

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

Interim Final

Date of Report February 5, 2021

Auditor Information

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City, State, Zip: Cypress, TX 77429

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Date of Facility Visit: July 22-23, 2020

Agency Information

Name of Agency:

South Carolina Department of Corrections

Governing Authority or Parent Agency (If Applicable):

Physical Address: 4444 Broad River Road

City, State, Zip: Columbia, SC 29210

Mailing Address: 4444 Broad River Road

City, State, Zip: Columbia, SC 29210

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Agency Chief Executive Officer

Name: Bryan P. Stirling

Email: Stirling.Bryan@doc.sc.gov

Telephone: 803-896-8555

Agency-Wide PREA Coordinator

Name: Kenneth James

Email: James.Kenneth@doc.sc.gov

Telephone: 803-896-6436

PREA Coordinator Reports to: Sallie Elliott, Chief
Legal and Compliance Manager

Number of Compliance Managers who report to the
PREA Coordinator

21

Facility Information

Name of Facility: McCormick Correctional Institution

Physical Address: 386 Redemption Way

City, State, Zip: McCormick, SC 29899

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: C. Anthony Burton

Email: Burton.Tony@doc.sc.gov

Telephone: 864-443-2114

Facility PREA Compliance Manager

Name: Yolanda Turner

Email: Turner.Yolanda@doc.sc.gov

Telephone: 864-443-2114

Facility Health Service Administrator

Name: Victoria Abney

Email: Abney.Victoria@doc.sc.gov

Telephone: 864-443-2114

Facility Characteristics

Designated Facility Capacity:

999

Current Population of Facility:	891
Average daily population for the past 12 months:	825
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:	19-93
Average length of stay or time under supervision:	25.75 Years
Facility security levels/inmate custody levels:	Minimum/Medium/Close
Number of inmates admitted to facility during the past 12 months:	604
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	604
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	476
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
<p>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):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	133
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	19
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0

Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	8
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	137
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	13
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	10
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	8
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	47
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
Medical and Mental Health Services and Forensic Medical Exams	

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: Click or tap here to enter text.)
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?	29
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <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 McCormick Correctional Institution (MCCI), South Carolina Department of Corrections (SCDC) in McCormick, South Carolina was conducted on July 22-23, 2020 to determine initial compliance with the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

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

This is the initial certification audit for the McCormick Correctional Institution. The South Carolina Department of Corrections began the PREA certification process for their facilities in 2018 and is currently in the first 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 facilityⁱⁱ ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received emailed photos on May 24, 2020 confirming that the PREA audit announcement was posted. The photos evidenced the announcement posted in bright neon colors at entrance doors and in the inmate housing areas. The auditor received two letters from an inmate at MCCI. The correspondence was related to how a PREA allegation was handled at another SCDC facility. The auditor spoke with the inmate during interviews.

The auditor requested the below listing 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 first day of the audit (891) 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. 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 the risk screening

Category of Inmates	Number of Interviews
Random Inmates	15
Targeted Inmates	15
Total Inmates Interviewed	30 ¹
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Disability	2
• Inmates who are LEP	3
• Inmates with a Cognitive Disability	1
• Inmates who Identify as Lesbian, Gay or Bisexual	1
• Inmates who Identify as Transgender or Intersex	2
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	4
• Inmates who Reported Sexual Victimization During Screening	2

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across; gender, race, ethnicity shift and post assignments. Staff selected for the specialized interviews were selected across varying factors, when possible. Staff from both day and evening shift were interviewed. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listing depicts the breakdown of staff interviews.

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

¹ Three of the target inmates fell into two specialized categories and as such only 25 total inmates were interviewed, however 30 interviews were conducted.

- 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	1
• Staff who Supervise Inmates in Segregated Housing	1
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1

• Security and Non-Security who Acted as First Responders	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. Antony Burton (Warden)
- Mr. Kenneth James (PREA Coordinator “PC”ⁱⁱⁱ)
- Mrs. Yolanda Turner (PREA Compliance Manager “CM”^{iv})

The on-site portion of the audit was conducted on July 22, 2020 and July 23, 2020. The auditor had an initial briefing with facility leadership and answered questions. After the initial briefing, the auditor reviewed documentation and selected inmates and staff for interviews as well as identified all documentation needed for review. A tour of the facility was conducted on July 22, 2020 and began at 9:30am. The tour including all areas associated with McCormick Correctional Institution, to include, all housing units, the administration building, the chapel, medical, mental health, dental, education and vocation, recreation, the kitchen and dining hall, prison industries and all other common/program areas. 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 1:00pm.

Interviews were conducted on July 22, 2020 and July 23, 2020. 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 133 staff assigned. The auditor reviewed a random sample of 36 personnel and training records that included nineteen individuals hired within the past twelve months. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Additionally, personnel and training files for four contractors as well as training files for five volunteers who have contact with inmates were reviewed.

Inmate Files. On the first day of the on-site phase of the audit, the inmate population was 891. A total of 25 inmate records were reviewed. The records reviewed were of inmates selected to be interviewed via the random interview selection as well as ten inmates that arrived within the previous twelve months.

Medical and Mental Health Records. During the past year, there were fourteen inmates that reported sexual abuse at the facility. The auditor reviewed a sample of eleven of these victim’s medical and mental health files. Additionally, five mental health files were reviewed for inmates who reported prior victimization during the risk screening.

Grievances. The facility indicated that there were three grievances filed within the previous twelve months. The auditor reviewed these three grievances as well as the facility’s grievance log from November 2019 through June 2020. A review of investigative files indicated that three of the files contained grievances related to PREA allegations.

Hotline Calls. The facility has an internal PREA hotline. The auditor tested the hotline during the audit. Additionally, investigative reports confirmed that inmates reported allegations via the hotline within the previous twelve months.

Incident Reports. The auditor reviewed all written information to include emails and reports for the 25 reported allegations.

Investigation Files. Agency or facility investigators complete an investigation for all sexual abuse and sexual harassment allegations. During the previous twelve months, there were 25 allegations reported at the facility. Of the 25, three investigations were still open at the time of the on-site portion of the audit. The auditor reviewed the 22 closed investigations to determine compliance with PREA 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	5	2	7	1
Unfounded	3	1	2	1
Total Allegations	8	3	9	2

Facility Characteristics

McCormick Correctional Institution is a state prison under the authority of the South Carolina Department of Corrections, located at 386 Redemption Way, in McCormick, South Carolina. McCormick Correctional Institution opened in 1987 and is located in McCormick County. MCCI is located approximately 80 miles West of Columbia, South Carolina and approximately 40 miles North of Augusta, Georgia. MCCI is less than 20 miles from the Georgia state line. MCCI is a level three facility. The facility is home to numerous programs to include; literacy, GED, Adult Continuing Education, Alcoholics Anonymous, Second Change Program and Impact on Crime classes. The facility also is home to a prison industries program. This program produces upholstered furniture, modular office systems and powder painting for metal products. In addition to education, vocation and programs, the facility has a Faith and Character housing unit, a Step-Down Program and a Protective Custody housing unit.

Within the secure perimeter are all buildings associated with MCCI including; housing units, visitation, the Chapel, medical, mental health, dental, education, vocation, recreation, commissary, the cafeteria and kitchen and maintenance. The entrance to the facility is through the search area. This building contains a screening area with a metal detector and body scanner. Additionally, a security control room is located in the building where staff and visitors check in and provide identification. Upon exit of the search area is a breezeway with cross fencing that leads to the main building of the institution. This building contains many areas, most of which can only be accessed upon exiting the building. The areas that are part of the building and can be accessed from the inside include; the Wardens office, classification, administrative offices, the staff lounge and visitation. Visitation is indoor only and comprises a large open area with tables, chairs, vending machines and restrooms. The restrooms are equipped with solid doors for privacy. The area also contains cameras and posted PREA information. In addition to the administrative offices, control room and visitation, the building contains a holding cell space. The holding cell contains seating for inmates and has large windows for observation.

The main building at MCCI has numerous other areas, however, in order to gain access to these spaces you have to enter from outside. The first area that is East of the entrance is medical, mental health and dental. The space has a holding area that contains a restroom with a solid door for privacy. The exam rooms and mental health rooms also have solid doors to allow for adequate privacy. Medical records are located in this area and are behind a locked door. Additional inmate restrooms in the area also have solid doors for privacy. Also in this area is the Infirmary or the Assisted Living housing unit. East of the Infirmary is education and vocation. Education comprises numerous classrooms and office spaces. The restroom in education has a solid door to provide adequate privacy. A library and a law library are found in the opposite hallway of education. The restroom has a solid door and PREA information as well as the audit announcement were posted on the bulletin board. Vocation consists of carpentry, automotive and horticulture. Carpentry and automotive are found in the main building at the end of the education and library halls, while horticulture is located behind the maintenance building. The restroom in the vocational area has a solid door to provide adequate privacy. East of education and vocation is the gymnasium, which is a large open space with five basketball hoops and bleachers. The bathroom does not have a door; however the toilets are found in an enclave that cannot be viewed from entrance. Additionally found in the gymnasium are numerous staff offices. East of the gymnasium is the commissary and a barbershop (currently closed and not utilized). The restroom in this area has a solid door and PREA information was posted. The laundry is also found in the commissary building. Laundry is an open area with washers and dryers. The cafeteria is East of commissary. Upon entry into the cafeteria is a large open dry storage area. The cafeteria is a large open area with tables and bench chairs. A serving line is found prior to the kitchen. PREA information was observed to be posted in the cafeteria. The kitchen is attached to the cafeteria and contains all materials and equipment necessary to feed just under 1,000 inmates three meals a day. The kitchen contains a food preparation area, a dish area, a baking area, dry storage, coolers, freezers, kettles and ovens. Civilian staff work in this area and supervise inmate workers. Security staff conduct 30-minute security checks in the area to ensure appropriate supervision. The last section of the main building is maintenance and horticulture. The restroom in this area has a solid door for privacy and a security staff member is assigned to this area for appropriate supervision.

Separate from the main building are the Chapel, green house, three storage sheds, all housing units and the industries building. The Chapel is located Southwest of visitation and is a large open area. The space has PREA information posted and painted on the walls as well as cameras for supplemental supervision. The restroom in the Chapel is equipped with a solid door for privacy. The green house and two storage sheds are located in the horticulture area which is Southwest of maintenance. An additional storage shed is located behind the automotive area. The industries building is located Southwest of the Chapel and Northwest of F4 housing unit. The building is warehouse style and is equipped with necessary materials to construct office furniture. Inmates work in this area and produce office furniture that is sold as part of the prison industries contract. The restrooms have solid doors for privacy and PREA information is posted on the walls. A security staff member is assigned to this area and monitors the inmates while working (typically 6:00am-2:00pm).

East of the housing units is a large recreation yard that inmates participate in outdoor recreation activities.

The facility comprises ten housing units, in six buildings. Housing units comprise general population inmates, assisted living inmates, segregation inmates and protective custody inmates. A breakdown of the housing units and the inmate population that make up each unit is found below. Eight housing units are multiple occupancy cells that hold either nineteen or 140 inmates and two housing units are single cell that hold either 47 or 53 inmates.

F2, F3 and F4 housing units have the same physical plant design and are set up the exact same way, with the exception of the showers in F4. Each building has an A and B side that are separated by an officer's station and doors. Each side is considered a separate housing unit. In addition to the officer's station, the vestibule contains the Lieutenant's office, a classification office and a barbershop. Each building has its' own Lieutenant and classification staff member assigned to handle the specific inmates in the unit. Each unit is a mezzanine style (three tiered) with an open dayroom on the bottom floor. The dayroom consists of benches and televisions and is where inmates participate in leisure activities. Each unit contains eight single man showers that are equipped with shower curtains for privacy. F4A and F4B have the same showers, however they have an open bar stock door that can be utilized to secure inmates in the shower if necessary. Cells are all double bunked and contains beds, lockers, a desk, a bench, a sink and a toilet. The in-cell toilet is recessed behind a wall and provides privacy. Additionally, cell doors are solid with a small observation window. All units have a capacity of 140 and contain cameras and reflective mirrors to provide supplemental supervision. All housing units were observed to have the PREA information and audit announcement posted.

A and B housing units are in the same building but have an officer station, a hallway and doors that separate the units. The building has its own kitchen and holding cell; however the kitchen is not utilized. Both units are two tiered. A unit is Protective Custody (PC) while B unit is Restrictive Housing (RHU). A unit utilizes the first cell as a computer room for the inmates. All cells are single cell with a bed, desk, bench, toilet and sink. The cell doors are solid with a small observation window. The unit has four single showers on each tier, for a total of eight, that are all equipped with shower curtains for privacy. The first tier of the unit is the dayroom which includes tables, chairs and televisions. Additionally, A unit has a room with telephones, kiosks and books. The inmates on the first tier do not interact outside their cells with inmates on the second tier. Each tier has separate times to participate in programs, privileges and normal daily activities. B unit is also single cell with the same room set up and shower set up as A unit. A three-quarter wall runs down the center of B unit to block the view from the one side of the unit to the other side. This assists with curbing communication among the inmates while in RHU. B unit has a computer that is locked behind an enclosure for scheduled inmate use. Both A and B units were observed to have posted PREA information.

The Infirmary/Assisted Living housing unit has a small library and dayroom for the inmates to participate in activities. They also have an outdoor recreation area with a covered shaded space with benches and room for their wheelchairs. The cells are two-man cells with beds, lockers, a sink and a toilet. The doors to the cells are solid with a small window for observation. The housing unit has a single shower with a solid door with a metal flap that can be opened for viewing. The auditor observed that the PREA information and the audit announcement were posted in the unit.

All housing units have PREA reporting information posted in English and Spanish as well as painted in English on the wall. Additionally, the inmate kiosks were observed to have the PREA reporting information and the PREA brochure available. The auditor tested the reporting hotline as well as the advocacy line and reached both services. Video technology is found throughout the facility in housing units and common areas.

Unit	Capacity	Style	Inmate Population
F1A	140	Multiple Occupancy	Character Based Unit (CBU)/Honors Unit
F1B	140	Multiple Occupancy	Character Based Unit (CBU)/Honors Unit
F2A	140	Multiple Occupancy	General Population
F2B	140	Multiple Occupancy	Modification Unit/Faith Based
F3A	140	Multiple Occupancy	General Population
F3B	140	Multiple Occupancy	General Population
F4A	140	Multiple Occupancy	Structured Unit
F4B	140	Multiple Occupancy	General Population
A	47	Single Cell	Restrictive Housing Unit (RHU)
B	53	Single Cell	Protective Custody (PC)
I	19	Multiple Occupancy	Infirmery/Assisted Living

The facility employs 133 staff members. Staff make up three shifts; day shift works from 8:00am-8:00pm, evening shift works from 8:00pm-8:00am and the administrative shift works from 8:00am-4:00pm. The minimum staffing for MCCI is 24 security officers on day shift and 21 on night shift. However, the plan indicates that at a minimum 34 security personnel are required to operate safely and efficiently. Security post assignments include, perimeter, control room, gate, yard, cafeteria and housing units. The facility employs eight contractors and currently has 137 volunteers that provide services to the inmates.

The total capacity of the facility is 999. On the first day of the audit the population at the facility was 891. The facility houses adult male inmates. The age range of the facility's population is nineteen to 93 years of age. The facility houses inmates with custody levels ranging from minimum to close. The average length of stay for inmates at the facility is 25.72 years.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: NA

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 3
List of Standards Not Met: 115.33, 115.41 & 115.81

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 outlines 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. During the site review, the PC demonstrated knowledge of the agency's policies and practices designed to promote sexual safety in the facility.

115.11 (c): The facility's organizational chart reflects that the CM position is the Associate Warden. This position reports directly to the Warden at the facility. The interview with the Compliance Manager indicated that she 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 McCormick
5. Staffing Plan Compliance Checklist
6. Incident Reports
7. 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. Adequate 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 incident of abuse and any other relevant factors. The average daily population since August 12, 2012 is 976 and the staffing plan was predicated off of an average daily population of 925. A review of the staffing plan confirmed that the required factors are included in the plan as well as a detailed outline of the daily schedule to include inmate movement. The staffing plan details the required staffing, the location of staffing and cameras, as well as a breakdown of inmates by age, housing unit, etc. The staffing plan indicates the minimum staffing for McCormick is 24 security officers on day shift and 21 on night shift. However, the plan indicates that at a minimum 34 security personnel are required to operate safely and efficiently. Security post assignments include, perimeter, control room, gate, yard, cafeteria and housing units. The interview with the Warden confirmed that the facility has a staffing plan and it is based off of the National Institute of Corrections (NIC) guidelines. He indicated there are mandatory posts that are required to be manned and that adjustments are made if necessary due to unavailability. The Warden indicated that all required components are included in the plan and that they utilize internal and external audit results as well as the composition of the inmate population, programs occurring on a shift, number of substantiated and unsubstantiated allegations, etc. 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 indicated that the plan is based on American Correctional Association guidelines and that it considers audit results, physical plant, inmate population, programs and activities on each shift, etc.

115.13 (b): The PAQ indicated that each time the staffing plan is not complied with that the facility documents and justifies all deviations. The most common reasons identified for deviation were staff shortage, emergencies and the pandemic. 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 incident reports indicated that deviations were documented to include the date, time and reason for deviation. The interview with the Warden indicated that all deviations are documented on the duty roster. He stated that the duty roster notates which posts are not covered and why they were not covered. He also indicated that incident reports serve as a secondary documentation for deviations.

115.13 (c): The most recent staffing plan was reviewed on May 22, 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 and on the SCDC Form 164 and 164a. A review of the PAQ supplemental documentation as well as a review on-site of two weeks of unannounced rounds indicated that rounds were conducted at least twice in the two-week timeframe by Shift Supervisors on both shifts. Additionally, the Warden, Associate Warden and Major were documented to have conducted unannounced rounds during the weeks as well. During the interviews, staff indicated that they do not announce when they are

doing rounds and they do not have a pattern to conduct rounds. Staff indicated that they go at different times to different locations.

Based on a review of the PAQ, OP-22.48, GA-06.11B, the Institutional Staffing Plan, incident reports of deviations from the staffing plan, the Staffing Plan Compliance Checklist, documentation of unannounced rounds (SCDC 164 & 164a), observations made during the tour and interviews with intermediate/higher level staff, 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 MCCI does not house inmates under the age of 18. While the agency does house youthful inmates, MCCI 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 MCCI does not house inmates under the age of 18. While the agency does house youthful inmates, MCCI 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 MCCI does not house inmates under the age of 18. While the agency does house youthful inmates, MCCI 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. PREA Roll Call Refresher – Working with Transgender Inmates
7. 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 and none were conducted in the previous twelve months.

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 inmates and staff indicated that 24 of the 25 inmates had never been naked in front of a female staff member and all twelve staff stated that inmates have privacy while showering, using the restroom and changing clothes. The auditor observed that all housing units had curtains in the shower areas or doors for privacy. The toilets in each cell allowed for privacy via a small window that could be covered. Fourteen of 25 inmates indicated that staff of the opposite gender announce their presence when entering a housing unit. During the tour, the auditor heard staff make the opposite gender announcement. It should be noted that most housing units were staffed by females during the tour and as such the status quo did not change and the announcement was not required.

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 prisoner’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. A review of the PREA Roll Call Refresher confirms staff are informed that transgender inmates cannot be patted-down or strip searched to determine their anatomy. The PAQ indicated that there have been no searches of this nature within the past twelve months. Interviews with random staff indicated that five of the twelve staff members were not familiar with a policy prohibiting such searches. The

interviews with the two transgender inmates indicated that neither had ever been searched for the sole purpose of determining their genital status.

115.15 (f): OP-22.19, section 13.1 states that security staff shall be trained specifically on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Further, GA-06.09, page 3 indicates that transgender inmates are allowed to indicate in writing which gender they feel most comfortable being searched by to include frisk (pat) searches and strip searches. The PAQ indicated that 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. Interviews with random staff indicated that half did not receive training on cross-gender searches or searches of transgender and intersex inmates. The auditor further reviewed the training documents and spoke with the PC and determined that all inmates are pat searched in the same manner. The agency does not conduct searches of male and female inmates any differently. All searches are conducted in a professional and respectful manner. As such, all inmates, regardless of gender or gender identity are searched the same. A review of a random sample of fourteen training records indicated that all fourteen staff had received the search training. Additionally, the auditor reviewed documents for two transgender inmates that indicated they selected their gender preference for searches.

Based on a review of the PAQ, OP-22.14, OP-22.19, GA-06.09, the Contraband and Searches training curriculum, the PREA Roll Call Refresher, a random sample of staff training records, observations made during the tour to include curtains and doors for privacy and the opposite gender announcement as well as information from interviews with random staff, random inmates and transgender inmates, this standard appears to be compliant.

Recommendation:

The auditor recommends that the facility emphasize certain information during their annual staff PREA training to ensure staff are adequately informed of specific PREA requirements. Due to the low number of staff that confirmed they were aware of the policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining their genital status, the auditor recommended this be a topic that is emphasized during the next PREA training. Additionally, the auditor recommended that the facility add language to their search training to ensure staff are aware that all inmates, including transgender and intersex are searched in the same manner and that it is done so professionally and respectfully.

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 did not provide the auditor with usable information. The three inmates all had cognitive disabilities and indicated that they did not remember anything about their PREA education or any orientation. A review of the three disabled inmate files indicated that they received PREA information and they signed that they understood the information. The television had closed captioning capabilities. During the tour, the PREA signage was observed to be in large text, bright colors and in English and Spanish.

115.16 (b): OP-21.12, section 1.1.3 establishes that inmate orientation and orientation materials will be provided in formats which are accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The facility utilizes LanguageLine Solutions to provide translation services in over 240 languages. A review of the PREA brochure and PREA posters confirmed that information is available English and in Spanish. It was also noted that the information could be translated to other languages when necessary. The interview with the Agency Head Designee confirmed that the SCDC has established procedures to

provide inmates with disabilities and LEP inmates equal opportunity to participate in PREA efforts. She stated that LEP inmates are provided with an orientation video, brochure and PREA signage in Spanish and other languages. The interviews with the four LEP inmates indicated that they received PREA information in a format they could understand. Two of the inmates indicated they received the information in both English and Spanish, while two advised they received it in English but they understood the information. The auditor utilized LanguageLine during two of the LEP inmate interviews and can confirm the service is available and utilized at McCormick CI. A review of the four inmate files indicated that all four received PREA education and signed that they understood the information.

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 three 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 though. 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, the utilization of LanguageLine during the audit, as well as interviews with the Agency Head Designee, random staff, LEP inmates and disabled inmates indicates that this standard appears to be compliant.

Recommendation:

The auditor recommends that the facility emphasize certain information during their annual staff PREA training to ensure staff are adequately informed of specific PREA requirements. Due to the low number of staff that were unaware that inmates would not be utilized as interpreters, readers or assistants, the auditor recommended that this information be emphasized in the upcoming annual PREA training.

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 nineteen staff hired in the previous twelve months confirmed that all staff had a criminal background check completed prior to hiring. Additionally the four contractors reviewed had background checks completed prior to enlisting services and annually thereafter.

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 the nineteen personnel files of those hired in the previous twelve months 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 have been eight contractors at the facility within the past twelve months. Of these 100% have had a criminal background check prior to enlisting services. A review of four 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 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 observed that one housing unit was closed for future renovation. The renovation was not substantial and would not change the current physical plant of the housing unit.

115.18 (b): The PAQ indicated that the facility has not installed or updated current video monitoring technology since the last PREA audit. The facility has cameras placed in all housing units and in common areas, however none have been updated since the last PREA audit. 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 confirmed that the facility utilizes cameras to enhance safety and security and that the facility utilizes their reviews and quarterly meetings to determine if additional cameras are needed in any vulnerable areas or blind spots.

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 the Cumbee Center to Assist Abused Persons
6. Forensic Examination Documentation

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 Self Regional Medical Center. The PAQ indicated that during the previous twelve months, there has been one 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

documentation confirmed that one inmate was transported to Self Regional Medical Center in February 2020 for a SANE exam.

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 the Cumbee Center to Assist Abused Persons. The MOU was executed on April 23, 2018 and outlines the advocacy services the center provides to inmates, to include 24-hour hospital accompaniment during forensic medical examinations. The interview with the inmates who reported sexual abuse indicated that they did not have a victim advocate provided, however the inmates interviewed did not allege sexual abuse with penetration that would require a forensic examination. One of the four inmates did indicate that he was offered the ability to speak to the victim advocate through the CM. The interview with the CM indicated that the facility provides a victim advocate through the MOU with the Cumbee Center. The CM indicated that this is the local rape crisis center for the county and that all advocate must meet the requirements of the center to be a victim advocate.

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 the Cumbee Center to Assist Abused Persons and that they provide advocacy services at Self Regional Medical Center during forensic examinations as well as any required in person visits. The interview with the inmates who reported sexual abuse indicated that they did not have a victim advocate provided, however the inmates interviewed did not allege sexual abuse with penetration that would require a forensic examination. One of the four inmates did indicate that he was offered the ability to speak to the victim advocate through the CM. The interview with the CM indicated that the facility provides a victim advocate through the MOU with the Cumbee Center. The CM indicated that this is the local rape crisis center for the county and that all advocate must meet the requirements of the center to be a victim advocate.

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 Cumbee Center to Assist Abused Persons, documentation of the forensic examination and information from interviews with random staff, inmates who reported sexual abuse and the Compliance Manager, this standard appears to be compliant.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

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

Interviews:

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

Findings (By Provision):

115.22 (a): POL-23.01 and OP-21.12, section 6 outline the administrative and criminal investigative process. OP-21.12 indicates that all allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Division of Investigations shall initiate the investigation, will notify South Carolina Law Enforcement Division (SLED) and the Inspector

General's office when sexual misconduct by staff, contractors or volunteers is alleged. POL-23.01, section 3.2 states that Police Services will be responsible for assigning investigative personnel to all reported criminal acts which are believed to have been committed by SCDC inmates, employees, or others when the crime relates to the agency. The PAQ indicated that there were 24 allegations reported within the previous twelve months, 24 which resulted in an administrative investigation and six that resulted in a criminal investigation. The PAQ expressed that of the investigations, not all were completed. A review of documentation indicated there were 26 allegations reported, one which occurred at another facility and as such was not an MCCI allegation. Thus, during the previous twelve months 25 allegations were reported. Of the 25 allegations, all were referred for investigation. 22 investigations were closed while three criminal investigations were still open. 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 prisoners, staff responsibilities related to sexual abuse and sexual harassment prevention, detection, reporting and response, prisoner's rights to be free from sexual abuse and sexual harassment, the right of prisoners 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 prisoners, how to communicate effectively and professionally with prisoners including lesbian, gay, bisexual, transgender, intersex or gender nonconforming prisoners 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 all twelve received PREA training. Interviews with random staff confirmed that all twelve had received PREA training within the previous year during their annual training. All twelve indicated that the required topics were covered and that they mainly remembered training being about steps to take during an allegation.

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 all twelve of those reviewed received PREA training within the previous year.

115.31 (c): The PAQ indicated that 133 staff (100%) have been trained in PREA requirements and that they receive PREA training annually. The PAQ also indicated that between trainings supervisors update staff on any changes to policy. A review of documentation confirmed that staff received PREA training in

2018, 2019 and 2020. A review of twelve staff training records indicated that eight of the twelve of those reviewed received PREA training the previous two years. Of the remaining four, three were hired in 2019 and had received training in 2019 but had not received their 2020 training yet and one received training in 2018, left the agency in 2019, returned in 2020 and had not yet had annual training in 2020.

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. 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 meets this standard.

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 they 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 145 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of training documents for four contractors and five 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 who to report allegations to.

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. Certification of Prison Rape Elimination Act (PREA) Orientation – SCDC Form 18-78
8. American Sign Language Information
9. Language Line Information
10. School for the Deaf and the Blind Information
11. 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 604 inmates received information on the zero-tolerance policy and how to report at intake. The facility indicated in the PAQ that they had received 604 inmates in the previous twelve month which is equivalent to 100%. A review of documentation indicated that the brochure and the PREA poster have information on the zero-tolerance policy and the reporting methods. The auditor reviewed information from the PC indicating that the PREA brochure is provided in paper format at the reception facilities and that inmates are informed that the brochure is available on the kiosk. The documentation indicated that all inmates have access to the kiosk upon entry to MCCI and as such the brochure is available for the inmate population. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Additionally, PREA posters and PREA information was observed to be posted and painted throughout the facility. The interview with intake staff indicated that two worksheets are utilized during intake. Staff read the worksheets to the inmates explaining what is considered sexual abuse and sexual harassment, what is and is not permitted, what to look out for and how to report. She advised that they then ask the inmates if they have any questions. The intake staff member did state that she knows the information is supposed to be provided within 72 hours, however they have not done it since she has been at the facility. She indicated that they had not really been doing inmate orientation and had just started back with it at the end of 2019. She advised they were attempting to catch up all orientation but that COVID19 happened. Of the 25 inmates that were interviewed, 21 indicated that they received PREA training at some point, while eleven indicated it was either the first day or within the first few days.

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 at the time of intake and as such, all inmate received

comprehensive education during intake (within ten days of arrival). The PAQ indicated that 476 inmates received comprehensive PREA education within 30 days of intake. The facility indicated in the PAQ that they had received 476 inmates in the previous twelve months whose length of stay was for 30 days or more, indicating that 100% had received comprehensive education. The comprehensive education is completed during intake (initial orientation). A review of a sample of seventeen inmate files that were received within the previous twelve months indicated that three of those reviewed were documented with receiving comprehensive PREA education within 30 days. Documents indicated that inmates received comprehensive PREA education via a video, but that it was typically months after their arrival. The auditor spoke with the PC and CM related to the documentation. Both indicated that the facility had changes in the CM twice and that under both inmate education and orientation fell to the way side. Additionally, they indicated that central office had advised all of classification to focus on auditing inmate release dates due to an issue they had in 2019. This meant that inmate education and orientation was not a priority. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Additionally, PREA posters and PREA information was observed to be posted and painted throughout the facility. The interview with intake staff indicated that two worksheets are utilized during intake. Staff read the worksheets to the inmates explaining what is considered sexual abuse and sexual harassment, what is and is not permitted, what to look out for and how to report. She advised that they then ask the inmates if they have any questions. The intake staff member did state that she knows the information is supposed to be provided within 72 hours, however they have not done it since she has been at the facility. She indicated that they had not really been doing inmate orientation and had just started back with it at the end of 2019. She advised they were attempting to catch up all orientation but that COVID19 happened. Of the 25 inmates that were interviewed, 21 indicated that they received PREA training at some point, while eleven indicated it was either the first day or within the first few days.

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 three inmates who were housed at MCCI prior to 2013. A review of those inmate's record indicated that all three had received comprehensive PREA education and that they received it most recently in 2020. All inmates who transfer facilities within the SCDC receive PREA education at each facility. Inmates receive PREA information at MCCI related to the agency's PREA policies and procedures and related to the specific advocacy and reporting methods for MCCI. Interviews with intake staff indicate all inmates receive PREA education through a video and two worksheets.

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 did not provide the auditor with usable information. The three inmates all had cognitive disabilities and indicated that they did not remember anything about their PREA education or any orientation. A review of the three disabled inmate files indicated that they received PREA information and they signed that they understood the information. The interviews with the four LEP inmates indicated that they received PREA information in a format they could understand. Two of the inmates indicated they received the information in both English and Spanish, while two advised they received it in English but they understood the information. A review of the four inmate files indicated that all four received PREA education and signed that they understood the information. The auditor utilized LanagueLine during two

of the LEP inmate interviews and can confirm the service is available and utilized at MCCI. 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 and the comprehensive education are completed at the same time. It is completed after the inmate receives the required information and signs the SCDC 18-78 form. This form is then maintained in the inmates file. A review of seventeen 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.

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 had PREA information via the inmate orientation, PREA brochure and PREA signage. During the tour, the auditor observed the PREA signage posted in common areas and housing units. Additionally, PREA reporting information was painted throughout the facility. Numerous inmates made reference to the posted materials during their interviews.

Based on a review of the PAQ, OP-21.04, OP-21.12, the video, the brochure, 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 and random inmates, this standard appears to need corrective action. While inmates are provided PREA information at the facility, it is not being completed in a timely manner. Zero of the seventeen inmate files reviewed had documentation of inmates receiving PREA information at the time of intake and only three had documentation indicating they received the comprehensive PREA education within the required 30 days. While all inmates were documented to have received PREA information, most were completed three to four months after they arrived at the facility. Additionally, interviews with intake staff, the PC and the CM indicated that inmate orientation has not been a priority for a while due to other agency concerns and as such inmates were not receiving the required information in the appropriate timeframe. Based on this information the facility will require corrective action to come into compliance with this standard. Specifically, provisions (a) and (b) will required the corrective action.

Corrective Action

The auditor suggests the facility create a plan related to how to ensure inmates receive comprehensive education within the required 30 days. With regard to provision (b), the auditor suggests the facility create a plan to ensure inmate orientation, to include comprehensive PREA education is completed timely for all inmates. This may require weekly orientation classes to cycle through all transferred inmates. Inmates should sign the appropriate SCDC 18-78 within the 30 days. Additionally, the auditor suggests that the necessary staff be trained on these processes and sign that they received the training and understand their responsibilities. The auditor will require that a memo be provided explaining the intake and comprehensive PREA education plan for MCCI. The auditor will require that training documents be sent for the necessary staff related to that process. The auditor will need to see that all current inmates have been educated and will need a sample of at least 25 records of newly received inmates, showing that they received PREA information at intake and then the comprehensive in the required 30 days.

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 Emails
2. Training Documents
3. Inmate Education Documents

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (b). 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 July 28, 2020 an email was sent from the Director of the Division of Classification and Inmate Records to all classification staff at MCCI. The email outlines the requirements of ensuring that PREA orientation (comprehensive PREA education) is provided within fourteen days of arrival. Additionally, the email indicated that MCCI had implemented the process of completing PREA orientation at the facility each Friday. On November 24, 2020 the auditor received a process memo from the CM outlining that inmates are to be provided comprehensive PREA education either in person or via video within 30 days of arrival. The memo was signed by the Classification Case Manager indicating she is aware of her responsibilities. On January 25, 2021 the auditor was provided documents for eighteen inmates received from July 2020 through January 2021. A review of documentation indicated that three inmates received comprehensive PREA education at MCCI. An additional seven had prior PREA comprehensive education completed at another SCDC facility. It should be noted that all policies and procedure across the SCDC are the same with the exception of the victim advocate information. The auditor was not provided any comprehensive education, either at MCCI or any other SCDC facility for eight of the eighteen inmates. Additionally, the auditor was not provided information confirming all inmates at MCCI had received comprehensive PREA education. Based on a review of the provided documentation the auditor is unable to place this standard in compliance. MCCI did not provide the auditor documentation that all inmates at the facility received comprehensive PREA education. Additionally, only three of the eighteen inmate records reviewed confirmed that inmates received comprehensive PREA education at MCCI. As such, the process outlined in the process/education memo provided to the auditor was not being followed. While the auditor identifies that COVID-19 and other facility emergencies have occurred during the corrective action period, the comprehensive PREA education process at MCCI is not systematic. Further corrective action is required for this standard.

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 the two facility investigators to include the CM.

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 29 investigators who complete sexual abuse investigations. Of the 29, 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 the two facility investigators to include the CM. 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 ten 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 those reviewed 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 placed in their employee 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 annual employee training and signed the roster.

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 addresses 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 intake area. The risk screening is conducted in an office setting and allows for adequate privacy. Interviews with 25 inmates confirmed that seventeen remember being asked the risk screening question. Most indicated they had been asked them many times while incarcerated with SCDC and that they were asked between a few weeks to a few months after arrival at MCCI. A review of documentation indicated that while inmates remember being asked risk screening questions, the majority of them are being asked at other facilities not at MCCI. Documentation from seventeen inmates that arrived within the previous twelve months indicated that three received an initial risk screening at MCCI. Of the three, one was completed within the 72-hour timeframe. The interview with the staff responsible for the risk screening indicated that inmates are screened at intake for their risk of sexual victimization or sexual abusiveness. Further discussion with the PC and CM indicated that medical is responsible for the initial risk screening and that it should be conducted during intake.

115.41 (b): OP-21.04 addresses 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. The PAQ indicated that inmates are screened within this timeframe and that 604 inmates were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 604 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 documentation for seventeen inmates that arrived within the previous twelve months indicated that three received an initial risk screening at MCCI. Of the three, only one was completed within the 72-hour timeframe.

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 most of the questions require a yes or no response from the inmate. The staff stated that they ask questions such as whether they identify as LGBTI, if they have ever been sexually abused, the nature of their crime, if they fear for their safety, whether they have a disability, their history of committing sexual abuse, etc.

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 most of the questions require a yes or no response from the inmates. The staff stated that they ask questions such as whether they identify as LGBTI, if they have ever been sexually abused, the nature of their crime, if they fear for their safety, whether they have a disability, their history of committing sexual abuse, etc.

115.41 (f): OP-21.04, pages 8 and 33, indicate 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. The PAQ indicated that the facility requires inmates to be reassessed and that 476 inmates were reassessed within 30 days. The PAQ indicated that 476 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 supposed to be reassessed within 30 days. Interviews with thirteen inmates who arrived within the previous twelve months indicated that only five inmates remember being asked the risk screening questions more than once. Three of these inmates indicated that they have been asked multiple times while in SCDC and that they typically are asked these questions during their annual review. A review of documents for seventeen inmates received within the previous twelve months indicated that only three had an initial assessment and of those three none had a reassessment. Documents illustrated that all the inmates have had a risk assessment, however most that arrived within the previous six months did not have one at MCCI. Of those that arrived in the previous twelve months, a few had risk assessments completed at MCCI but they were completed six to eight months after arrival. A discussion with the PC and the CM indicated that reassessments are completed by classification and that they just recently (within the last few months) sent out direction on completing 30-day reassessments. The PC indicated that prior to a few months ago, reassessments were not being done across the board at SCDC institutions.

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 thirteen inmates who arrived within the previous twelve months indicated that five remember being asked the risk screening questions more than once. A review of the eleven 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 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 MCCI 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 seventeen inmate files indicated that only one inmate was

screened during their initial intake and only two others were initially assessed within 30 days of arrival at MCCI. Thus, evidence shows that inmates are not being screened initially at MCCI and only one out of the seventeen reviewed was screened within the required 72-hour timeframe. Provision (f) requires that inmates be reassessed for their risk of victimization or abusiveness within 30 days of arrival. Reassessment cannot be conducted if an initial assessment was never conducted. A review of seventeen inmate files indicated that none were reassessed within the 30-day timeframe. While five inmates indicated that they were asked the risk screening questions multiple times, most of those were completed at other facilities within the SCDC. Interviews with the PC and CM 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 25 initial assessments and 25 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. Email and Re-assessment Tracking Log
4. Initial Assessment Documentation
5. 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 July 28, 2020 the auditor was forwarded an email from the Director of the Division of Classification and Inmate Records that was sent to MCCI classification staff. The email indicated that MCCI staff would begin assisting with completing all past due 30-day reassessments. On July 31, 2020 the CM provided the auditor with a copy of an electronic tracking log of inmates at MCCI that had all outstanding 30 days reassessment. The email paired with the log indicated that all current inmates at MCCI had received a 30-day reassessment and that all outstanding reassessments were completed. The auditor received a memo describing the process for initial assessments and reassessments on November 24, 2020. The memo was signed by the CM, Health Care Authority (HCA) and Classification Case Manager (CCM) related to their responsibilities. The memo stated that the CM will review the list of arrivals daily and notify medical staff. The HCA will ensure a member of the medical staff conduct the initial review within 72 hours and enter the findings in the automated system. The CM will then ensure that 100% of the initial assessments are completed before notifying classification of the re-assessments. The CM will then forward a list of new arrivals to the CCM weekly. The CCM will then notify the CM that the assessments have been completed. On January 25, 2021 the auditor received eighteen examples of inmates received from July 2020 through January 2021. A review of the documentation indicated that two inmates had received an initial assessment within 72 hours and a re-assessment within 30 days. One inmate received a 30-day re-

assessment; however an initial assessment was not completed. It should be noted that the majority of the inmates had been at MCCI previously and were transferred for medical purposes and were returning back to MCCI. Some of these inmates were gone for a week or two, while others were gone for months. While inmates who leave for a few weeks are not required to go back through the initial and re-assessment process, they should at least receive an initial assessment to determine if anything has changed while they were gone for medical purposes. None of the inmates who returned for medical purposes were offered an initial assessment upon return. Based on a review of the provided documents, only three inmates were provided the required assessments under this standard. Additionally, the documentation confirms that the process as outlined in the memo is not being followed. As such, the auditor is unable to place this standard into compliance. Further corrective action is required.

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 the risk assessments are utilized to keep inmates safe and house them accordingly. The CM indicated that any inmate who reports past sexual abuse is placed on a special tracking log. She advised she keeps an eye on the inmates on the log and watches to ensure they remain safe. A review of inmate files and of inmate housing and work assignments for the inmates who reported prior victimization (risk screening and while in SCDC custody) as well as the inmates who identified as LGBT confirmed that inmates at high risk of victimization were not placed in a cell with inmates at high risk of being sexually abusive. Additionally, they did not participate in work or program assignments at 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 indicates that each inmate receives a risk screening and that the screening results are used for individual housing compatibility. Staff stated that they would not house a predator with an inmate who is vulnerable.

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 was housing two transgender females. 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. A review of documentation for the two transgender inmates at the facility indicated that they both had been evaluated by the Gender Dysphoria Multi-Disciplinary Team and were determined to be best housed at a male facility. The interviews with the transgender inmates indicated that both had been asked about their safety by staff. The interview with the CM indicated that there is a committee in headquarters that meets monthly and discusses housing and treatment plans for transgender and intersex inmates. She indicated they make decision on a case by case basis and that they determine where the inmate should be housed (with regard to male or female facility).

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. A review of documentation indicated that the transgender females had biannual assessments completed in 2019 and

one assessment completed in 2020. The one inmate was reviewed in January 2019, May 2019 and July 2020. The other inmate was reviewed in May 2019, September 2019 and June 2020. An additional review of 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 CM and the staff responsible for risk screening indicated that biannual reviews are completed by the Gender Dysphoria Multi-Disciplinary Team. Additionally, reviews are also completed at the facility level for transgender and intersex inmates.

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 inmates' views of their own safety are given serious consideration. The interviews with the transgender inmates indicated that both were asked about their views with respect to their safety and were asked about their housing preference.

115.42 (f): GA-06.11B, page 4, states that transgender and intersex inmates will be given the opportunity to shower separately from other inmates. During the tour it was confirmed that all showers were single person showers and had curtains for privacy. The interview with the CM and the staff responsible for risk screening confirmed that transgender and intersex inmates can shower separately. The CM indicated that all showers are single person showers and that they all are equipped with shower curtains for privacy. The interviews with the transgender inmates indicated that they have the opportunity to shower separately.

115.42 (g): The facility does not have a method to track LGB self-identified inmates, however one LGB inmate was identified through speaking to inmates. A review of housing assignments for the LGB inmate as well as the two transgender inmates indicated that these inmates were assigned to two dorms in the facility. Two of the inmates were assigned to Protective Custody, however it was not due to their LGBTI status, but rather other issues they were having. The interview with the LGB inmate indicated he did not feel he was placed in a unit strictly for LGBTI inmates due to his sexual preference. The interviews with the PC and CM confirmed that LGBTI inmates are not placed in one specific housing unit.

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 segregation is only utilized as a last resort. He indicated they have not utilized it for this purpose since he has been at the facility. A review of housing records for seven inmates at high risk of victimization indicated that only one was in the Restrictive Housing Unit and that placement in the RHU was not due to risk of victimization but rather another administrative issue.

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 facility's RHU. One high risk inmate was observed to be in the RHU; however it was for another administrative purpose and not because of the risk of victimization. The interview with staff who supervise inmates in segregated housing indicated that they would be provided access to programs and privileges at the extend that staffing would allow. He also stated that any restrictions would be documented on the log book and an email would be sent to the CM.

115.43 (c): The PAQ indicated that no inmates were assigned to involuntary segregated housing longer than 30 days while awaiting alternative placement. A review of documentation indicated no inmates were held in involuntary segregation for 30 days or more due to their risk of sexual victimization. The interview with the staff who supervise inmates in segregated housing indicated that inmates would only remain in the RHU until an alternative means of separation could be arranged and that it typically would not exceed 30 days. The interview with the Warden indicated that the RHU is utilized as a last resort and that the inmate would only remain in RHU for the least amount of time possible and only until another place could be found to put the inmate.

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 RHU is utilized as a last resort and that the inmate would only remain in the RHU for the least amount of time possible and only until another place could be found to put the inmate.

115.43 (e): The PAQ indicated that every 30 calendar days, the facility shall afford the inmate a review to determine whether there is a continuing need for separation from the general population. The interview

with the staff who supervise inmates in segregated housing indicated that there is a board that reviews inmates in the RHU at least every 30 days.

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

Interviews:

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

Site Review Observations:

1. Observation of PREA Reporting in all Housing Units

Findings (By Provision):

115.51 (a): OP-21.12, page 3, indicates that inmates incarcerated in an 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 and PREA Refresher indicate 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. 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 painted on walls around the facility. Interviews with inmates confirm that all 25 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, through a staff member or on the kiosk. 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 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 and can also call the Cumbee Center. SLED reports the information back to the PC who then forwards it to the CM or to Police Services. The Cumbee Center would only report back to the facility if the inmate released the information. The Cumbee Center would then contact the CM at MCCI. 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 or the Cumbee Center 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. Numerous inmates did indicate that information on reporting was posted and painted on the walls. 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 an 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 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 take appropriate initial steps. The PAQ indicates that staff accept all reports and that they document any verbal allegations of sexual abuse or sexual harassment as soon as possible. A review of the brochure and PREA Refresher indicate 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. Interviews with inmates confirm that all 25 inmates were aware of at least one method to report sexual abuse and sexual harassment. Interviews with staff indicate that they accept all allegations of sexual abuse and sexual harassment, that they immediately report any allegation to their supervisor and that they document the allegation.

115.51 (d): The PAQ indicates that the agency has a procedure for staff to privately report sexual abuse and sexual harassment of inmates. Interviews with staff indicate that they can privately report sexual abuse and sexual harassment of inmates to the CM, through the hotline, by writing an incident report and providing it directly to their supervisor or through the SCDC website.

Based on a review of the PAQ, OP-21.12, the Sexual Abuse Response Protocol, the brochure, the PREA Refresher, PREA signage, 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 grievance of sexual abuse filed in the previous twelve months. The PAQ indicated that the grievances were all completed within the 90-day timeframe. A review of the three grievances indicated that once a grievance is received the information is forwarded to the facility's CM via a memo. This serves as the notification for the CM to initiate an investigation and immediately make contact with the inmate. One grievance was received on July 22, 2019, was forwarded to the CM on the same day and was referred for investigation on July 22, 2019 as well. The investigation concluded on August 12, 2019 and as such the inmate was provided a response. The second grievance was received on September 5, 2019, forwarded to the CM on September 12, 2019 and referred for investigation on November 5, 2019. The investigation was concluded on December 12, 2019. It should be noted the inmate had an initial interview on November 5, 2019 and thus the response related to the grievance being referred for investigation was within the 90 days. The final grievance was received on October 10, 2019 and was forwarded to the CM the same day. An investigation was initiated on November 5, 2019 and concluded on November 14, 2019. A review of the grievance tracker indicated no additional PREA grievances were filed during the previous twelve months.

115.52 (e): GA-01.12 outlines the grievance process for third parties which states that 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 grievances and the grievance tracker indicated that no grievances were 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 grievances and the grievance tracker indicated that no emergency PREA grievances were filed in the previous twelve months.

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 three grievances and a review of the grievance tracker 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 Cumbee Center to Assist Abused Person (CAAP)
4. Let's Talk About Safety Brochure
5. PREA Poster

Interviews:

1. Interview with Random Inmates

Site Review Observations:

1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53 (a): GA.06.11B, page 4, states that inmates will have access to available outside victim advocates for emotional support. 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 PREA poster as well as the brochure indicated that inmates are provided a 24-hour hotline number (803-649-0480), a speed dial number (*63) and an address (254 Beaufort Street NE, Aiken, SC 29801) to contact the center for emotional support services. During the tour the auditor observed that all PREA signage contained the phone number to the Cumbee Center and described their services. Interviews with inmates indicated that six were familiar with the victim advocacy/emotional support information. Interviews with inmates who reported sexual abuse indicated that three were provided information related to advocacy or told about the information. One inmate was not sure about advocacy information. While most inmates did not indicate they were familiar with the advocacy information, the majority of the inmates indicated that they knew that there was information posted and painted around the facility. The victim advocacy information is contained on the brochure, is painted on the walls and is on a poster that is hung in bright purple across the facility. Therefore, inmates are provided this information individually on the brochure and it is posted all over the facility for their review. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): The PAQ indicated that inmates were informed of the extent to which their communication would be monitored and the extent that reports of abuse would be forwarded to authorities, prior to giving them access. GA-06.11B indicates that any monitored communications of inmates, recording or live streaming of conversations with advocacy centers, will be expressed to inmates and/or others prior to authorization for use. Interviews with inmates indicated that six were familiar with the victim advocacy/emotional support information. Interviews with inmates who reported sexual abuse indicated that three were provided information related to advocacy or told about the information. One inmate was not sure about advocacy information. While most inmates did not indicate they were familiar with the advocacy information, the majority of the inmates indicated that they knew that there was information posted and painted around the facility. The victim advocacy information is contained on the brochure, is painted on the walls and is on a poster that is hung in bright purple across the facility. Therefore, inmates are provided this information individually on the brochure and it is posted all over the facility for their review.

115.53 (c): The agency has a MOU with the Cumbee Center to Assist Abused Person that indicates an agreement between the parties for services including, contact information for CAAP, crisis counseling sessions, any necessary follow up and any other required support or advocacy services. A review of the MOU indicates it was signed and executed on April 23, 2018. The interview with the Cumbee Center staff member confirmed that they have an MOU and provide services to MCCI. The staff member advised they offer crisis counseling, crisis intervention, hospital accompaniment, hotline services and educational

services. She indicated that the hotline is 100% confidential and that they also have a mailing address that inmates can send correspondence.

Based on a review of the PAQ, the brochure, the poster, the MOU with the CAAP, observations from the facility tour related to PREA signage and posted information and information from interviews with random inmates and the staff member from the Cumbee Center 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) 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 report to their supervisor.

115.61 (b): GA.06.11, page 5, states that staff will only share information related to the incident with those people who need to know in order to ensure the alleged victim's safety, conduct the investigation, or provide treatment to the alleged victim or alleged perpetrator. The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management. Interviews with staff indicate that when they learn of an allegation they report to their supervisor and complete an incident report.

115.61 (c): Interviews with medical and mental health care staff confirmed that they are required to report all allegation of sexual abuse that occurred within a confinement setting to security. 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 he did not believe there were any mandatory reporting laws but that it would be reported and investigated by the agency.

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. A review of sexual abuse allegations indicated that there was one allegation reported through a third party and was investigated.

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 two times where an inmate was determined to be at risk of imminent sexual abuse. After review and discussion it was determined that the inmates were not at imminent risk, but rather reported an allegation. Thus, this information pertains to standard 115.64 rather than 115.62. No inmates were determined to be at imminent risk of sexual abuse within the previous twelve months. The interview with the Warden indicated that the facility would remove the inmate from the situation and consider the best place to house the inmate and what programs he should be referred. 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 they would remove the inmate from the situation by separating and potentially place the victim in Protective Custody.

Based on a review of the PAQ, OP-21.12 and interviews with the Agency Head Designee, Warden and random staff indicate that 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
5. Memos Related to Allegations

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 one instance where an inmate reported that he was abused while confined at another facility. The facility where the abuse allegedly occurred is no longer operational and as such a notification could not be made. An investigation was completed at MCCI related to the information that was provided.

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 one instance where an inmate reported that he was abused while confined at another facility. The facility where the abuse allegedly occurred is no longer operational and as such a notification could not be made. An investigation was completed at MCCI related to the information that was provided.

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 one instance where an inmate reported that he was abused while confined at another facility. The facility where the abuse allegedly occurred is no longer operational and as such a notification could not be made. An investigation was completed at MCCI related to the information that was provided.

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 three reports from other facilities that an inmate reported that

he was abused while confined at MCCI. A review of documentation indicated that there were actually five allegations reported from other facilities that inmates reported they were abused while at MCCI. A review of allegations confirmed an investigation was initiated for all five and that three were currently closed. 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 agency would contact the SCDC and that an investigation would commence. He indicated he has not had any reported to him since he has been the Warden at the facility.

Based on a review of the PAQ, OP-21.12, GA-06.11B, a review of documentation from the one outside facility allegation, a review of investigative reports 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. PREA Coordinated Response Protocol
4. SCDC Sexual Abuse Response Checklist
5. 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 PREA Coordinated Response Protocol also describes the first responder duties to include protecting the inmate from harm, separating the potential victim from the perpetrator, securing the crime scene and requesting/ensuring the victim and alleged perpetrator refrain from actions that could destroy evidence. The PAQ indicated that during the previous twelve months, there have been nine allegations of sexual abuse. Of those, all nine required the separation of the alleged victim and abusers and two occurred within a timeframe that allowed for the collection of physical evidence. A review of the investigative reports indicated there were actually eleven closed allegations of sexual abuse and three open investigations of sexual abuse within the previous twelve months. Of the eleven, five were reported at another institution and as such no first responder duties were required. Of the remaining nine allegations, all involved the victim and perpetrator being separated through housing changes. The PAQ indicated that two allegations were reported in a timeframe where evidence could still be collected. A review of investigative reports indicated that one involved penetration and the inmate was transported to the local hospital for a forensic examination and evidence collection. The other allegation involved evidence collection; however it was related to possible retaliation not the actual sexual abuse allegation. Interviews with first responders indicated they are well versed on their duties. They stated that they would separate the inmates, secure the crime scene, report to their supervisor, not allow the inmates to destroy evidence, escort the inmate to medical and take any further steps to protect the victim. All random staff interviewed indicated they would separate the inmates and preserve the crime scene. Most indicated (with some prompting) that they would ensure evidence on the inmates was preserved. The interviews with inmates who reported sexual abuse indicated that they all believed security staff responded 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 has been one allegation 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 the investigative report confirmed that the non-custody staff member notified security immediately. There was no indicated whether the staff member instructed the inmate victim not to destroy any physical evidence. The interviews with first responders confirmed that they were aware of their first responder duties. The non-security staff member stated that she would immediately notify security staff. All random staff interviewed indicated they would separate the inmates

and preserve the crime scene. Most indicated (with some prompting) that they would ensure evidence on the inmates was preserved.

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 coordinated response plan.

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. Sexual Abuse Retaliation Monitoring Form 19-182
5. Monitoring for Retaliation Tracker

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 there is no tolerance for retaliation. He indicated that the CM follows up with the inmate for 90 days and that housing changes, facility transfers, removal of staff, posts changes for staff and other actions can be taken to protect against retaliation. The interview with the staff member charged with monitoring retaliation indicated that she tries to protect the victim. She will check with the victim on a monthly basis for up to 90 days. She stated that she has the ability to check prior reports, move housing and transfer inmates to other facilities if necessary. She stated that if the alleged perpetrator is staff member they ensure contact is avoided to prevent any retaliation. The interviews with inmates who reported sexual abuse indicated three of the four felt safe from retaliation. The one who

didn't, indicated he felt he would be retaliated against due to his religious affiliation, which did not pertain to his sexual abuse allegation.

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 eleven closed allegations of sexual abuse and the three open investigations of sexual abuse indicated that four were reported at another facility and as such monitoring could not be conducted and was not applicable. The six 2019 sexual abuse allegations did not contain any monitoring for retaliation. The current CM did not arrive to the facility until February 2020 and prior to her arrival monitoring was not being conducted. The four 2020 sexual abuse allegations included three instances of complete monitoring and one instance where the allegation was unfounded prior to 30 days. While prior to February 2020 monitoring was not being conducted appropriately, the current CM has gone above and beyond with monitoring by not only monitoring sexual abuse victims but also monitoring sexual harassment victims. The CM has a retaliation monitoring tracking log she utilizes to ensure monitoring is completed on time. The current process has corrected the prior issues and is evidence to be compliant since February 2020. The interview with the staff member charged with monitoring for retaliation indicated that she monitors for retaliation for up to 90 days but can extend it as far as 180 if she feels it necessary. She indicated the maximum amount of time she would monitor could be up to a year. The monitoring staff member stated that she looks at body language, demeanor, disciplinary reports, housing changes, program change, excessive absences for staff, grievances and speaks to mental health to see if they have any insight or if they have had an increase in appointments with the victim. She also stated she speaks to the inmate and asks about any issues.

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 eleven closed allegations of sexual abuse and the three open investigations of sexual abuse indicated that four were reported at another facility and as such monitoring could not be conducted and was not applicable. The six 2019 sexual abuse allegations did not contain any monitoring for retaliation. The current CM did not arrive to the facility until February 2020 and prior to her arrival monitoring was not being conducted. The four 2020 sexual abuse allegations included three instances of complete monitoring for the 90 days period and one instance where the allegation was unfounded prior to 30 days. The interview with the staff responsible for monitoring indicated that she meets with the inmate and asks about any retaliation issues.

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, the retaliation monitoring tracker and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, this standard appears to be compliant.

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 review of the investigative reports for the eleven closed sexual abuse allegations and the three open sexual abuse allegations indicated that none of the victims were involuntarily segregated due to their sexual abuse or sexual harassment allegation. Four of the inmates reported at another facility and as such were not housed at MCCI. The remaining ten had four that involved a staff member and six that involved other inmates. The four that involved staff did not require the inmate housing to be changed, the six involving other inmates either had the perpetrator moved to another housing unit or to the RHU or the victim moved to another housing unit that was not the RHU. During the tour, it was observed that there were no inmate victims of sexual abuse in restrictive housing as a means of involuntary protection or segregation due to an allegation of sexual abuse. The interview with the Warden indicated that the segregation is only utilized as a last resort. He indicated they have not utilized it for this purpose since he has been at the facility. The interview with the staff who supervise inmates in segregated housing indicated that inmates would only remain in the RHU until an alternative means of separation could be arranged and that it typically would not exceed 30 days. He also stated that any restrictions would be documented.

Based on a review of the PAQ, GA-06.11B, investigative reports, housing logs and interviews with staff who supervise inmates in segregated housing and the Warden, this standard appears to be compliant.

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 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 SCD 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 fourteen allegations of sexual abuse and eleven allegations of sexual harassment reported at the facility in the previous twelve months. Of those, three sexual abuse allegations still remain open. A review of the 22 closed investigations noted that all 2020 investigative reports were thorough, objective and prompt. The 2019 investigations completed by Police Services were also thorough, objective and prompt. The review evidenced that the 2019 investigations completed by the facility investigator were inadequate. Investigations did not contain detail, did not indicate what actions were taken and some did not indicate an investigative outcome. While the 2019 cases did not meet the requirements, the arrival of the new CM in February 2020 shows a drastic improvement in the investigations. The PC created a uniform facility investigation form that is now utilized throughout SCDC to ensue uniformity. While 2019 investigations did not reach compliance, the process for 2020 investigations and the end product of the investigations shows that this has been corrected and is now compliant with the standard. 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 the two facility investigators to include 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 fourteen allegations of sexual abuse and eleven allegations of sexual harassment reported at the facility in the previous twelve months. Of those, three sexual abuse allegations still remain open. A review of the 22 closed investigations noted that all 2020 investigative reports and the 2019 investigative reports completed by Police Services involved interviews of victims, alleged perpetrators and witnesses. They also involved camera review when applicable. However, a review of the 2019 investigations conducted by the facility investigator evidenced that they were inadequate. Investigations did not contain details, some did not involve any interviews or evidence collection, they did not indicate what actions were taken and some did not indicate an investigative outcome. While the 2019 cases did not meet the requirements, the arrival of the new CM in February 2020 shows a drastic improvement in

the investigations. The PC created a uniform facility investigation form that is now utilized throughout SCDC to ensue uniformity. While 2019 investigations did not reach compliance, the process for 2020 investigations and the end product of the investigations shows correction and evidences that interviews are being conducted, evidence is being collected and reviewed and appropriate investigative actions are being taken. 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 then 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 eleven 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 fourteen allegations of sexual abuse and eleven allegations of sexual harassment reported at the facility in the previous twelve months. Of those, three sexual abuse allegations still remain open. A review of the 22 closed investigations noted that the 2020 allegations were documented in reports that included all required elements under this provision. The investigators gathered evidence to include physical, DNA and testimonial and a description of the evidence was included in the reports. No reports included a credibility assessment and as such information was not included, however the outcome of the evidence was based only on the facts and findings that were found in the reports. The interview with the two 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 fourteen allegations of sexual abuse and eleven allegations of sexual harassment reported at the facility in the previous twelve months. Of those, three sexual abuse allegations still remain open. A review of the 22 closed investigations noted that the 2020 allegations were documented in an report that included all required elements under this provision. The investigators gathered evidence to include physical, DNA and testimonial and a description of the evidence was included in the reports. No reports included a credibility assessment and as such information was not included, 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 I 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 eleven closed sexual abuse investigations indicated that none were referred for prosecution. The interview 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 sexual abuse and sexual harassment investigations from 2014 to present confirmed that they are 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 2020 investigations were completed with the exception of three criminal cases that were still under investigation with Police Services.

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 closed sexual abuse and sexual harassment investigations 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 indicated that inmates are notified within ten days 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 they received the information. The PAQ indicated that there were three sexual abuse investigations completed within the previous twelve months and that two inmates were notified of the outcome of the investigation. A review of investigations determined there were actually eleven closed sexual abuse investigations within the previous twelve months. Of the eleven, six had notifications documented, three did not and two were not applicable as the inmates were at other facilities outside of MCCI and/or the SCDC. While three notification were not completed, two were back in 2019 and the other was during the time in 2020 when the new CM was taking over. It should be noted that the facility attempted to exceed this standard by providing notifications for sexual harassment allegations. The three notifications that were not completed may be attributed the turnover among staff at MCCI and do not pose a systemic issue. Based on the six sexual abuse notifications and the additional eight notifications for sexual harassment allegations, it is apparent that there is a process in place for notification and MCCI and that since February 2020 the prior issues has been corrected. The interviews with the Warden and the Investigative staff confirmed that

inmates are notified of the outcome of the investigation via the facility's CM. The interviews with inmates who reported sexual abuse confirmed that three of the four were notified of the outcome of their investigation.

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

115.73 (c): GA-06.11B, page 5 states that when the alleged perpetrator is a staff member, the CM will ensure the alleged victim is notified of the progress of the investigation as specified in PREA Standard 115.73. The PAQ indicated that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have not been any substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. A review of investigative reports confirmed that there has been zero substantiated sexual abuse allegation against a staff member in the previous twelve months. A review of the three staff on inmate sexual abuse investigations determined that they did not require any notification. The interviews with the inmates who reported sexual abuse indicated that none were informed of any of the requirements under this provision, however upon review none involved a staff member and as such notifications were not required.

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, however upon review none were substantiated and as such notifications were not required.

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 nine notifications made during the audit period. A review of the eleven closed sexual abuse investigations indicated that six had notifications documented, three did not and two were not applicable as the inmate were at other facilities outside of MCCI and/or the SCDC. While three notification were not completed, two were back in 2019 and the other was during the time in 2020 when the new CM was taking over. It should be noted that the facility attempted to exceed this standard by providing notifications for sexual harassment allegations. The three notifications that were not completed may be attributed the turnover among staff at MCCI and do not pose a systemic issue. Based on the six sexual abuse notifications and the additional eight notifications for sexual harassment allegations, it is apparent that there is a process in place for notification and MCCI and that since February 2020 the prior issues has been corrected.

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

Based on a review of the PAQ, GA-06.11B, SCDC Form 19-165, investigative reports and information from interviews with the Warden, investigative staff and inmates who reported sexual abuse, this standard appears to be compliant.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Documents:

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

Findings (By Provision):

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

115.76 (b): GA-06.11B, page 5, states that the presumptive disciplinary sanction for staff who have engaged in sexual relations with an inmate is termination. The PAQ indicated that there were no staff members who violated 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 (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 indicates that this standard appears to be compliant.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

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

Interviews:

1. Interview with the Warden

Findings (By Provision):

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

115.77 (b): The PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being denied access to the facility, at least until an investigation was completed.

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

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Documents:

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

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 to a Disciplinary Hearing. The PAQ indicated that there have been no administrative or criminal investigative findings of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of the investigative reports

confirmed that there were eight allegations of inmate-on-inmate sexual abuse and that zero were substantiated.

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 to a Disciplinary Hearing. The interview with the Warden indicated that the inmate would go before the disciplinary hearing officer and sanctions would be imposed based upon policy. He stated that sanctions could include lock up time, security detention, loss of good time and loss of other privileges. A review of the investigative reports confirmed that there were eight allegations of inmate-on-inmate sexual abuse and that zero were substantiated.

115.78 (c): The interview with the Warden indicated that the inmate would go before the disciplinary hearing officer and sanctions would be imposed based upon policy. He indicated that they would consider whether an inmate's mental disability or mental illness contributed to his behavior when determining sanctions. A review of the investigative reports confirmed that there were eight allegations of inmate-on-inmate sexual abuse and that zero were substantiated.

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 they do not 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 to 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 to 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 assault 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 medical and mental health files for six inmates who were identified as disclosing prior victimization during the risk screening indicated that five were not referred or seen by mental health within fourteen days. Interviews with staff responsible for the risk screening indicated that inmates who disclose prior victimization are offered a follow up with mental health. Both of the staff members were not sure the time frame they would be seen by though. Interviews with the two inmates who disclosed victimization during the risk screening indicated that one was offered mental health services that same day and the other was not offered services after the risk screening but did see mental health three weeks later for his regular appointment.

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 does not have a tracking mechanism for inmates who disclose perpetrating prior sexual abuse. The auditor reviewed a sample of risk screening documents to determine if any inmates could be identified that disclosed prior perpetration. A review of documentation indicated that there were no inmates identified to have reported that they previously perpetrated sexual abuse. Interviews with staff responsible for the risk screening indicated that inmates who disclose prior perpetration of sexual abuse are offered a follow up with mental health. Both of the staff members were not sure the time frame they would be seen by though.

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 medical and mental health files for six inmates who were identified as disclosing prior victimization during the risk screening indicated that five were not referred or seen by mental health within fourteen days. Interviews with staff responsible for the risk screening indicated that inmates who disclose prior victimization are offered a follow up with mental health. Both of the staff members were not sure the time frame they would be seen by though. Interviews with the two inmates who disclosed victimization during the risk screening indicated that one was offered mental health services that same day and the other was not offered services after the risk screening but did see mental health three weeks later for his regular appointment.

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 area where the risk screening is conducted. The screening is conducted in a private office setting.

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 as they are mandatory reporters.

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. In five of the six instances reviewed, the inmates were not referred to mental health at all. Half of the inmates (one of two) interviewed indicated they were not offered a follow up with mental health after they disclosed victimization during the risk screening. Additionally, the staff responsible for risk screening did indicate that inmates were referred, but they were unable to express when they would be seen by mental health. Thus, provisions (a) and (c) of this standard requires corrective action.

Corrective Action

The auditor suggests that the facility develop a tracking mechanism for inmates who disclose prior victimization and prior perpetration during the risk screening. This tracking mechanism can then be utilized to ensure inmates are offered a follow up with mental health within the required fourteen days. The auditor suggests that risk screening staff as well as mental health staff be trained on the process and their responsibilities under this standard. Once a process is established and training is conducted, the auditor requests that documentation showing the process and training. The five 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 ten 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
2. Training Documents and Rosters

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (a). 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 August 17, 2020 the auditor received an email from the PREA Coordinator indicating that the current risk screening tool was updated. The PC stated that they determined that numerous inmates who reported sexual victimization during the risk screening had actually previously reported the same victimization during prior risk screenings and as such had already seen mental health within the required fourteen days. As such, they have added a new question (Question 21) which states, have you experienced sexual abuse since your last assessment. This question will then be utilized to differentiate from those inmates who already reported prior victimization and were seen by mental health and those that are reporting a new prior victimization. On November 24, 2020 the auditor received a process memo detailing the procedure for positive responses on the risk screening and the appropriate referral to mental health within fourteen days. The memo stated

that the medical staff member conducting the initial assessment will generate an email to all qualified mental health professionals, the HCA and the CM related to inmates who answer they have been sexually victimized or have committed sexual abuse. The CM will then assign a mental health staff member to evaluate the inmate. The mental health staff member will then conduct the evaluation and enter the notes in the appropriate system. A notification will be done via email and will be completed within five business days of the follow-up evaluation. The memo contained signatures of the CM, HCA and lead mental health practitioner indicating they received the information and understand their responsibilities in the process. An email on January 25, 2021 indicated that there had not been any examples during the corrective action period of inmates who reported prior victimization or abusiveness. As such, no documentation was provided to the auditor. While a lack of examples does not in itself indicate that the process has not been corrected, the auditor is unable to place this standard into compliance. This agency has identified that this standard is deficient across all SCDC facilities. The PC identified the issue after the first few audits and initiated corrective action agency wide. While the memo describes the process and is signed by the appropriate staff, there were no examples available to confirm that process has been corrected and is systematic. As such, based on a lack of documentation this auditor is unable to place this standard into compliance. Additional corrective action is required under this standard.

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. Additionally, 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. 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 eleven sexual abuse allegations confirmed that all were provided medical and/or mental health services. Additionally, one inmate victim was transported to the local hospital for a forensic medical examination. 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. Medical staff are on-site at the facility 24 hours a day and mental health care staff are available during regular business hours. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately for medical and within 24 hours for mental health. 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 three were seen by medical and all four were offered or participated in mental health services. The inmate who advised he didn't see medical indicated he reported at another facility and that was why he didn't see medical at MCCI. All four indicated they were offered follow up services with mental health. None of the inmate allegations involved penetration, therefore no follow up medical services were required in any of their cases.

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 eleven sexual abuse allegations indicated that all were seen by medical after the allegation and one was transported to the local hospital for a forensic medical examination. The interviews with first responders indicated inmates would be separated and placed in a dry room, the victim would go to medical and the perpetrator would be placed in a holding cell. 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 eleven sexual abuse allegations indicated that one involved penetration and the need for sexual transmitted infection prophylaxis. The inmate was documented to be transported to the local hospital for a forensic examination. During these services the inmate was offered testing and prophylaxis. Interviews with medical staff confirm that inmates receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis. Interviews with the four inmates who reported sexual abuse indicated that none involved penetration and as such 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 confirm that two of the three that were seen by MCCI medical were not charged. One inmate indicated that he was charged a co-pay of five dollars because he was involved in a fight and he was bleeding. He indicated they were unaware of the sexual abuse allegation at the time and he was seen initially only for the fight.

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. Additionally, 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. 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 exam rooms and mental health rooms for treatment of inmates. All of the rooms are private and allow for confidentiality. Medical staff are on-site at the facility 24 hours a day. Inmates are transported to the local hospital for non-routine and emergency medical issues.

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 eleven sexual abuse allegations confirmed that all were provided medical and/or mental health services. 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 any necessary medical follow up including sexually transmitted infection testing. Interviews with inmates who reported sexual abuse indicated that three were seen by medical and all four were offered or participated in mental health services. The inmate who advised he didn't see medical indicated he reported at another facility and that was why he didn't see medical at MCCI. All four indicated they were offered follow up services with mental health. None of the inmate allegations involved penetration, therefore no follow up medical services were required in any of their cases.

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 eleven allegations confirmed that inmates are provided immediate medical and mental health services. The one inmate that reported sexual abuse that involved recent penetration was immediately transported to the local hospital for a forensic examination. The other inmates were seen by facility medical and mental health staff. 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 eleven sexual abuse allegations indicated that one inmate was medically appropriate for the testing. The inmate was transported to the local hospital and provided the necessary testing and services. The facility was responsible for required follow up. The inmate was transferred to another facility and medical records were unavailable for review to determine if the facility he was transported to continued any necessary services.

115.83 (g): GA-06.11B, page 6 states that all inmates who are victims of sexual abuse will have unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception and sexually transmitted infection prophylaxis without financial cost to the inmate. Interviews with inmates who reported sexual abuse confirm that two of the three that were seen by MCCI medical were not charged. One inmate indicated that he was charged a co-pay of five dollars because he was involved in a fight and he was bleeding. He indicated they were unaware of the sexual abuse allegation at the time and he was seen initially only for the fight.

115.83 (h): The PAQ indicates that the facility attempts to conduct a mental health evaluation of all known inmate on inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. There were eight inmate-on-inmate sexual abuse allegations

within the previous twelve months. Zero of those allegations were determined to be substantiated. Therefore, due to no substantiated allegations the facility determined there were no “known” abusers and as such no required mental health services were required. 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 inmate 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, excluding those that were unfounded. The PAQ indicated that there have been three sexual abuse reviews completed within the previous twelve months. A review of documentation indicated there were actually eleven sexual abuse investigations completed in the previous twelve months. A review of these revealed that four were unfounded and did not require a review. Of the eight remaining investigations only three had a sexual abuse incident review completed.

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, excluding those that were unfounded. The PAQ indicated that there have been three sexual abuse reviews completed within the previous twelve months. A review of documentation indicated there were actually eleven sexual abuse investigations completed in the previous twelve months. A review of eleven sexual abuse investigations revealed that four were unfounded and did not require a review. Of the eight remaining investigations only three had a sexual abuse incident review completed. Of the three that were completed, zero were completed within 30 days of the conclusion of the investigation.

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 these reviews are being completed and they 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 the three completed incident reviews indicated (1)-(5) of this provision were considered in all of the reviews. Interviews with the Warden, CM and incident review team member confirmed that these reviews are being completed and they include all the required elements. The Warden stated that they utilize the reviews to determine if there is a need to modify staffing or add cameras to any blind spots. He also stated that they use the reviews to make recommendations and initiate corrective action. The CM indicated that she has a PREA map that she uses to track the location of allegations and that she uses this to determine any patterns. She also stated that she checks to see if there are any modifications or recommendations that can be made and completed.

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 the three completed reviews confirmed that each had a section for recommendations and corrective action.

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 require corrective action. While SCDC Form 19-183 includes all the required components and the reviews are completed by the necessary staff under this standard, a review of documentation indicates that reviews are not being completed for all sexual abuse investigations that are returned as substantiated or unsubstantiated. Additionally, those that were completed were not done within the 30-day timeframe. Thus, corrective action is required for this standard, specifically for provisions (a) and (b).

Corrective Action

The auditor suggests the facility draft a memo detailing the process for the sexual abuse incident reviews and have the appropriate staff read and sign related to their responsibilities. Specifically, the memo should designate a staff member responsible for receiving the investigations and initiating the reviews within the required 30-day timeframe. MCCI will need to ensure a review is completed for the five sexual abuse investigations from the previous twelve months that were missing a review. Additionally, MCCI will need to send the auditor a minimum of five sexual abuse incident reviews to confirm that the review process in place is systematic and the reviews are being completed [provision (a)] and within the required timeframe [provision (b)].

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. Email from CM
2. Sexual Abuse Incident Review
3. Memo from the CM

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provisions (a) and (b). The auditor spoke to the CM and PC via email and phone related to updates regarding the implementation of the corrective action. On August 3, 2020 the auditor received an email from the CM indicating that she was responsible for ensuring the sexual abuse incident reviews are completed in the appropriate timeframe. The email stated she understands her responsibilities and will ensure all reviews are completed within 30 days of the completion of a sexual abuse investigation that is deemed anything other than unfounded. On August 3, 2020 a sexual abuse incident review was forwarded to the auditor for an investigation that was completed on 7/16/20. The review was completed on 8/3/20 with recommendations. On November 24, 2020 the auditor received a memo from the CM indicating that no further documentation was available related to this standard. The email stated that there was only one additional sexual abuse allegation reported during the corrective action period and that the investigation was deemed unfounded. Based on a review of the email, the one sexual abuse incident review and the memo from the CM, this standard has been corrected. The CM is responsible for ensuring the reviews are completed, she ensured the one completed investigation had a review completed within 30 days and she indicated she understands her responsibilities under this standard.

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 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
- ADM-15.05
- Prison Rape Elimination Act Annual Reports
- Survey of Sexual Victimization (SSV)

Interviews:

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

AUDITOR CERTIFICATION

I certify that:

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

Kendra Prisk

February 6, 2021

Auditor Signature

Date

ⁱ Agency and Department are used interchangeably in this document.

ⁱⁱ Facility and Institution are used interchangeably in this document.