recent arrival had previously received comprehensive education at MCI during a prior arrival or at another SCDC institution. All 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. Of the eight not documented with comprehensive PREA education at MCI for their most recent arrival, all were documented to have received comprehensive education during a prior stay at MCI or at another facility. All SCDC facility policies are the same and as such, comprehensive education is not required (per the standards) every time an inmate transfers to a facility with the same policies. 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 shown that the PREA brochure and other PREA information was 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 intake staff indicated that the facility provides comprehensive PREA education through a video during orientation. She stated that inmates are required to sign a form indicating they received orientation and they understood the PREA information that was provided. Of the 31 inmates that were interviewed all 31 indicated that they received information on the sexual abuse and sexual harassment policies. The majority indicated they received the information either the same day they arrived or within a few days of arrival. Two inmates interviewed had been at the facility for six plus year and indicated they received the information when they initiated the PREA program in SCDC.

**115.33 (c):** The PAQ indicated that all inmates had received comprehensive PREA education by 2013 and it was documented on the appropriate form. The auditor identified twelve inmates who were housed at MCCI prior to 2013. A review of a sample of three of these inmate's records indicated that all three had received comprehensive PREA education by 2014. SCDC underwent an initiative that required all facilities to educate inmates on PREA, therefore all inmates were provided the comprehensive PREA education video by 2014. Typically inmates who transfer facilities within SCDC receive PREA education at each facility through orientation. Inmates receive PREA information at MCI related to the agency's PREA policies and procedures, reporting mechanisms and the victim advocacy information. The interview with intake staff indicated all inmates receive PREA education through the brochure and 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 three disabled inmates indicated that all three received PREA information in a format that they could understand. Two of the inmates indicated that the volume was turned up and that they sat in the front during the video. One inmate indicated he read the information on the brochure and other handouts. A review of the three inmate files indicated that all three received PREA education and signed that they understood the

information. 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. A review of fifteen inmate files of those received in the previous twelve months indicated that all had documentation (via the SCDC 18-78) that they received inmate orientation and the PREA orientation (either at MCI or at another facility).

**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. An inmate also displayed the PREA brochure on the kiosk for the auditor to view. Additionally, PREA reporting information and advocacy contact information was located above the phone in each housing unit on a placard. Numerous inmates made reference to the posted information as well as the information on their tablets and kiosks 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 and disabled inmates, this standard appears to be compliant.

## **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 the NIC Investigator Training. A review of training files indicated that all Police Services investigators had received the NIC training as well as 22 facility staff, to include the main facility investigator, the Associate Warden (PC).

**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. A review of training files indicated that all Police Services investigators had received the NIC training as well as the two facility investigators to include the CM. Interviews with the investigators indicated that they both received the NIC training. They both indicated



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 27 Police Services investigators had received the NIC training as well as 22 facility staff. The main facility investigator is the CM. He completed the NIC training on August 15, 2019. Interviews with the investigators indicated that they both received the NIC Investigator Training.

**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 be compliant.

### **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 nine medical and mental health staff and that 100% of these staff received the specialized training. A review of four medical and mental health training records indicated that all four received the specialized training. Interviews with medical and mental health staff confirm that all four received online specialized PREA training through the NIC curriculum. They all indicated that the required topics were covered during the trainings.

**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. A review of a sample of training documents for medical and mental health care staff confirm that they complete the required training and receive a certificate from NIC upon completion. This certificate is then maintained in their employee training file.

**115.35 (d):** All medical and mental health care staff complete the required annual employee PREA training. A review of four medical and mental health care staff training document indicated that 100% of those reviewed completed the employee training.

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 appears to be compliant.

## **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 seventeen inmates received within the previous twelve months (approximately) confirmed that thirteen remember being asked the risk screening questions. All thirteen indicated they were asked either the same day or within the first few days. Four inmates indicated that they either did not remember being asked the risk screening questions or that they were not asked at MCI. A review of fifteen files of inmates received in the previous twelve months indicated that ten had received an initial risk screening at MCI. The five that did not have an initial risk screening were at MacDougall for anywhere from a few weeks to a few months and were transferred to another facility for medical purposes. Upon return to MCI all were given an initial risk screening at that time. The interview with the staff responsible for the risk screening indicated that inmates are screened at intake by medical staff for their risk of sexual victimization or sexual abusiveness. The staff stated that inmates are typically screened as soon as they arrive at the facility.

**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 818 inmates were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 818 of those whose length of stay was for 72 hours or more received the risk screening within 72 hours, which is equivalent to 100%. A review of fifteen files of inmates received in the previous twelve months indicated that ten had received an initial risk screening at MCI within 72 hours. The five that did not have an initial risk screening were at MacDougall for anywhere from a few weeks to a few months and were transferred to another facility for medical purposes. Upon return to MCI all were given an initial risk screening at that time within 72 hours.

**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 staff ask the questions such as if the inmate has ever been abused, questions related to sexual orientation and gender identity, whether the inmate has a disability and whether they fear placement in general population. The screening also includes information related to the inmate's height, weight and body frame (physical build).

**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 with risk screening staff indicated that a second



section on the screening includes questions related to whether the inmate has ever perpetrated sexual abuse.

**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 676 inmates were reassessed within 30 days. The PAQ indicated that 676 inmates' length of stay was for 30 days or more. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. Interviews with staff responsible for the risk screening indicated that inmates are reassessed within 30 days of intake. Interviews with seventeen inmates that arrived within the previous twelve months (approximately) indicated that nine 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, some months later and others indicated they get one every year. A review of the documents indicated that of the fifteen inmates received within the previous twelve months only two had a risk assessment 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 seventeen inmates that arrived within the previous twelve months (approximately) indicated that nine 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, some months later and others indicated they get one every year. A review of the two sexual abuse investigations indicated that zero allegations were substantiated. It should be noted that the agency does not consider an allegation of sexual abuse as an incident of sexual abuse for risk screening purposes. Inmates are only reassessed if the allegation is deemed substantiated and as such they determine an incident actually occurred. Based on the agency's interpretation of the standard, there were no instances where an inmate would be required to be reassessed. While inmates are not reassessed unless substantiated allegations occur, inmates do get risk assessments during their annual review and at other times throughout the year. The SCDC ensures inmate go through the risk screening process multiple times.

**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 only medical, classification, the CM and the PC have access to risk screening 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 inmates indicated during interviews that they were asked the risk screening questions multiple times while in the SCDC, documentation illustrates that these risk screenings were not completed at MCI and not completed within the required timeframes. Specifically, provision (a) requires inmates to be assessed for their risk of victimization and abusiveness during intake and provision (b) requires it to be completed within 72 hours. A review of fifteen inmate files indicated that five did not receive an initial risk screening within 72 hours. The five inmates transferred to MCI and were subsequently transferred to another facility for medical purposes. These inmates were at MCI longer than the required 72 hours and



should have received an initial risk screening. Thus one third of the inmate reviewed did not comply with the requirements under provisions (a) and (b). Provision (f) requires that inmates be reassessed for their risk of victimization or abusiveness within 30 days of arrival. A review of fifteen inmate files indicated that only two were reassessed within the 30-day timeframe. While nine inmates indicated during interviews that they were asked the risk screening questions more than one, most indicated that it was months later or was a year later during their annual review. The interview with the PC indicated that prior to a few months ago, reassessments were not being conducted properly and that new direction was provided to all SCDC facilities on implementation. Based upon interviews and documentation this standard requires corrective action in order to be placed into compliance.

### **Corrective Action**

The auditor suggests the facility create a plan related to how initial assessments and reassessments 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 how the process of ensuring initial assessments are completed and documented at intake and within the 72-hour timeframe. Classification staff will need to know their responsibilities on ensuring reassessments 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 at least 20 initial assessments and 20 reassessments for inmate that arrive at the facility to evidence that the process is systemic and that provision (a), (b) and (f) 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. Process Memo
2. Training Documents and Rosters
3. Initial Assessment Documentation
4. Reassessment Documentation

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provisions (a), (b) and (f). The auditor spoke to the CM and PC via email and phone numerous times related to updates regarding the implementation of the corrective action. On October 19, 2020 the CM provided the auditor with a memo describing the new process for initial assessments, reassessments and mental health follow ups for inmates who disclose prior victimization or abusiveness. The memo outlined the protocol for medical, mental health and classification. In addition to the memo was a training document utilized to supplement the memo to provide the appropriate staff training and direction on their responsibilities regarding assessments and mental health follow ups. Two training rosters were provided to the auditor on October 19, 2020 that evidence that all medical, mental health and classification staff reviewed the memo and received training on their responsibilities. On October 22, 2020 the auditor received eighteen examples of inmates received from September 22, 2020 through October 15, 2020. A review of the documentation indicated that all eighteen received an initial risk screening the same day as their arrival, which is well within the 72-hour required timeframe. Additionally, all eighteen had a reassessment completed within the required 30 days. Based on a review of the training documents, initial assessment examples and reassessment examples, this standard appears to be corrected and compliant. It should be noted the auditor initially asked for 20 examples, however SCDC facilities have limited transfers due to COVID 19 and as such eighteen examples was sufficient for the auditor's review.

## **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 separate potential victims and potential abusers as much as possible through the green, yellow and red flag system. They stated that potential victims are typically placed closer to the front of the dorms and away from any blind spots. Additionally, they are not placed in job assignments with limited staff supervision and jobs that have work in places

that may have blind spots. The CM indicated that they use the risk screening information to predict behavior as much as possible. He stated that they assign inmates to units that would best serve their safety. He also stated that potential victims would be placed in a living quarters closer to the officer station to provide additional staff supervision for safety. A review of inmate files and of inmate housing and work assignments for 28 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 interviews with the staff responsible for the risk screening confirmed that information is utilized to make individual determination and that it is utilized to separate potential victims and potential abusers as much as possible through the green, yellow and red flag system. They stated that potential victims are typically placed closer to the front of the dorms and away from any blind spots. Additionally, they are not placed in job assignments with limited staff supervision and jobs that have work in places that may have blind spots. The CM indicated that they use the risk screening information to predict behavior as much as possible. He stated that they assign inmates to units that would best serve their safety. He also stated that potential victims would be placed in a living quarters closer to the officer station to provide additional staff supervision for 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 did not house any transgender or intersex 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 PC and the committee make housing decision on a case by case basis for all transgender and intersex inmates. The facility has not housed a transgender inmate in the previous twelve months and as such no transgender inmates were available for interviews.

**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. MCI did not currently have any transgender inmates, nor have they housed any in the previous twelve months. However, the auditor reviewed 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 interview with the staff responsible for risk screening indicated that transgender inmates would be assessed at least twice each year. The interview with the CM indicated that the biannual reviews are completed by the PC and Central Office and that MCI does not and has not had any transgender inmates assigned to the facility. He did state that if the facility did receive a transgender inmate in the future that an individual review would be done at the facility level in conjunction with the PC to ensure safe and appropriate housing at MCI.

**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 facility has not housed a transgender inmate in the previous twelve months and as such no transgender inmates were available for interviews.

**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 had privacy through solid walls. Two dorms had homemade shower curtains. 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 any transgender inmates would be housed in one of the dorms with the shower curtains and would essentially have a single shower. The facility has not housed a transgender inmate in the previous twelve months and as such no transgender inmates were available for interviews.

**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 gay and bisexual inmates indicated they did not feel 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 be compliant.

## 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 zero inmates placed in involuntary segregated housing due to their risk of victimization, for 24 hours or less. The interview with the Warden indicated that the facility does not have a segregation unit, however the agency does have a policy that prohibits placing inmates in isolation except as a last resort. He also indicated that the facility would avoid transferring an inmate to another facility for the purpose of placing the inmate in segregated housing unless there were no alternatives. A review of housing records for 28 inmates at high risk of victimization indicated that none were placed in restrictive housing as the facility does not have a segregation unit. The inmates at high risk were scattered throughout the facility in "M", "B" and "C" dorms.

**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. During the tour the auditor observed that the facility did not have a segregated housing unit. All housing units were general population open bay style. No interviews of staff who supervise inmates in segregated housing were completed as the facility does not have a segregated housing unit.

**115.43 (c):** The PAQ indicated that no inmates were assigned to involuntary segregated housing longer than 30 days while awaiting alternative placement. The interview with the Warden indicated that the facility does not have a segregation unit, however the agency does have a policy that prohibits placing inmates in isolation except as a last resort. He also indicated that the facility would avoid transferring an inmate to another facility for the purpose of placing the inmate in segregated housing unless there were not alternatives. No interviews of staff who supervise inmates in segregated housing were completed as the facility does not have a segregated housing unit.

**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 interview with the Warden indicated that the facility does not have a segregation unit, however the agency does have a policy that prohibits placing inmates in isolation except as a last resort. He also indicated that the facility would avoid transferring an inmate to another facility for the purpose of placing the inmate in segregated housing unless there were not alternatives.

**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. No interviews of staff who supervise inmates in segregated housing were completed as the facility does not have a segregated housing unit.

Based on a review of the PAQ, GA.06.11B, high risk inmate housing records, observations from the facility tour related to the absence of a segregation units as well as information from the interview with the Warden, indicates that this standard appears to be compliant.



# 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 Housings 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. Additionally, the victim advocacy information as well as the hotline information was posted on placards above the telephones in each housing units. Interviews with inmates confirm that all 31 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, the kiosk or to a staff member. Interviews with twelve random staff confirmed that there are numerous methods for inmates to privately report sexual abuse and sexual harassment. Staff indicated that inmates could report to any staff member, could call the hotline, could use the kiosk or their tablet or could report through a family member. During the tour the auditor tested the PREA hotline in two housing units 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 to SLED. SLED reports the information back to the PC who then forwards it to the CM or to Police Services. Interviews with inmates indicated that all were aware of a method to report and the majority knew that they could anonymously report. None of the inmates specifically named SLED as the outside reporting mechanism and most indicated they would contact their family and have them report if they wanted to contact someone outside the facility. 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 all 31 inmates interviewed were aware of at least one method to report sexual abuse and sexual harassment. Interviews with a 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 to any supervisor, to the Warden or Police Services, via the PREA hotline and through the agency website.

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.

## **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 three grievances of sexual abuse filed in the previous twelve months. After review it was determined there was only one grievance of sexual abuse. A review of the grievance indicated that it was received on February 4, 2020 and a response was provided to the inmate on February 25, 2020. The response indicated that the allegation was forwarded to Police Services and a response from Police Services was received on February 6, 2020 indicating the allegation did not rise to the level of PREA. The response indicated the allegation was however investigated and determined to be unsubstantiated. Additionally, the auditor selected seven grievances from the grievance log for the previous twelve months to spot check. A review of the seven indicated no additional PREA grievances were filed.

**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. A review of the one PREA grievance as well as a spot check of seven additional grievances confirmed that there were no sexual abuse or sexual harassment grievances filed by a third party.

**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. A review of the one PREA grievance as well as a spot check of seven additional grievances confirmed that there were no grievances filed alleging imminent risk or sexual abuse.

**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 be compliant.

## **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 had a placard above the phones that had the victim advocacy contact number. Interviews with inmates indicated that 21 inmates were provided information on victim advocacy. Most stated that they were provided papers with it on it and that it is posted in the housing units. A few inmates indicated that they believed they received the information but they threw it out and weren't really paying attention because they didn't have those problems and didn't need it. 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 were provided this information at intake, at the comprehensive PREA education and they walk by it daily in the facility. Interviews with inmates who reported abuse indicated that they were not provided an advocate and did not speak to anyone related to the victimization. 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. A review of the poster indicated that inmates are informed that the services provided by PAR (via phone or mail) are free and confidential (information is bold and red in color). Interviews with inmates indicated that 21 inmates were provided information on victim advocacy. Most stated that they were provided papers with it on it and that it is posted in the housing units. A few inmates indicated that they believed they received the information but they threw it out and weren't really paying attention because they didn't have those problems and didn't need it. Most all of the 21 that were familiar with the information advised the communication was confidential. 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 were provided this information at intake, at the comprehensive PREA education and they walk by it daily in the facility. Interviews with inmates who reported abuse indicated that they were not provided an advocate and did not speak to anyone related to the victimization. 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 MacDougall 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 exams at MUSC and during 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 indicates that this standard appears to be compliant.

## 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](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. A review of investigations indicated that staff reported all allegations and that one staff member reported suspicion of sexual abuse and it was investigated.

**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 to security all allegations of sexual abuse that occurred within a confinement setting. A review of sexual abuse allegations indicated that none were reported to medical and mental health care staff.

**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 the state has mandatory reporting laws and that he would report to the appropriate agencies.

**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 this is the practice and that all allegations, no matter where they originate are reported and investigated. A review of sexual abuse allegations indicated that there were not any allegations reported through a third party or anonymously.

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 noted that there were zero inmates who were determined to be at risk of imminent sexual abuse. The interview with the Warden indicated that the inmate would be removed from the situation and a proper investigation would be conducted. The Warden stated they have the ability to change inmate housing assignments within the facility and can also transfer inmates out to another facility, if necessary. 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 if there was an inmate at imminent risk they would contact their supervisor and first responders, if necessary, and remove the inmate from the unit/area immediately.

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 confirm 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 confirm 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 confirm 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 MCI. A review of investigative reports indicated that all reported allegations were from inmates that were currently housed at MCI and confirmed that no reports were from other facilities that an inmate reported that he was abused while at MCI. 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 reported and referred for investigation. The Warden stated that he would be hard pressed with names and dates (he has worked for the agency for 40 plus year) but that he has not had any of them at MCI within the audit period.

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 one allegation of sexual abuse. Further review indicated there were two allegations of sexual abuse. Both allegations did not require the separation of the alleged victim and abusers and did not occur within a timeframe that allowed for the collection of physical evidence. A review of one investigative report for the staff sexual abuse allegation indicated that immediate separation was not required as it was reported by a third party. The staff member and inmate were then subsequently separated as the staff member was placed on administrative leave during the investigation. The allegation did not require the preservation of the crime scene and did not involve the preservation of physical evidence through a forensic medical examination. While a crime scene was not required to be preserved, the third party did collect evidence from the inmate's property related to the allegation. The other allegation did not involve immediate separation but the inmates were placed in different dorms. Interviews with first responders indicated they are well versed on their duties. All random staff interviewed indicated they would separate the inmate victim from the inmate perpetrator, would instruct the inmate victim not to shower, change his clothes, use the restroom, brush his teeth, etc. and would secure the crime scene and not let anyone go in or out. The security first responder indicated all the steps above and also indicated he would contact his supervisor and medical. The interviews with inmates who reported sexual abuse indicated that one believed the staff handled the situation appropriately while the other did not. The inmate who indicated it was not handled appropriately stated he attempted to report the allegation three different ways and it wasn't until he reported to the staff member that it was handled appropriately .

**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 and that the staff member requested the victim not to take any action to destroy evidence and notified security. A review of investigative reports confirmed that none of the allegations involved a non-security staff first responder. 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 try to separate the inmates and contact security. All random staff interviewed indicated they would separate the inmates, secure the crime scene and instruct the inmate victim not to shower, change clothes, use the restroom, etc.

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 be compliant.

**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 policy related to their plan and that they get training on their duties. He stated that every staff member is advised what their duties are if an inmate reports sexual abuse or sexual harassment.

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 Warden stated that everyone knows that retaliation is serious and that it is a violation of policy. He stated that he has given authority to the shift supervisors to move staff to different posts if needed, to move inmates to different housing units and/or to transfer inmates to a different facility if needed. The interview with the staff member charged with monitoring retaliation indicated that he monitors the inmate for up to 90 days with periodic checks. He monitors disciplinary actions, housing changes, program changes, telephone calls and kiosk activity. He also stated he sometimes monitors the perpetrators as well because their actions may indicate retaliation. The interviews with inmates who reported sexual abuse indicated that both felt safe from retaliation and they felt safe at the facility.

**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 the two closed sexual abuse allegations indicated that both were closed unfounded within a month and thus monitoring was not required. While monitoring was not required, the facility did monitor one inmate victim for two months. The other inmate victim was released from custody and thus no monitoring was able to be completed. Additionally, upon



review of the ten allegations (six which did not rise to the level of PREA) that auditor determined that that the facility goes above and beyond and monitors for retaliation on sexual harassment allegations and allegations that do not rise to the level of PREA. Of the eight other allegations, six included monitoring for retaliation. This included periodic status checks as well as a review of discipline, program, work and housing changes. The interview with the staff member charged with monitoring for retaliation indicated that he monitors for retaliation for up to 90 days. He indicated that there is not a maximum amount of time he would monitor an inmate, and that it could be indefinite if the situation warrants. The monitoring staff member stated that he reviews the inmate kiosk activity, phone activity and reviews any discipline. He stated he makes contact with the inmates either in person, over the housing unit phone or through the kiosk periodically. He also stated he would refer them to mental health if needed and provide the advocacy information if needed.

**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 the two closed sexual abuse allegations indicated that both were closed unfounded within a month and thus monitoring was not required. While monitoring was not required, the facility did monitor one inmate victim for two months. The other inmate victim was released from custody and thus no monitoring was able to be completed. Additionally, upon review of the ten allegations (six which did not rise to the level of PREA) the auditor determined that the facility goes above and beyond and monitors for retaliation on sexual harassment allegations and allegations that do not rise to the level of PREA. Of the eight other allegations, six included monitoring for retaliation. This included periodic status checks as well as review of discipline, program, work and housing changes. The interview with the staff member charged with monitoring for retaliation indicated that he monitors for retaliation for up to 90 days. He indicated that there is not a maximum amount of time he would monitor an inmate, and that it could be indefinite if the situation requires. The monitoring staff member stated that he reviews the inmate kiosk activity, phone activity and reviews any discipline. He stated he makes contact with the inmates either in person, over the housing unit phone or through the kiosk periodically. He also stated he would refer them to mental health if needed and provide the advocacy information if needed.

**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. Interviews with the Agency Head Designee and Warden indicated that they would employ the same protective measures as stated previously related to staff and inmates to include, a 90-day monitoring period, housing unit changes, transfers to a different facility, etc.

**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, the facility appears to exceed this standard. While the two sexual abuse allegations reviewed did not require monitoring per the standard based on the timeline and outcome of the investigation, the facility still completed monitoring on one. The other was unable to be done as the inmate was release from custody. Additionally, of the sexual harassment allegations and the allegations that did not rise to the level of PREA, six included monitoring for retaliation. Five of the six were for 90 days and the one that was not was reported in September and as such did not reach the 90-day mark yet, but did have 60-days of monitoring at the time of the audit. The facility makes an effort to ensure inmates feel safe and they ensure that staff and inmates are aware that retaliation is not tolerated.

## **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 no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. A memo from the CM indicated that MacDougall CI does not have a segregated housing unit nor protective custody. A review of the investigative reports for the ten allegations (including those that did not rise to the level of PREA) indicated that none of the victims were involuntarily segregated due to their sexual abuse or sexual harassment allegation. The facility does not have a segregation unit. All inmates are moved to other general population housing units or are transferred to another facility if segregation is required. One inmate was transferred to another SCDC facility to be placed in segregation; however this was not due to the PREA allegation, but rather as a result of a guilty finding for a disciplinary infraction. During the tour, it was observed that the facility does not have a segregated housing unit. All housing is general population in an open bay style. The interview with the Warden indicated that the facility does not have a segregation unit, however the agency does have a policy that prohibits placing inmates in isolation except as a last resort. He also indicated that the facility would avoid transferring an inmate to another facility for the purpose of placing the inmate in segregated housing unless there were no alternatives. No staff who supervise inmates in segregation were interviewed as the facility does not have a segregation unit.

Based on a review of the PAQ, GA-06.11B, the memo, investigative reports, housing logs and the interview with the Warden, this standard appears to be compliant.

## 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. There were four allegations of sexual abuse and six allegations of sexual harassment reported at the facility in the previous twelve months. A review of the ten investigative reports determined that six did not rise to the level of PREA per the definitions. Three staff on inmate sexual harassment allegations were not repeated, one inmate on inmate sexual harassment allegation was not repeated and two staff sexual abuse allegations (voyeurism) were actually part of staff official duties. While the six allegations did not rise to the level of PREA, a prompt and thorough investigation was completed for each. Of the four remaining allegations, three were investigated at the facility level while one was investigated by Police Services. All the reports were thorough, objective and completed promptly. 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 the NIC Investigator Training. A review of training files indicated that all Police Services investigators had received the NIC training as well as 22 facility staff, to include the main facility investigator, the CM.

**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. There were four allegations of sexual abuse and six allegations of sexual harassment reported at the facility in the previous twelve months. A review of the ten investigative reports determined that six did not rise to the level of PREA per the definitions. Three staff on inmate sexual harassment allegations were not repeated, one inmate on inmate sexual harassment allegation was not repeated and two staff sexual abuse allegations (voyeurism) were actually part of staff official duties. While these allegations did not meet PREA definitions, these investigations as well as the four sexual abuse and sexual harassment investigations included an interview of the victim, an interview of the alleged perpetrator (if applicable) and interviews of available witnesses (if applicable). All of the allegations involved collection of either documentation (security rosters and/or housing logs) as evidence or electronic video evidence, if available. One allegation involved the collection of an inmate notebook as physical evidence. 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 two closed sexual abuse investigative reports indicated that all interviews were voluntary and that no compelled interviews were conducted and that none were substantiated or referred for prosecution. 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.

**115.71 (f):** There were four allegations of sexual abuse and six allegations of sexual harassment reported at the facility in the previous twelve months. A review of the ten investigative reports determined that six did not rise to the level of PREA per the definitions. Three staff on inmate sexual harassment allegations were not repeated, one inmate on inmate sexual harassment allegation was not repeated and two staff sexual abuse allegations (voyeurism) were actually part of staff official duties. Of the four remaining allegations, three involved an administrative investigation. A review of the ten closed investigations (including those that did not rise to the level of PREA) noted that all of the allegations were documented in reports that included required elements under this provision. The investigators gathered evidence to include physical and testimonial and a description of the evidence was included in the reports. No reports included a credibility assessment; however the outcome of the evidence was based only on the facts and findings that were found in the reports. 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 (g):** The agency is responsible for conducting criminal investigations. There were four allegations of sexual abuse and six allegations of sexual harassment reported at the facility in the previous twelve months. A review of the ten investigative reports determined that six did not rise to the level of PREA per the definitions. Three staff on inmate sexual harassment allegations were not repeated, one inmate on inmate sexual harassment allegation was not repeated and two staff sexual abuse allegations (voyeurism) were actually part of staff official duties. Of the four remaining allegations, one involved a criminal investigation. A review of the ten closed investigations (including those that did not rise to the level of PREA) noted that the all allegations were documented in reports that included all required elements under this provision. The investigators gathered evidence to include physical and testimonial and a description of the evidence was included in the reports. No reports included a credibility assessment; however the outcome of the evidence was based only on the facts and findings that were found in the reports. 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 two closed sexual abuse investigation indicated that they were unfounded and as such were not 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 eight sexual abuse and sexual harassment investigations from 2014 to present confirmed that all eight were properly retained by the agency.

**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. A review of investigative reports indicated that all ten investigations (including those that did not rise to the level of PREA) were



completed. One allegation involved an inmate being released from SCDC custody to the custody of probation and the investigation was continued and completed.

**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 be compliant.

## 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. A review of the four closed sexual abuse and sexual harassment investigations, as well as the six investigations that did not rise to the level of PREA, confirmed that none were substantiated and that none had evidence that would require a substantiated finding. 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 be compliant.

## 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 indicated that there was one sexual abuse investigation completed within the previous twelve months but that no inmates were notified of the outcome of an investigation. A review of investigations indicated there were two sexual abuse investigations completed within the previous twelve months, however one inmate departed SCDC custody prior to the completion of the investigation. As such, the inmate was unable to be notified of the outcome of the investigation. The other inmate was notified of the outcome of the investigation three weeks after it was concluded. It should be noted that the MCI exceeds this standard by providing notifications for sexual harassment allegations as well as notifications for those allegations that do not rise to the level of PREA. Of the ten allegations (six did not rise to the level of PREA), nine were documented with a notification to the inmate victim of the outcome of the investigation. 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 if the case has been substantiated or if there was a lack of information to substantiate the allegation. He also stated that they let the inmates know that there is zero tolerance for retaliation. The interviews with inmates who reported sexual abuse indicated that one was informed of the outcome of the investigation while the other was not. The inmate who

indicated he was not informed of the outcome reported an allegation many years ago and since that time policies and procedures have changed and improved.

**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. 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. A review of the eight (five allegations that did not rise to the level of PREA) staff on inmate sexual abuse or sexual harassment investigations indicated that three inmates were notified via the SCDC Form 19-165 that a staff member was moved out of their housing unit due the allegation they reported. Of the five that did not include a notification, one involved an inmate that was transferred to another SCDC facility, one involved an inmate that recanted the allegation and one involved a staff member who was on regular days off and the investigation was completed prior to his return. The interviews with the inmates who reported sexual abuse indicated that none were informed of any of the requirements under this provision. Upon review one involved a staff member and the inmate indicated during the interview that the staff member did not work in the housing unit for a few days but did return to that post. This inmate reported his allegation years ago and as such policies and procedures have been changed and improved.

**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. The interviews with the inmates who reported sexual abuse indicated that none were informed of any of the requirements under this provision. Upon review one involved another inmate, but the allegation was unfounded and did not require such notifications.

**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 three notifications under provision (c) of this standard and nine notifications under provision (a) of this standard. A review of investigations confirmed there were two sexual abuse investigations completed within the previous twelve months. One inmate departed SCDC custody prior to the completion of the investigation and as such was unable to be notified of the outcome of the investigation. The other inmate was provided notification three weeks after the conclusion of the investigation. It should be noted that the MCI exceeds this standard by providing notifications for sexual harassment allegations as well as notifications for those allegations that do not rise to the level of PREA. Of the ten allegations (six did not rise to the level of PREA), nine were documented with a notification to the inmate victim of the outcome of the investigation. Additionally, a review of investigative reports confirmed that there has been zero substantiated sexual abuse allegation against a staff member in the previous twelve months. A review of the eight (five allegations that did not

rise to the level of PREA) staff on inmate sexual abuse or sexual harassment investigations indicated that three inmates were notified via the SCDC Form 19-165 that a staff member was moved out of their housing unit due the allegation they reported, this included notifications for allegations of sexual harassment and that did not rise to the level of PREA. Of the five that did not include a notification, one involved an inmate that was transferred to another SCDC facility, one involved an inmate that recanted the allegation and one involved a staff member who was on regular days off and the investigation was completed prior to his return.

**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, the facility exceeds this standard. The standard requires that inmates be notified regarding the outcome of their sexual abuse allegation. The two sexual abuse allegations involved a notification for one, while the other one involved an inmate that was release from custody and was unable to be notified. The facility exceeds this standard due to their notifications for sexual harassment allegations and allegations that do not rise to the level of PREA. All of the eight allegations (sexual harassment and did not rise to the level of PREA) were documented with an inmate victim notification. Additionally, two notifications related to staff were provided to inmates that had allegations of sexual harassment or allegations that did not rise to the level of PREA. During the onsite portion of the audit the CM was preparing a letter related to the outcome of an investigation, to be mailed to an inmate who had departed SCDC custody. This far exceeds the requirements under this standard and is a great effort by the facility to ensure inmate victims are provided appropriate information related to their case.

## 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. Memo Related to Disciplinary Sanctions for Staff
5. 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. Additionally, the memo indicated that there have not been any substantiated reported incidents or reported allegations of sexual abuse or harassment of inmates by staff.

**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. Memo Related to Corrective Action for Contractors and Volunteers
4. 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 and the memo 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 prohibited from having contact with any inmates. Additionally he stated if it was criminal it may result in criminal charged. The Warden stated if it was not a serious violation it may result in additional training and/or constant staff supervision while at the facility.

Based on a review of the PAQ, OP-21.12, the memo, 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. Memo Related to Disciplinary Sanction for Inmates
5. 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 was one allegation of inmate-on-inmate sexual abuse in the previous twelve months and that it was unfounded.

**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 discipline would depend on how serious the allegation was. If it was criminal, then criminal charges would be filed. If it was a violation of policy it could result in sanctions of segregation time or loss of privileges such as canteen and/or visitation. The Warden stated that the sanctions would be based off of the disciplinary hearing process. A review of investigative reports confirmed that there was one allegation of inmate-on-inmate sexual abuse and it was unfounded.

**115.78 (c):** The interview with the Warden indicated that the inmate's mental health would be reviewed to determine if he had any illnesses or disabilities that contributed to his actions. The Warden confirmed that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior. A review of investigative reports confirmed that there was one allegations of inmate-on-inmate sexual abuse and that it was unfounded.

**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. Interviews with mental health staff 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 100% 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. A review of documentation indicated that 24 inmates had reported prior victimization in the previous twelve months. A review of medical and mental health files for a sample of inmates (six) who were identified as disclosing prior victimization during the risk screening indicated that two were completed within the fourteen days. Of the other four, only one was seen by mental health and it was well beyond the fourteen-day timeframe. Interviews with staff responsible for the risk screening indicated that if an inmate reports prior victimization or abusiveness that they would typically be seen by mental health immediately, however it would be within fourteen days. Interviews with the eight inmates identified as disclosing prior victimization indicated that four were either offered a mental health follow up or were

seen by mental health. Of the four that said they were offered mental health, two indicated they saw them within a week, while the other two indicated they saw them within a month. Three of the eight inmates indicated that they did not report that they were previously sexually victimized or previously sexually abused someone and as such no mental health follow up was necessary. The last inmate indicated he reported he sexually abused someone, as it was what he was currently incarcerated for.

**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 indicated that 100% of those inmates who reported previously perpetrating sexual abuse, were seen within fourteen days by medical or mental health. The facility did not have a method to track those that reported prior sexual abuse; however one inmate was identified during the audit. A review of documentation indicated that the inmate did not see mental health, however the prior perpetration was his current incarceration charge and as such he had previously seen mental health. Interviews with staff responsible for the risk screening indicated that if an inmate reports prior victimization or abusiveness that they would typically be seen by mental health immediately, however it would be within fourteen days.

**115.81 (c):** 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 100% 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. A review of documentation indicated that 24 inmates had reported prior victimization in the previous twelve months. A review of medical and mental health files for a sample of inmates (six) who were identified as disclosing prior victimization during the risk screening indicated that two were completed within the fourteen days. Of the other four, only one was seen by mental health and it was well beyond the fourteen-day timeframe. Interviews with staff responsible for the risk screening indicated that if an inmate reports prior victimization or abusiveness that they would typically be seen by mental health immediately, however it would be within fourteen days. Interviews with the eight inmates identified as disclosing prior victimization indicated that four were either offered a mental health follow up or were seen by mental health. Of the four that said they were offered mental health, two indicated they saw them within a week, while the other two indicated they saw them within a month. Three of the eight inmates indicated that they did not report that they were previously sexually victimized or previously sexually abused someone and as such no mental health follow up was necessary. The last inmate indicated he reported he sexually abused someone, as it was what he was currently incarcerated for.

**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 interview with the CM and staff responsible for the risk screening, indicated that information is only available to staff that need to know, such as medical, mental health and the CM.

**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. A review of investigative reports confirmed that no allegations were reported to medical or mental health care staff.

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. A review of documentation evidenced that inmates who disclose prior victimization are not being referred to mental health within the required fourteen-day timeframe. A review of documentation indicated that 24 inmates had reported prior victimization in the previous twelve months. A review of medical and mental health files for a sample of inmates (six) who were identified as disclosing prior victimization during the risk screening indicated that two were completed within the fourteen days. Of the other four, only one was seen by mental health and it was well beyond the fourteen-day timeframe. Additionally, interviews with the eight inmates identified as disclosing prior victimization indicated that four were either offered a mental health follow up or were seen by mental health. Of the four that said they were offered mental health, two indicated they saw them within a week, while the other two indicated they saw them within a month. Three of the eight inmates indicated that they did not report that they were previously sexually victimized or previously sexually abused someone and as such no mental health follow up was necessary. The last inmate indicated he reported he sexually abused someone, as it was what he was currently incarcerated for. Thus, based on documentation and interviews provision (a) 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 documentation showing the process and training. The three identified inmates will need to be offered a mental health follow up and the corresponding documentation will need to be forwarded to the auditor. Additionally, the auditor requests to see at least seven additional follow-ups for newly received inmates who disclose prior victimization or perpetration to ensure the process is systematic and provisions (a) and (c) 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. Process Memo  
Training Documents and Rosters
2. Referral Emails to Mental Health
3. Mental Health Documentation

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provisions (a) and (c). The auditor spoke to the CM and PC via email and phone numerous times related to updates regarding the implementation of the corrective action. On October 19, 2020 the CM provided the auditor with a memo describing the new process for mental health follow ups for inmates who disclose prior victimization or abusiveness. The memo outlined the protocol for medical, mental health and classification. In addition to the memo was a training document utilized to supplement the memo to provide the appropriate staff training and direction on their responsibilities regarding assessments and mental health follow ups. Two training rosters were provided to the auditor on October 19, 2020 that evidenced that all medical, mental health and classification staff reviewed the memo and received training on their responsibilities. On October 22, 2020 the auditor received one example of an inmate who disclosed prior victimization during the initial assessment. A referral email was sent to mental health on the same day of the assessment. The auditor reviewed mental health documents for the inmate

and confirmed that the inmate was seen one day after the referral (October 16, 2020). Additionally, MCCI provided the auditor with three examples of inmates who were at high risk of victimization that were referred to mental health within fourteen day. On February 1, 2021 the auditor was provided three additional examples, one where the inmate disclosed prior victimization and two where inmates disclosed prior perpetration. All three inmates disclosed the information on January 22, 2021. The CM sent an email to mental health the same day (January 22, 2021) as documentation for the referral. Two of the inmates were seen by mental health on February 1, 2021 and one inmate was seen by mental health on January 29, 2021. The four examples provided to the auditor were the only four examples at the facility since the on-site portion of the audit. Since the facility is not an intake center they do not have many instances of disclosure of prior victimization and prior perpetration. All four examples confirmed the new referral process is adequate and systematic and the mental health documents indicate all inmates were seen within the required fourteen-day timeframe. Based on a review of the training documents, the referral emails and the mental health documentation, this standard appears to be corrected and compliant.

## 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. A review of medical and mental health records for the two sexual abuse allegations confirmed one inmate denied the allegation and refused any medical or mental health treatment and the other inmate did not require medical treatment but was offered mental health services. Additionally, a review of the eight other allegation (sexual harassment and did not rise to the level of PREA) indicated that six were offered mental health services. All services were offered in a timely fashion and were within a few weeks. 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 curtains. Medical staff are on-site at the facility Monday through Friday from 7:00am until 8:00pm and on Saturday and Sunday from 6:00am until 7:00pm. 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 one was offered services but denied them and the other stated he was not offered any services.

**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. A review of the two sexual abuse allegations indicated that neither required immediate medical treatment. 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. They indicated a supervisor would be notified and they would secure the crime scene.

**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. A review of the two sexual abuse allegations indicated that one did not involve penetration and the other involved an inmate victim that denied the allegation. As such neither required information or access to sexually transmitted infection prophylaxis. Interviews with medical staff confirm that inmates would receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis. Interviews with the two inmates who reported sexual abuse indicated that none involved penetration and as such they were not offered prophylaxis.

**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. A review of documentation for the inmates who reported sexual abuse or sexual harassment that were seen by mental health indicated that none were charged a co-pay.

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 be compliant.

## **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 are private and allow for confidentiality via curtains. Medical staff are on-site at the facility Monday through Friday from 7:00am until 8:00pm and on Saturday and Sunday from 6:00am until 7:00pm. Any emergency, non-routine or after hour medical and mental health issues require the inmate to be transported to the local hospital. A review of documentation for the ten allegations, including sexual harassment allegations and those that did not rise to the level of PREA, indicated that six were offered mental health 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. A review of medical and mental health records for the two sexual abuse allegations indicated that one inmate denied the allegation and as such refused services and the other inmate did not require medical services but was referred to mental health. Interviews with medical and mental health care staff confirmed that they provide follow up services as deemed necessary. Medical staff advised they provide basic first aid and a non-invasive assessment. Medical also stated they would complete labs when the inmate returned from the hospital for sexually transmitted disease testing. Mental health staff stated that they would provide support services including a clinical assessment, psychiatric referral, trauma counseling and any necessary follow up services. Interviews with inmates who reported sexual abuse indicated that neither were seen by medical and mental health. However the one inmate indicated he refused services.

**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. A review of medical and mental health documentation from the two sexual abuse allegations confirmed that inmates are provided immediate access to medical and mental health services. One inmate victim denied the allegation and as such refused all services and the other inmate victim did not require medical but was referred to mental health. 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.). A review of the two sexual abuse allegations indicated that neither involved penetration or abuse that would involve testing. Interviews with medical staff indicated that inmate victims would be transported to the hospital for a forensic exam and that upon their return staff would complete the necessary paperwork for labs to be drawn for sexually transmitted disease (STD) testing.

**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. A review of documentation indicated that neither of the two sexual abuse allegations involved penetration and as such prophylaxis was not required. Interviews with inmates who reported sexual abuse indicated that that neither inmate had an allegation that involved penetration.

**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 was one inmate-on-inmate sexual abuse allegation within the previous twelve months and it was deemed unfounded. Therefore, due to no substantiated allegations the facility determined there were no "known" abusers. However, MCI takes an advanced approach and has started initiating mental health referrals for all alleged inmate sexual abuse and/or sexual harassment perpetrators. The CM indicated this was a new practice he was implementing. The auditor was able to review one instance where this had recently occurred. 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 be compliant.



## 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 two sexual abuse investigations completed within the previous twelve months. Both of those have been determined to be unfounded. The PAQ indicated that there have been no sexual abuse reviews completed within the previous twelve months. A review of documentation indicated that there were two sexual abuse allegations within the previous twelve months, both of which were unfounded. As such, there were no sexual abuse incident reviews required under this standard.

**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 two sexual abuse investigations completed within the previous twelve months. Both of those have been determined to be unfounded. The PAQ indicated that there have been no sexual abuse reviews completed within the previous twelve months. A review of documentation indicated that there were two sexual abuse allegations within the previous twelve months, both of which were unfounded. As such, there were no sexual abuse incident reviews required under this standard.

**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. The interview with the Warden confirmed that they have not had to do any of these reviews recently but that they would be completed when necessary and that they would 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 were two sexual abuse allegations within the previous twelve months, both of which were unfounded. As such, there were no sexual abuse incident reviews required under this standard. The auditor attempted to review historical sexual abuse incident reviews, however there were no reviews required for the previous twelve months and prior to then there were none completed because there have been limited sexual abuse allegation at MCI. The Warden stated that they would utilize the reviews to make any necessary recommendations for improvements. He indicated this may include methods to eliminate blind spots, identifying a need for additional staff training or plans to improve processes such as inmate movement. The CM indicated that he is part of the review team and that he would assist with the review and forward the information to the PC. He stated that he would be responsible for getting with the management team and working on any recommendations or modifications for improvement that arose from 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 were two sexual abuse allegations within the previous twelve months, both of which were unfounded. As such, there were no sexual abuse incident reviews required under this standard.

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 compliant.

## 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 reported to the PC to track amounts and quantities of sexual abuse and sexual harassment allegations.

**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 it 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:

- 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](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**

February 1, 2021

**Date**

---

<sup>i</sup> Agency and Department are utilized interchangeably in this document.