

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Interim Audit Report: 9/8/2020 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 11/5/2020

Auditor Information

Name: Adam T. Barnett, Sr.

Email: Adam30906@gmail.com

Company Name: Diversified Correctional Services, LLC

Mailing Address: P.O. Box 20381

City, State, Zip: Augusta, Ga. 30906

Telephone: 706-414-6579

Date of Facility Visit: 8/24-25/2020

Agency Information

Name of Agency: South Carolina Department of Corrections

Governing Authority or Parent Agency (If Applicable): State Government

Physical Address: 4444 Broad River Road

City, State, Zip: Columbia, SC 29210

Mailing Address: P.O. Box 21787

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/>

Agency Chief Executive Officer

Name: Bryan P. Stirling

Email: Stirling.Bryan@doc.sc.gov

Telephone: 803-296-8555

Agency-Wide PREA Coordinator

Name: Kenneth L. James

Email: James.Kennethl@doc.sc.gov

Telephone: 803-896-6436

PREA Coordinator Reports to: Salley Elliott, Deputy Director Legal and Compliance	Number of Compliance Managers who report to the PREA Coordinator: 0
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Facility Information

Name of Facility: Palmer Pre-Release Center

Physical Address: 2012 Pisgah Road	City, State, Zip: Florence, SC 29501
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Mailing Address (if different from above): same	City, State, Zip: same
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The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Facility Website with PREA Information: 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: Agency Internal Security Audit Report)
 N/A

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

Facility Director

Name: Joseph McFadden, Warden

Email: Mcfadden.joseph@doc.sc.gov	Telephone: 843-661-4770
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Facility PREA Compliance Manager

Name: Stacy Carter, Captain

Email: Carter.stacy@doc.sc.gov	Telephone: 843-661-4770
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Facility Health Service Administrator N/A

Name: Nathan Saverance, Registered Nurse

Email: Saverance.Nathan@doc.sc.gov	Telephone: 803-896-3164
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Facility Characteristics	
Designated Facility Capacity:	292
Current Population of Facility:	197
Average daily population for the past 12 months:	240
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:	20 - 80
Average length of stay or time under supervision	681 Days
Facility security levels/resident custody levels	Minimum
Number of residents admitted to facility during the past 12 months	295
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	287
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	269
Does the audited facility hold residents 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 residents: Select all that apply (N/A if the audited facility does not hold residents 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 checked="" type="checkbox"/> Other - please name or describe: South Carolina Law Enforcement Division (SCLED) <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	54
Number of staff hired by the facility during the past 12 months who may have contact with residents:	13

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents 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 residents, 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>	10
<p>Number of resident 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 residents 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 residents 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>	3
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	3
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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Other (please name or describe: Tuberville CI Medical)

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:	45
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" 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 checked="" type="checkbox"/> Other (please name or describe: SCLED) <input 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?	45
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" 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: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

Methodology:

The PREA audit of Palmer Pre-Release Center was conducted 8/24/20 thru 8/25/20. The South Carolina Department of Corrections (SCDC) operates the Palmer Pre-Release Center. The Palmer Pre-Release Center hereinafter maybe referred to as facility.

The auditor uses a triangular approach, by connecting the PREA audit documentations, on-site observation, tour, facility practice, interviewed staff and residents, local and national advocates, etc. to make determinations for each standard. Each standard and/or provision is designed with documentation reviewed, PREA Audit: Pre-Audit Questionnaire, overall findings and interview results.

Note: Due to the COVID-19, the facility on-site audited date was rescheduled and there have been adjustments made to the audit process. In addition, it is requested that this facility received credit for PREA Cycle August 19, 2019 thru August 20, 2020 to maintain it overall agency compliance with PREA Standard 115.401.

Site Review Location:

The site review for this audit took place at Palmer Pre-Release Center located at 2012 Pisgah Road, Florence, SC 29501. The auditor conducted per-audit work prior to arrival at the facility.

Pre-Audit Preparation:

Agency/Facility Houses Residents For:

- South Carolina Department of Corrections (SCDC)

SCDC Institutions Review:

The original correctional system in South Carolina was established in 1866 when the South Carolina Legislature passed an act that created the first state-level prison for felons that were housed in county facilities. In 1960, the governor of South Carolina decided to end the abuses of the correctional system and therefore created a new state agency. The agency was named the South Carolina Department of Corrections. Today, the Department of Corrections is still a state agency, reporting directly to the Governor.

The Department of Corrections has twenty-one (21) institutions and they are categorized into four distinct security levels: high security (level 3), medium security (level 2), minimum security (level 1B), and community-based pre-release/work centers (level 1A). The architectural design

of the institution, type of housing, operational procedures, and the level of security staffing determine an institution's security level. Residents are assigned to institutions to meet their specific security, programming, medical, educational, and work requirements.

The South Carolina Department of Corrections contracts with Core Civic (private facility) for the housing of certain SCDC residents in confinement. Core Civic must also comply with the PREA standards.

The Palmer Pre-Release Center is listed as minimum security (level 1A). The Palmer Pre-Release Center only house residents for the South Carolina Department of Corrections. Palmer Pre-Release Center open 1975.

This facility will be audited as a community confinement facility. PREA Standard 115.5 general definitions states that community confinement facility means a community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, or other community correctional facility (including residential re-entry release centers), other than a juvenile facility, in which individuals reside as part of a term of imprisonment or as a condition of pre-trial release or post-release supervision, while participating in gainful employment, employment search efforts, community services, vocational training, treatment, educational programs, or similar facility-approved programs during nonresidential hours.

SCDC 2019 Annual Report Summary:

In calendar year 2019, SCDC received 265 reported allegations of sexual abuse/sexual harassment. SCDC Police Services Investigated 195 (74%) allegations of sexual abuse/sexual harassment for criminal intent. Seventy allegations (26%) were investigated by institutional investigators. In total, there were 99 allegations (37%) of resident-on-resident abuse and 68 allegations (26%) of staff-on-resident abuse. Of the 265 allegations, 17 allegations (6%) were substantiated, 144 allegations (54%) were unsubstantiated, 55 allegations (21%) were unfounded, and 49 allegations (19%) cases are ongoing.

Audit Notice Posting:

During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications on 1/19/2020, but because of rescheduling the facility changed the on-site dates. The facility posted the notices in English and Spanish. The auditor received an email, pictures confirming the posted notices and observed the posted notices on-site.

As of 8/23/20, there were no communications from residents or staff.

Pre-Audit Questionnaire (PAQ):

In order to prepare for the audit process, email correspondence occurred with the agency PREA coordinator and facility PREA compliance manager. The Pre-Audit Questionnaire was completed and sent to the auditor as required. As a part of the on-site visit, the auditor requested

that the facility PREA compliance manager review and revise the Pre-Audit Questionnaire to reflect updated information to include the current population.

The auditor completed a documentation review using the Pre-Audit Questionnaire, website review, policies and procedures review send from the agency headquarters, and additional documentation provided. Phone conversations and email exchanges occurred with the facility and the agency PREA coordinator.

The following documentation was requested for on-site visit:

- Residents' roster (100%)
- Youthful resident' roster (100%), if any (none)
- Notice of Auditor Post Time Stamp (English & Spanish)
- List of residents with disabilities
- List of residents who are Limited English Proficient (LEP)
- List of LGBTI residents (100%)
- List of residents in segregated housing (PREA related), If any
- List of residents who reported sexual abuse
- List residents who reported sexual victimization during risk screening
- Staff roster (100%)
- List of specialized staff
- Staff personnel (documentation)
- Resident documentations
- Contractors who have contact with residents (if any)
- Volunteers who have contact with residents (if any)
- PREA screening to be taken with the auditor
- PREA reassessments, to be taken with the auditor
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months (100%) to be taken with the auditor
- All hotline calls made during the 12 months
- A summary of all incidents within the past 12 months (log)
- Unannounced rounds documentation to be taken with the auditor

Website Reviews:

Prior to the onsite portion of the audit, the auditor conducted a website review of the facility/agency. The reviewed content included but not limited to:

- Annual PREA Report (August 29, 2019)
- Institutions (categorizations)
- Statewide Partnerships with Sexual Assault Centers
- OP-21-12, "Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment," SCDC Policy
- Anonymous PREA tip reporting

- Statistics
 - Correctional Officer Staffing and Salary Information
 - Resident and Bed Counts of SCDC Institutions
 - Yearly Comparison of Resident Bed Counts
 - Average Daily Resident Population – Fiscal Years 1970-2019
 - Admissions to and Release from SCDC Population
 - Resident Assaults of Employees, FY 2011-2019
- Victim Services
 - Victim Notification (community)
 - Victim Registration
 - Impact of Crimes Classes
 - Victim Assistance Links
 - Statewide Automated Victim Information and Notification System (SAVIN)
- Information Regarding Core Civic (Private Facility)
- Let's Talk About Safety -SCDC (Male Prisoners)
- Let's Talk About Safety – SCDC (Female Prisoners)
- Family information
 - Sending Mail
 - Sending Electronic Messages
 - Telephones Calls
 - Visitation
- Programs
 - Volunteers
 - Resident Services
 - Palmetto Unified School District
 - Division of Industries
 - Behavioral Health and Substance Abuse
- News/Press Releases
- Newsletter
- Fugitives
- Employee News
- Petition to Jam Cell Phones
- Legislative Audit Council
- Report Sexual Abuse or Sexual Harassment
- Report Offender Usage of Cell Phones/Social Media

Agency/Facility Policies Submitted

- SCDC Policy ADM-11.04 Employee Corrective Action
- SCDC Policy ADM-11.17 Employee Conduct
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended

- SCDC Policy ADM-11.28 Applicant Selection Process
- SCDC Policy ADM-11.34 Employee Resident Relations
- SCDC Policy ADM-11.39 Staff Sexual Misconduct with Residents
- SCDC Policy ADM-17.01 Employee Training Standards
- SCDC Policy GA-01.12 Resident Grievance System
- SCDC Policy GA-06.04 Request to Staff Member
- SCDC Policy GA-06.09 Care and Custody of Transgender Residents and Residents Diagnosed with Gender Dysphoria
- SCDC Policy HS-19.04 Mental Health Services – General Provisions
- Mental Health Reception and Evaluation Flow Chart
- Columbia-Suicide Severity Rating Scale
- SCDC Policy OP-21.04 Resident Classification Plan
- SCDC Policy OP-22.14 Resident Disciplinary System
- SCDC Policy OP-22.47 Prison Management Expectations
- SCDC Policy OP-22.48 Institutional Weekly Rounds
- SCDC Policy POL-23.01 Investigation
- SCDC Policy POL-23.12 Case File Requirements
- SCDC Policy Number: OP 22.39 Young Offender Parole and Reentry Services
- SCDC Policy PS-10.04 Volunteer Services Programs
- SCDC Policy PS-10.08 Resident Correspondence Privileges
- SCDC Policy ADM 11.27 Post Assault Information Resource Assistance (PAIR)
- SCDC Policy ADM 11.12 Post/Shift Assignments
- SCDC Policy Number: GA 01.07 Access to The General Counsel
- SCDC Policy Number: PS 10.08 Resident Correspondence Privileges
- SCDC Policy Number: HS 18.15 Level of Care
- SCDC Policy Number: HS 18.13 Health Screening and Exams
- SCDC Policy Number: OP 22.19 Searches of Residents
- SCDC Policy Number: OP 22.23 Statewide Protective Custody
- SCDC Policy Number: ADM 11.15 South Carolina Whistleblower Act
- SCDC POLICY Number: HS 18.07 Resident Health Records
- Agency Retention Schedule

On-Site Audit Phase:

Entrance Conference:

On 8/24/20, the on-site audit started with meeting the warden, facility PREA compliance manager and the agency PREA coordinator. The entrance conference was held and attended by:

- Adam Barnett, USDOJ Certified PREA Auditor
- Debbie Carter, Associate
- Kenneth James, SCDC Agency PREA Coordinator
- Joseph L. McFadden, Warden

- Stacy O. Carter, Captain
- Sharia A. Muldrew,

Welcome was given by the facility warden, agency PREA coordinator and facility PREA compliance manager. The auditor introduced himself and provided a brief description of his experiences, qualifications, correctional and auditing background. The auditor introduced associate Debbie Carter and provided a brief description of her experiences and qualifications. Mrs. Carter serves as a regional director and assistant deputy commissioner for the Georgia Department of Juvenile Justice in the Division of Secure Facilities. Mrs. Carter is currently retired from Georgia Department of Juvenile Justice.

The auditor explained the onsite role of Mrs. Debbie Carter as:

1. Conducting interviews with residents
2. Conducting interviews with correctional officers
3. Conducting interviews with some specialized staff
4. Documentation collection

The second associate Sonya Love, Mrs. Love is a Certified DOJ PREA Auditor for Adults and Juvenile. Before retiring she serve as the director of Administrative Services, Secure Detention, for the Georgia Department of Juvenile Justice.

As a second associate Mrs. Love interview the South Carolina Department of Corrections Agency headquarters staff as a part of serving as lead auditor for another SCDC facility. The interview results were shared with the auditor (Adam T. Barnett, Sr.). The interview information shared by Mrs. Love will be documented as “pervious”. Mrs. Love interviewed the following SCDC management team members:

1. Chief legal and compliance officer (Designated for the SCDC agency director)
2. Classification and resident records administration (Headquarters)
3. Mental health services (Headquarters)
4. Assistant director of human services (Headquarters)
5. Assistant deputy director of Police Services
6. Agency PREA coordinator

The auditor provided an overview of the expectations during the onsite audit and transparency to discuss any identified issues or concerns. The auditor established a process to make corrections on site and if necessary, post onsite follow ups.

The audit agenda was reviewed and discussed, to include resident population based on 1st day of the on-site audit and the 2nd day planned activities.

The auditor requested an updated list of all staff work scheduled during the on-site visit, sorted by shift. The facility operates four 12 hours shifts. The auditor provided the facility with a list of random and specialized staff and random and targeted residents who would be interviewed.

Site Review/Tour:

On the first day of the audit after the entrance conference, the auditor conducted a comprehensive tour of the facility. It was requested that when the auditor paused to speak to a resident or staff, that staff on the tour to please step away so the conversation might remain private. This request was well respected.

The following staff accompanied the auditor on tour and responded to the auditor's questions concerning the facility operations:

- Adam T. Barnett, DOJ PREA Auditor
- Kenneth James, Agency PREA Coordinator
- Stacy O. Carter, Captain
- Sharia A. Muldrew,

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards. The auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities throughout the facility. Other areas of focus during the tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing.

The auditor informally interviewed staff and residents regarding PREA issues and feeling safe at this facility. Interviewed staff and residents indicated that they felt safe at this facility.

The facility has three (3) housing units, with 146 double-occupancy cubicles each and a capacity of housing 292 residents.

The facility housing units:

- A - Dorm 100 Work Program/Labor Crew
- B – Dorm 96 Work Program/Labor Crew
- D – Dorm 96 Program

When reviewing the video camera system, there were no cameras that have direct viewing of the resident's toilet or showers. During the tour, the auditor observed locations of resident's toilet and showers.

Palmer Pre-Release Center has three (3) cameras located in and around the facility that are monitored. The camera in the facility cover the back halls and visitation. The outside cameras cover the front and back areas of the canteen/commissary.

There are no cameras in resident's living area or in holding cells. All resident's living areas have bathrooms that are equipped with functioning sinks and toilets. Camera surveillance is utilized only in visitation area.

Blind spot areas were identified within the facility that are accessible to residents. To ensure the safety of the residents' officers are directed to be observant of those areas and positioning. Officers are briefed on the locations of all blind spots and those identified areas are checked during supervisory security checks and unannounced rounds.

PREA posters were posted in English and Spanish to include phone numbers. In 2017, SCDC developed a resident educational brochure, which was previously provided on hardcopy to residents. During the tour the auditor requested a demonstration of the residents PREA information using the G.T.L. (Global Tel Link) Kiosk System. The GTL Genesis in-pod kiosk allows residents to receive and send electronic messages to family and friends that have created an account of OffenderConnect.com. During the tour the auditor observed residents using their tablets. All residents were issued tablets about month before the on-site visit.

There are telephones in the units. Family members and friends of residents are given the option of setting up prepaid calling accounts using credit cards, checks, money orders or Western Union. Calls that may otherwise be blocked are now completed through GTL's Advance Pay Program. Residents can call the appropriate center for prison they are housed in by dialing *63 on the resident phone. This call is not recorded, and the resident does not have to put in their resident Personal Identification Number (PIN) to make the call.

During the tour the following concerns were noted.

1. Administrative Area: The following offices were determined to have blind spots.
 - a. A7 – Business Office
 - b. A6 – HR Office
 - c. A8 – Captain of Operations
2. Building C: The following offices were determined to have blind spots.
 - a. Administrative Office
 - b. Captain Office
 - c. Community Program
 - d. Classification
3. Food Service Office: The following office were determined to have a blind spot.
4. Laundry Room: The room were determined to have a blind spot.
5. Barber Shop Doors: The following rooms were determined to have blind spots.
 - a. Dorm A
 - b. Dorm B
 - c. Dorm D

6. Main Laundry Room: The room were determined to have a blind spot.
7. Dining Hall Mirror adjustment
8. Medical Office – Meds (pills) and Medical Records were not secured.
9. Canteen – Blind spot

If a resident chooses not to call, the residents are provided with the mailing address of the sexual assault center. According to the SCDC History, 2010-2019: Sentencing Reform and Changing Resident Population page 25 resident requests, Automated Request to Staff (ARTSM) system for residents begins (March 31, 2014) allows residents through kiosks at each facility, residents can enter complaints or requests which are directly routed to the applicable SCDC personnel. Residents then receive responses to the request via the same system. SCDC is one of the first prisons in the country to institute an electronic resident request system according to documentation.

The agency website provides an “Anonymous PREA Tips” line that is open to the public (residents families, friends, etc.).

The auditor was provided unimpeded access to all parts of the facility, to include residents living areas, storage areas in the facility as requested. While inspecting the facility, doors and offices were checked consistently to ensure they are secured and locked. The auditor observed the location of staff. Informal dialogue occurred with residents and staff, asking PREA related questions and agency procedures a safety consideration. Residents that engaged in conversation with the auditor discussed feeling safe at the facility.

The auditor did observe announcements of female staff entering the male living areas. The auditor had opportunities to view resident and staff interaction. There was also ample time to observe the nature and quality of resident supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both residents and staff.

The PREA standards require the auditor to tour the facility to verify compliance with the standards. The following areas and locations were visit.

Locations & Observations	Check
Facility physical designed	✓
Cameras and surveillance technology deployment	✓
Resident housing units	✓
Cross-gender announcements when entering living areas	✓
Observe for blind spots	✓
Notices of the PREA Audit Posted in English and Spanish	✓
Resident Phones	✓
Residents files in secured area	✓

Staff personnel files in secured area (HR Office of Site)	✓
PREA information posted English & Non-English	✓
Bathroom and shower procedures	✓
Cameras does not have a line of sight into Resident toilets and showers	✓
New and/or renovated areas observed (none)	✓
Residents program areas	✓
Facility was orderly in appearance (Resident behavior)	✓
Grounds was average	✓
Reactions between Residents and staff	✓
Admissions/Intake area	✓
Administration area	✓
Storage rooms & closets	✓
Mail room	✓
Laundry	✓
Cafeteria/Dining area	✓
Kitchen	✓
Visitation area	✓
Library	✓
Inside recreation area	✓
Outside recreation area	✓
Grievance Box (DOC)	✓
Mental Health area (Office of Mental Health Director)	✓
Classification area (none)	✓
Maintenance area (storage)	✓
Control rooms (AC Office)	✓
Program staff offices	✓
Sally ports	✓
Classification	✓
Education	✓
Commissary	✓
Medical	✓

Staff Interviewed:

The auditor conducted interviews with the following agency leadership, which are counted in the totals. Below are the staff interviewed previously/shared, written, by auditor, associate, on-site, or by telephone.

The facility reported a total of 44 full time employees and 4 part time employees totaling 48. The auditor or the associate conducted the following interviews, written format, on-site or via phone:

Category of Staff Interviewed	#Interviews Conducted
Random Staff <i>Selected from All Shifts</i>	12
Specialized Staff (Total) / (<i>Staff Interviewed for more than one category counted only once</i>)	19
Staff Informally Interviewed during Facility Tour	3
Staff Refused to interview	0
Total Staff	34
Breakdown of Specialized Staff Interviews	
✓ Agency head or Designee (previous)	1
✓ Warden	1
✓ Agency PREA coordinator	1
✓ Facility compliance manager ✓ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ✓ Designated staff member charged with monitoring retaliation	1
✓ Agency contract administrator	1
✓ Line staff who supervise youthful residents (if applicable):	0
✓ Education and program staff who work with youthful residents (if applicable)	0
✓ Medical staff	1
✓ Mental health staff	1
✓ Non-Medical staff involved in cross-gender strip or visual searches ✓ Non-Security staff first responder	1
✓ Administrative (Human Resources) Staff	1
✓ Sexual Assault Forensic Examiner (Safe) or Sexual Assault Nurse Examiner (SANE) staff – Off Site	0
✓ Volunteers who have contact with residents	0
✓ Contractors who have contact with residents	1
✓ Investigative staff responsible for conducting administrative investigations. (Facility)	1
✓ Investigative staff responsible for conducting criminal investigations. (agency and outside agency)	1
✓ Staff who perform screening for risk of victimization and abusiveness	1
✓ Staff who supervise residents in segregated housing/residents in isolation	1
✓ Staff on the sexual abuse incident review team	1
✓ Security staff first responder	1

✓ Intake staff	1
✓ Staff who handle resident mail	1
✓ Staff who handle grievances	1
Total Specialized Staff Interviews	19

Interviewed staff confirmed that the facility's staff understood the agency's position regarding the Prison Rape Elimination Act (PREA). Random and specialized staff were somewhat knowledgeable about their roles in the prevention, reporting, and detection of sexual abuse and sexual harassment, and their responsibilities in the event of a PREA related incident, there was concerns regarding different PREA training topics.

Residents Interviewed:

On the first day of the audit, the facility designated capacity was 292. The number of residents housed during the first day of the audit was 150. The auditor conducted the following resident interviews during the on-site phase of the audit:

Category of Residents	#Interviews Conducted
Random Residents (<i>Selected from all living areas</i>)	21
Targeted Residents	0
Residents Informally Interviewed during Facility Tour	6
Residents Refused to Interview	0
Total Residents Interviewed	27
Breakdown of Targeted Resident Interviews	
✓ Youthful residents (if applicable)	0
✓ Resident with a Physical Disability	0
✓ Residents who are Blind, Deaf, or Hard of Hearing	0
✓ Residents with Cognitive Disability	0
✓ Residents who are Limited English Proficient (LEP) Spanish	0
✓ Residents who Identify as Transgender or Intersex	0
✓ Residents who Identify as Lesbian, Gay, or Bisexual	0
✓ Residents who Reported Prior Sexual Abuse while at this facility	0
✓ Residents in Segregated Housing for High Risk of sexual Victimization	0
✓ Residents who disclosed prior sexual victimization during risk screening	0
Total Number of Targeted Residents Interviews	0

Interviews with residents revealed that they understand PREA safeguards and the facility's zero-tolerance policy. Comprehensive resident PREA education is provided in written form in resident orientation, tablet, kiosks, handbooks, personal instruction, videos, and posters.

Advocacy Organizations:

The PREA auditor’s manual pages 37 and 38 requires the auditor to conduct outreach to relevant national and local advocacy organizations and to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, State, and/or community advocacy organizations were contacted.

- Just Detention International (JDI) – is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. We (they) hold government officials accountable for prisoner rape; challenge the attitudes and misperception that all sexual abuse to flourish; and make sure that survivors get the help they need.
- National Sexual Violence Resource Center (NSVR) – is the leading nonprofit in providing information and tools to prevent and respond to sexual violence. NSVRC translates research and trends into best practices that help individuals, communities and service providers achieve real and lasting change. NSVRC also work with the media to promote informed reporting.
- South Carolina Sexual Trauma Services – SCDC has a statewide partnership agreement with multiple sexual assault center across the state. The ten sexual assault centers provide hundreds of hours of support to victim sexually assault, including individual face-to-face contacts, group sessions, written correspondence, and phone calls through toll-free hotline support.

According to the South Carolina Department of Corrections website, residents are provided with access to outside victim advocates for emotional support services for residents related to sexual abuse whether it occurred in prison on before they became incarcerated. The Sexual Trauma Services of the Pee Dee Coalition Against Domestic and Sexual Assault serves the Palmer Pre-Release Center.

The following national advocacy, State, and/or community advocacy organizations were contacted.

Advocacy Organization	Contact Information	Comments
Sexual Trauma Services Pee Dee Coalition	843-669-4694 Florence, SC	Call September 22, 2020 @ 10:11AM, Organization stated that they not received and call for residents in the past 12 months.
Justice Detention	Just Detention International Wilshire Blvd., Suite 340 Los Angeles, CA 90010	Email sent: July 10, 2020 Response Received: July 13, 2020 – No Concerns

International (JDI)		
National Sexual Violence Resource Center (NSVRC)	National Sexual Violence Resource Center 2101 N Front Street Governor's Plaza North, Building #2 Harrisburg, PA 17110	Email sent: July 10, 2020 Response Received: July 15, 2020 – No Concerns
South Carolina Coalition Against Domestic Violence and Sexual Assault	2711 Middleburg Dr, Columbia, SC 29204 (803) 393-4448	Call Sept. 22, 2020 @ 11:28AM the Organization stated that they work with the local Rape Crisis Centers and the Centers Provides Services to the SCDC Prisons and Work Release Centers.

The auditor seeks the following information from the local and/or national advocacy organizations:

- Does your organization provide emotional support services to residents?
- Does the facility use your organization for resident reporting PREA issues?
- How many SAFE or SANE referrals did the organization received in the last 12 months?
- Can the residents remain anonymous, upon request, when making a report?
- Whom do the organization notify at the facility regarding reports?
- How many reports have the organization received in the past 12 months for advocacy services?
- How many residents reported sexual abuse and/or sexual harassment?
- Who is your contract at the facility?
- Is there any additional information you would like to share regarding this facility?

PREA Risk Screening

According to the SCDC’s Notable Milestones, the PREA Risk Screening now has added features such as a “List Menu” with dropdown categories added to include:

- “Initial Assessment List”
- “Reassessment List”
- Location Search which can provide staff with information regarding a certain dorm and if a certain category of residents is housed there.
- “One-to-One Compatibility Search” which is a very useful tool whereby staff can input two Resident SCDC numbers to determine if two Residents can safely be housed together.
- A search tool that lets staff know where vulnerable Residents are currently housed to include dorm, room and bunk information.

These features further enhance the commitment to provide safe housing, bed, and programming/educational assignments to the residents at each institution.

Investigation

It should be noted that any sexual abuse and/or sexual harassment grievances are automatically sent for an investigation.

PREA investigations are internal and external. Internally, the agency/facility has regional PREA investigators and facility investigators that completed the required specialized training.

	Allegations Type by Category	Results
1	Resident-on-Resident Sexual Abuse	
	Substantiated	0
	Unsubstantiated	0
	Unfounded	0
	Investigation Ongoing	0
2	Resident-on-Resident Sexual Harassment	Results
	Substantiated	0
	Unsubstantiated	0
	Unfounded	0
	Investigation Ongoing	0
3	Staff-on-Resident Sexual Abuse	
	Substantiated	0
	Unsubstantiated	0
	Unfounded	0
	Investigation Ongoing	0
4	Staff-on-Resident Sexual Harassment	Results
	Substantiated	0
	Unsubstantiated	0
	Unfounded	0
	Investigation Ongoing	0
Total		0

Currently, SCDC Police Services statewide has forty (45) investigators, who are Class 1 police officers. These investigators are assigned to a region in the state. Using a regional approach, the state is divided into four (4) regions. Each region has five (5) investigators assigned with one (1) supervising manager for each respective region. Each region is tasked with the responsibility of performing a variety of types of investigations to include PREA investigations.

Incident Reporting:

The facility maintains a comprehensive incident reporting system that is monitored on an ongoing basis for immediate corrective action as well as trending on an annual basis for the purpose of quality improvement to minimize risk and staff training needs.

Disciplinary Procedures:

The purpose of the Resident Disciplinary System is to provide all residents with a fair and impartial hearing when they are accused of violating an agency or institutional rule. This system is also designed to promote order and maintain the security and safety of the Institution.

Informational Consolidation:

The auditor communicated with the agency PREA coordinator frequently throughout the two days of the on-site audit to consolidate information and ensure that the interviews, documentation, and facility observations supported compliance determination for the required PREA standard. When additional information was requested to established compliance, the facility management team was responsive and made every effort to deliver documentation, explanations or clarifications. The facility staff was receptive to addressing identified areas of concern during the facility site visit and during the posted phase of the audit regarding concerns.

Exit Conference:

The auditor conducted an exit meeting on 8/25/20 during which preliminary findings of the review were discussed with the facility and agency leadership team. The attendees, and in addition to the state agency staff participated in the exit briefing. During the exit, the auditor provided a verbal list of identified non-compliant items and described how these related to the standards and or provisions. For resolution of issues following the exit, the auditor indicated that outstanding issues should be provided with proof of compliance and practice.

The following staff attended the exit conference.

- Adam Barnett, USDOJ Certified PREA Auditor
- Debbie Carter, Associate
- Kenneth James, SCDC Agency PREA Coordinator
- Joseph L. McFadden, Warden
- Stacy O. Carter, Captain
- Sharia A. Muldrew,

Facility officials were very open and receptive to an honest discussion of areas where PREA compliance needed to be strengthened or non-compliance. The auditor indicated that an interim report will be sent within 45 days within standards or provisions details.

Post Audit Phase

Upon completion of the onsite phase of the audit, the auditor, agency PREA coordinator, and facility PREA compliance manager agreed to communicate by email and telephone during the post audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data. Further, the agency PREA coordinator,

warden and facility PREA compliance manager indicated they would provide the auditor with proof of practice on an ongoing basis, as related to correction of identified deficiencies to ensure that practices have become institutionalized.

Communication with the agency PREA coordinator and designated facility staff was ongoing, with efficient, timely, and thorough responses provided consistently both by email and telephone.

Audit Section of the Compliance Tool:

The auditor uses the required Prison Rape Elimination Act (PREA) Audit Report Community Confinement Standards report to enter collected information. Detailed information from the audit interviews were integrated into relevant sections of the standards. To ensure all standards were analyzed, the auditor proceeded standard by standard and provision by provision, to determine compliance or non-compliance.

Interim Report:

The auditor submitted the facility an interim report on 9/8/2020 for corrective actions.

Final Audit Report:

The final 2020 PREA audit report was submitted on 11/4/2020.

Facility Characteristics

Demographics:

Designated Capacity: 292

Current Population of Facility/1st Day: 150

Population Gender: Male

Facility Security Level: Minimum

Perimeter Fence: No

Shifts: Four 12 Hours Shifts that work 2 on 2 off, 3 on 3 off staff arrive at 5:45 for briefing. C

Card 8am – 4pm Monday thru Friday, weekends and holidays off.

Facility Description/Background:

The Palmer Pre-Release Center consists of 10 areas accessible to residents. The facility has three (3) housing units (A, B, and D) with 146 double-occupancy cubicles each and a capacity of housing 292 residents. The facility houses residents 18 years and older. The facility currently employs 31 security Officers, 0 Social Workers, 0 Psychologist, 1 Medical Personnel, 3 classification case workers, and 16 administration personnel.

Palmer Pre-Release Center Mission:

“The Center provides an environment conducive to rehabilitation through work programming, pre-release programming/training, and other relevant programs as a means of reintegrating the offender back into the community.”

Community Services:

- Provides resident labor crews to the City of Florence, Florence County, SC Vocational Rehabilitation, Florence National Guard Armory, Darlington County Department of Transportation, and Darlington County National Guard Armory.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 1

List of Standards Exceeded: 115.286 – Sexual Abuse Incident Reviews

Standards Met

Number of Standards Met: 40

Prevention and Planning:

- 115.211- Zero Tolerance of Sexual Abuse and Sexual Harassment: PREA Coordinator
- 115.212 – Contracting with Other Entities for the Confinement of Residents
- 115.213 – Supervision and Monitoring
- 115.215 – Limits to Cross-Gender Viewing and Searches
- 115.216 – Resident with Disabilities and Resident who are Limited English Proficient
- 115.217 – Hiring and Promotion Decisions
- 115.218 – Upgrades to Facilities and Technology

Responsive Planning:

- 115.221 – Evidence Protocol and Forensic Medical Examinations
- 115.222 – Policies to Ensure Referrals of Allegations for Investigations

Training and Education:

- 115.231 – Employees Training
- 115.232 – Volunteer and Contractor Training
- 115.233 – Resident Education
- 115.234 – Specialized Training: Investigations
- 115.235 – Specialized Training: Medical and Mental Health Care

Screening and Risk of Sexual Victimization and Abusiveness:

- 115.241 – Screening for Risk of Victimization and Abusiveness
- 115.242 – Use of Screening Information

Reporting:

- 115.251 – Resident Reporting
- 115.252 – Exhaustion of Administrative Remedies
- 115.253 – Resident Access to Outside Confidential Support Services
- 115.254 – Third-Party Reporting

Official Response Following and Resident Report:

- 115.261 – Staff and Agency Reporting Duties
- 115.262 – Agency Protection Duties
- 115.263 – Reporting to Other Confinement Facilities
- 115.264 – Staff First Responder Duties
- 115.265 – Coordinator Response
- 115.266 – Preservation of Ability to Protect Residents from Contact with Abusers
- 115.267 – Agency Protection Against Retaliation

Investigation:

- 115.271 – Criminal and Administrative Agency Investigations
- 115.272 – Evidentiary Standard for Administrative Investigations
- 115.273 – Reporting to Residents

Discipline:

- 115.276 – Disciplinary Sanctions for Staff
- 115.277 – Corrective Action for Contractors and Volunteers

115.278 – Disciplinary Sanctions for Residents

Medical and Mental Care:

115.282 – Access to Emergency Medical and Mental Health Services

115.283 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

Data Collection and Review:

115.287 – Data Collection

115.288 – Data Review for Corrective Action

115.289 – Data Storage, Publication, and Destruction

Audits and Correction Action:

115.401 – Frequency and Scope of Audits

115.403 – Audit Contents and Finding

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

Summary of Corrective Action (if any)

The following is standards/provisions that was categorized as “Does Not Meet,” documentation to support the finding can be found in the narrative section of the applicable standard. Furthermore, a finding of “Does Not Meet” will include a detailed description of the facility corrective action process and the status of the correction action.

Corrective Actions:

115.213 Supervision and monitoring

Concerns: During the facility tour the following areas has blind spots that prevent security staff for monitoring the sexual safety of residents and staff.

10. Administrative Area: The following offices were determined to have blind spots.

- a. A7 – Business Office
- b. A6 – HR Office

c. A8 – Captain of Operations

Facility Corrective Actions: Safety windows were added to the above doors on 8/26/20. The facility provided photos. Compliant 10/27/20.

11. Building C: The following offices were determined to have blind spots.

- a. Administrative Office
- b. Captain Office
- c. Community Program
- d. Classification

Facility Corrective Actions: Safety windows were added to the above doors on 9/21/20. The facility provided photos. Compliant 10/27/20.

12. Food Service Office: The following office were determined to have a blind spot.

Facility Corrective Action: A safety window was added to the Food Service office door on 8/27/20. The facility provided a photo. Compliant 10/27/20.

13. Laundry Room: The room were determined to have a blind spot.

Facility Corrective Action: A safety window was added to the laundry room door in dorm-A on 8/27/20. The facility provided a photo. Compliant 10/27/20.

14. Barber Shop Doors: The following rooms were determined to have blind spots.

- a. Dorm A
- b. Dorm B
- c. Dorm D

Facility Corrective Actions: Safety windows was added to all doors on 8/27/20. The facility provided photos. Compliant 10/27/20

15. Main Laundry Room: The room were determined to have a blind spot.

Facility Corrective Action: The door inside the main laundry room was removed on 8/27/20. The facility provided a photo. Compliant 10/27/20.

16. Dining Hall Mirror adjustment

Facility Corrective Action: The dining hall mirror was adjusted so the back of the dining area can be seen from the front on 8/26/20. The facility provided a photo. Compliant 10/27/20.

17. Medical Office – Meds (pills) and Medical Records were not secured.

Facility Corrective Action: All areas were secured on the spot and a sign was made and posted on 8/27/20.

18. Canteen – Blind spot

Facility Corrective Action: dome mirror was added to the back area of the canteen so the blind spot can be seen from the canteen order window on 9/3/20. The facility provided a photo. Compliant 10/27/20.

Concern: During the documentation review the staffing plan needs to be updated and signed by the facility warden and agency PREA coordinator.

Facility Corrective Action: Staffing plan was updated and signed by facility warden and agency PREA coordinator on 9/17/20. The facility provided a copy of the updated plan. Compliant 10/27/20.

115.216 Residents with disabilities and Residents who are limited English Proficient.

Concern: During the random staff interviews seven (7) out of twelve (12) random officers were ask, does the agency ever allow the use of resident interpreters, resident readers, or other types of resident's assistants to assist disabled residents or resident with LEP when making an allegation of sexual abuse or sexual harassment? Seven (7) stated that they would use another resident as an interpreter.

Facility Corrective Action: The facility provided refresher training for all staff members on the agency/facility policy and procedures on proper use of the speaker phone in order to translate as well as the South Carolina Department of Corrections Language Translation VIA Telephone Instruction sheet. The training was held on 10/13 – 14/20. The facility provided copies of the training rosters. Compliant 10/27/20.

115.221 Evidence Protocol and Forensic Medical Examinations

Concern: During the random staff interviews five (5) out of twelve (12) random officers were ask the question, do you know and understand the agency's protocol for obtaining usable physical

evidence if a resident alleges sexual abuse? Five (5) stated that they would call the supervisor, they could not give information regarding the first responder duties which includes protecting forensic evidence.

Facility Corrective Action: Refresher training was provided for all staff on 10/13 – 14/20, to include pat-down searches of transgender and intersex residents and protocol on what to do and how to respond using the PREA standards 115.215, 115.231, 115.267, and 115.265. The facility provided a copy of the training roster. Compliant 10/27/20.

115.231 Employee Training

Concern: During the random staff interviews eight (8) out of twelve (12) random officers did not remember training concerning cross-gender pat-down searches of transgender and intersex residents in a professional and respectful manner. When probed, most staff were not sure of all required PREA topics.

Facility Corrective Action: Refresher training was provided for all staff on 10/13 – 14/20, to include pat-down searches of transgender and intersex residents and protocol on what to do and how to respond using the PREA standards 115.215, 115.231, 115.267, and 115.265. The facility provided a copy of the training roster. Compliant 10/27/20.

115.251 Resident Reporting

Concerns: During the facility tours the following resident reporting system (phones) were not operable.

1. Dorm-A: 5 phones *22 and *65 PREA lines did not work.
2. Dorm – B: 6 phones *22 and *63 PREA lines did not work
3. Dorm – D: 6 phones *22 and *63 PREA lines did not work

Facility Corrective Action: G.T.L was contacted on 10/4/20 all the PREA lines for *22 was repaired. The facility PREA compliance manager contacted G.T.L. on 11/3/20 regarding *63. G.T.L. indicated that the phone lines were repaired. The lines were tested by the facility PREA compliance manager and he indicated that *63 is working. The facility PREA compliance manager contacted Pee Dee Coalition at 843-669-4694 and confirm the MOU and hotline posters information. Compliant 11/5/20.

115.264 Staff first Responder Duties

Concern: During the random staff interviews six (6) out of twelve (12) random officers was ask, if you are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, what is your responsibility in that situation? Six (6) random officers could not give the required response.

Facility Corrective Action: Refresher training was provided for all staff on 10/13 – 14/20, to include pat-down searches of transgender and intersex residents and protocol on what to do and how to respond using the PREA standards 115.215, 115.231, 115.267, and 115.265. The facility provided a copy of the training roster. Compliant 10/27/20.

115.265 Coordinated response

Concern: During the documentation review the facility did not provided a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical, investigators, and facility leadership.

Facility Corrective Action: Staffing plan was updated and signed by facility warden and agency PREA coordinator on 9/17/20. The facility provided a copy of the updated plan. Compliant 10/27/20. Compliant 10/27/20.

Note: Sanitation in bathrooms and showers need more attention.

Corrective actions, specific detail about deficiencies or concerns regarding findings may appear in the standard-by-standard discussions in the main body of the report. If the facility does not correct the stated concerns within 45 days, the Auditor will release an interim report that will start the corrective action process. If the facility completes stated concerns within the 45 days and the auditor agrees then the final report will be release.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (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

115.211 (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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- Facility Organizational Chart
- Agency Organizational Chart
- PREA Audit: Pre-Audit Questionnaire for Community
- Staffing Plan (Definitions)
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- Staff Interviews

115.211 (a)

An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

The agency also has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. Policy Number: OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicates that sexual abuse by staff on Residents or by one resident to another resident is strictly prohibited.

The agency elected to take a zero-tolerance position against sexual abuse and sexual harassment of residents in their custody. The South Carolina Department of Corrections has instituted a zero-tolerance policy in relation to PREA within all (21) correctional institutions under its supervision. This policy indicates that sexual abuse by staff on residents or by one resident to another resident is strictly prohibited. Additional policies have been put into place to prevent, detect, and respond to sexual abuse and sexual harassment.

PREA standard 115.6 Definitions related to sexual abuse and sexual harassment, give guidance to the agency and facility on defining sexual abuse and harassment. SCDC Policy OP-21.12 has a list of definitions that includes the guidance from the PREA standard.

PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

115.211 (b)

An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The agency employs an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The South Carolina Department of Corrections (SCDC) employs and designated an agency wide PREA coordinator. The PREA coordinator, is responsible for the oversight of one PREA compliance manager (PCM) at each facility in the SCDC system. The position of PREA Coordinator position is in the upper level of the SCDC agency hierarchy. The position of PREA coordinator reports directly to the chief legal & compliance officer/director's PREA designee. The new PREA coordinator assumed his position as PREA coordinator in April 2019.

Interviewed Specialized Staff: The agency PREA coordinator indicated and confirmed that he has sufficient time and resources to coordinate all PREA activities. He has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities.

PAQ: The PAQ indicated that the PREA coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

The agency operates 21 facilities each facility has a designated PREA compliance manager. When questioned whether or not the facility PREA compliance manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards, the facility compliance manager indicated that he does have enough time to complete his PREA related responsibilities. At this facility the PREA compliance manager position is captain.

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents 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 residents.) Yes No NA

115.212 (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 residents.) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- PREA Audit: Pre-Audit Questionnaire for Community
- Letter from Deputy Director, Division of Legal and Compliance Confirming the Agency PREA Coordinator as PREA Compliance Monitor (June 25, 2019)
- Addendum: Core Civic Private Contractor of SCDC Resident Confinement (September 16, 2019).
- SCDC 2019 Site Visit: Tallahatchie County Correctional Facility (Core Civic)
- Core Civic 2018 PREA Annual Report
- Core Civic 2019 PREA Audit Report
- Resident Housing Agreement Between SCDOC and Core Civic, Inc.
- Staff Interviews

A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

Palmer Pre-Release Center does not contract for the confinement of residents. However, the South Carolina Department of Corrections does contract for the confinement of residents with a private entity.

PAQ: The Pre-Audit Questionnaire also documented the facility does not contract for the confinement of residents.

The State of South Carolina Department of Corrections has contracted for the confinement of residents with Core Civic, private entity. The PREA coordinator provided the auditor with a fully

executed copy of the contract between SCDC and Core Civic. Review of the contract showed that PREA language requiring the facility to become and maintain compliance with all PREA standards was included. Documentation confirmed that the SCDC agency PREA coordinator monitor Core Civics' PREA compliance activities.

The Office of Legal and Compliance provided an Addendum to the Annual PREA Report dated September 16, 2019 regarding requirements of the Core Civic Safety – Tallahatchie County Correctional Facility Annual Report files.

Interviewed Specialized Staff: The agency head designee indicated that the agency includes a provision in the contract with Core Civic mandating compliance with PREA standards and the agency PREA coordinator communicates with and monitors compliance with PREA standards.

The agency head designee also indicated that private contracts are to assist the agency with a specific resident population. The agency entered into discussion with Core Civic after and compliance with PREA standards was a requirement of the contract.

Interviewed Specialized Staff: The agency PREA coordinator/contract monitor indicated that he monitors Core Civic PREA program by receiving and reviewing a copy of their DOJ Certified PREA Audit report. SCDC has 19 residents housed at the Tallahatchie County Correctional Institution in Mississippi. TCI is a contracted facility ran by Core Civic. He also indicated that he visits the institution each year as a part of the monitoring effort to ensure their compliance with the PREA standards.

The agency PREA coordinator provided the auditor a copy of the combined report from his 2019 visit with the agency grievance staff.

115.212 (b)

Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

The auditor received a memorandum from deputy director of Legal and Compliance to the warden of Core Civic on June 25, 2019 stating that Kenneth James is the South Carolina Department of Corrections PREA coordinator. As such, he will monitor Core Civics' PREA compliance to ensure SCDC's compliance of the same.

Interviewed Specialized Staff: The agency PREA coordinator reports to the Director of Legal and Compliance which oversees the agency's contracts and ensure compliances. The Core Civic PREA Audit have been completed for the institution that SCDC contracts with is posted online at the Core Civic website.

115.212 (c)

Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, may the agency enter into a

contract with an entity that fails to comply with these standards. In such a case, the public agency shall document its unsuccessful attempts to find an entity in compliance with the standards.

See Section (a) response.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? 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 resident population? 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

115.213 (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

115.213 (c)

- In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- Staffing Plan
- Daily Population Report 1st, 10th and 20th day for the past 12 months
- Population Breakdown by Age
- Schematic (Layout) of facility
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- SCDC Policy Number 22.24 Post Orders
- SCDC Policy ADM 11.12 Post/Shift Assignments
- SCDC Policy ADM-17.01 Employee Training Standards
- SCDC Policy GA-06.09 Care and Custody of Transgender Residents and Residents Diagnosed with Gender Dysphoria
- SCDC Policy OP-21.04 Resident Classification Plan
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- Lesson Plan: Supervision of Offenders (3 Hours): Page 18, Announce the Presence of Opposite Sex
- Unannounced Rounds: SCDC Form 19-164A "Unannounced Rounds Logs" (Past 12 Months)
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.213 (a)

For each facility, the agency shall develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration:

- (1) The physical layout of each facility;
- (2) The composition of the resident population;
- (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (4) Any other relevant factors;

The South Carolina Department of Corrections ensures that each facility it operates develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect Residents against sexual abuse.

The facility provides a Daily Population Reports for the 1st, 10th and 20th day of each month.

A review of Palmer Pre-Release Center Institution Staffing Plan indicated the following:

- Physical Plant

Palmer Pre-Release Center consists of 10 areas accessible to residents which are covered in the layout. The facility has 3 housing units (A, B, & D) with 146 double-occupancy cubicles each and a capacity of housing 292 residents. The facility houses residents 18 years old and up. The facility currently employs 31 security officers, no social workers, no psychologist, one medical personnel, 3 classification case worker, and 16 administration personnel.

- Staffing Patterns

According to the Palmer Pre-Release Center staffing plan, the facility requires 4 security personnel to operate safety and efficiently on a daily basis. The chart listed below data comes from the Palmer Pre-Release Center staffing plan.

Location	# of Officers Needed	Days Per Week	Hours Per Day
Control Room	1	7	24
Dorms & Yard	1	7	24
Cafeteria	1	7	3
Shift Supervisor	1	7	24

Note: Relief factor not included.

- Minimum Staffing

According to the Palmer Pre-Release Center staffing plan, Palmer Pre-Release Center requires 4 Correctional Officers (CO) 7 days per week, Monday through Sunday, to minimally cover a weekday shift at the Palmer Pre-Release Center. D-Card shift requires a minimal of 4 officers, E-card shift requires as minimal of 4 officers, and C-Card shift requires a minimal 2 officers. The staffing numbers provided auxiliary staff needed to perform administrative functions. Additionally, details are provided in the Institutional Staffing Plan.

Interviewed Specialized Staff: The PREA coordinator confirmed that all PREA staffing plans are reviewed and responded to by him at least annually, and not the Division of Security. The Division of Security is responsible for review of facility post orders previously termed staffing plans and the Master POST Chart. SCDC has since then made changes in other policies to better align with PREA terminology and to reduce confusion of terms.

Interviewed Specialized Staff: The facility warden stated when assessing adequate staffing levels and the need for video monitoring the facility plan considers the standards requirements. The facility does have video monitoring in some areas. However, they are not recordable. Palmer PRC is a level 1 institution that does not have resources available.

The warden stated that the facility checks for compliance with the staffing plan by ensuring that appropriate staff are assigned post as required by the staffing plan. Facility document all instances of non-compliance with the staffing plan not being assigned, according to the institutional staffing plan should be annotated in the OMS system (posting) notes section.

SCDC Policy Number: OP 22.24 Poster Orders policy statement – In order to promote consistent and uniform operations within SCDC, the Division Director of Security will be responsible for the development and publication of agency post orders which are designed to specify the duties and responsibilities for Officers assigned to security posts within the agency.

SCDC Policy ADM 11.12 Post/Shift Assignments policy statement – In order to promote the safety and security of the agency, the public, employees, and residents; to ensure adequate supervision of all residents; and to meet the operational needs of institutions and divisions/offices, the agency will develop and implement consistent and uniform procedures governing post and shift assignments and days off for SCDC employees.

The PREA standards outline (11) items that must be taken into consideration and included in the development of all staffing plans. A review of the staffing plan included all 11 items. The staffing plan also included consideration of blind spots.

PAQ: Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated was 292.

115.213 (b)

In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

Interviewed Staff: Staff indicated that if they deviated from the staffing plan that the facility will document.

115.213 (C)

Whenever necessary, but no less frequently that once each year, for each facility shall assess, determine, and document whether adjustments are needed to:

- The staffing plan established pursuant to paragraph (a) of this section;
- Prevailing staffing patterns;
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to commit to ensure adherence to the staffing plan.

Interviewed Specialized staff: The agency PREA coordinator indicated that once each year, for each facility the agency operates, in consultation with the PREA coordinator required by standard 115.11, the agency assess, determine, and document whether adjustments are needed that meets the (3) items above.

The Division of Security is responsible for developing all staffing plans for each facility. Once the staffing plan had been developed, the deputy director would forward the plan to the facility's warden for review. The warden may make comments in response to the plan, the final version was determined by the Division of Security. The PREA coordinator is required to be one of the signatories on the final approved staffing plan.

Interviewed Specialized Staff: The PREA coordinator confirmed that all PREA staffing plans are reviewed and responded to by him at least annually, and not the Division of Security. The Division of Security is responsible for review of facility post orders previously termed staffing plans and Master Post Chart.

PAQ: The PAQ indicated that at least once every year the facility, reviews the staffing plan to see whether adjustments are needed.

Unannounced Rounds: The facility conducts and documents unannounced rounds. The unannounced rounds are conducted by intermediate-level and higher-level supervisors. These unannounced rounds identify and deter staff sexual abuse and sexual harassment.

Interviewed Specialized Staff: The facility PREA compliance manager indicated that unannounced rounds are conducted during the night shifts as well as day shifts. Staff are

prohibited from alerting other staff members that these supervisory rounds are occurring. Unannounced rounds are documented using SCDC Form 19-164A "Unannounced Rounds Logs".

Concerns: During the facility tour the following areas has blind spots that prevent security staff for monitoring the sexual safety of residents and staff.

1. Administrative Area: The following offices were determined to have blind spots.

- a. A7 – Business Office
- b. A6 – HR Office
- c. A8 – Captain of Operations

Facility Corrective Actions: Safety windows were added to the above doors on 8/26/20. The facility provided photos. Compliant 10/27/20.

2. Building C: The following offices were determined to have blind spots.

- a. Administrative Office
- b. Captain Office
- c. Community Program
- d. Classification

Facility Corrective Actions: Safety windows were added to the above doors on 9/21/20. The facility provided photos. Compliant 10/27/20.

3. Food Service Office: The following office were determined to have a blind spot.

Facility Corrective Action: A safety window was added to the Food Service office door on 8/27/20. The facility provided a photo. Compliant 10/27/20.

4. Laundry Room: The room were determined to have a blind spot.

Facility Corrective Action: A safety window was added to the laundry room door in dorm-A on 8/27/20. The facility provided a photo. Compliant 10/27/20.

5. Barber Shop Doors: The following rooms were determined to have blind spots.

- a. Dorm A
- b. Dorm B
- c. Dorm D

Facility Corrective Actions: Safety windows was added to all doors on 8/27/20. The facility provided photos. Compliant 10/27/20

6. Main Laundry Room: The room were determined to have a blind spot.

Facility Corrective Action: The door inside the main laundry room was removed on 8/27/20. The facility provided a photo. Compliant 10/27/20.

7. Dining Hall Mirror adjustment

Facility Corrective Action: The dining hall mirror was adjusted so the back of the dining area can be seen from the front on 8/26/20. The facility provided a photo. Compliant 10/27/20.

8. Medical Office – Meds (pills) and Medical Records were not secured.

Facility Corrective Action: All areas were secured on the spot and a sign was made and posted on 8/27/20.

9. Canteen – Blind spot

Facility Corrective Action: dome mirror was added to the back area of the canteen so the blind spot can be seen from the canteen order window on 9/3/20. The facility provided a photo. Compliant 10/27/20.

Concern: During the documentation review the staffing plan needs to be updated and signed by the facility warden and agency PREA coordinator.

Facility Corrective Action: Staffing plan was updated and signed by facility warden and agency PREA coordinator on 9/17/20. The facility provided a copy of the updated plan. Compliant 10/27/20.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (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

115.215 (b)

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

115.215 (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 residents? (N/A if the facility does not have female residents.) Yes No NA

115.215 (d)

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

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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

115.215 (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 residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy Number: OP 22.19 Searches of Residents
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- SCDC Policy ADM-17.01 Employee Training Standards
- SCDC Policy GA-06.09 Care and Custody of Transgender Residents and Residents Diagnosed with Gender Dysphoria
- Guidance in Cross-Gender and Transgender Pat Searches (MOSS Group – February 2012)
- Cross Gender Training Rosters (30)
- Lesson Plan: Supervision of Offenders (3 Hours), Pages 16 – 20
- PREA Audit: Pre-Audit Questionnaire for Community
- SCDC Deviance Documentation (Past 12 Months) Staff Report No Deviance
- Staff Interviews
- Residents Interviews

115.215 (a)

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

Policy HS-18.13 Health Screening and Exams section 5 – Body Cavity Searches: A Resident body cavity search will be conducted by Agency medical trained personnel when authorized in writing using SCDC Form 19-29A, Incident Report, by the warden or designee.

Policy also requires only physicians or specially trained nursing personnel may perform body cavity searches. SCDC trained nursing personnel will have this special training documented on the computer-generated training record, a copy of which will be filed in their respective personnel files.

SCDC Policy GA-06.09 Care and Custody of Transgender Residents and Residents Diagnosed with Gender Dysphoria, Section 4.1 states, transgender residents and residents with gender dysphoria will be allowed to indicate in writing which gender they feel most comfortable being searched by to include frisk (pat) searches and strip searches. This preference will be recorded in the resident's individualized accommodation plan and classification screen as well as intake documentation if the preference is expressed at that time. Absent exigent circumstances, this preference will be accommodated when possible, considering employee, security, and safety concerns and consistent of the Prison Rape Elimination Act.

Interviewed Random Staff: Twelve (12) interviewed indicated that the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

Eight (8) out of twelve (12) random staff, representing all shifts could not recall receiving training on searches of transgender and intersex residents in a professional and respectful manner. However, all staff stated they were aware of the policy. Staff reported that they have not experienced working with any transgender or intersex resident at the facility.

One hundred percent (100%) of the random staff reported that residents can dress, shower, and use the toilet without being viewed by staff of the opposite gender and that female staff presence on the housing units is announced.

No female residents are housed at this facility.

Interviewed Specialized Staff: Interviews with specialized staff confirmed that the facility does not conduct cross-gender strip or cross-gender visual body cavity search, except in exigent circumstances or when such viewing is incidental to routine cell checks.

Interviewed Random Residents: Twenty-one (21) random residents were interviewed. Nine (9) of the residents interviewed reported that staff of the opposite gender announced their presence, six (6) residents stated some of the time staff of the opposite gender do not announce when entering the housing areas. However, five (5) said none of the staff announce their presence of the opposite gender when entering their living units.

Twenty-one (21) random residents were interviewed, and 100% reported that they have never been naked in full view of the male/female staff.

PAQ: The PAQ indicated in the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of residents was zero.

PAQ: The PAQ indicated in the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff was zero.

115.215 (b)

As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

This facility rated capacity does exceed 50 residents.

The facility only housed male residents. See section (a) response.

115.215 (c)

The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female residents.

Policy Number: OP 22.19 Searches of Residents section 4.3 – Strip searches will be performed by employees of the same sex as the person being searched, except in extreme emergencies approved by the major (or captain at those institutions without a major) or other higher authority, or when the search is performed by medical practitioners. Facilities shall document all cross-gender strip searches.

Interviewed Random staff: Interviews with randomly selected staff indicated that if they were to conduct cross-gender strip searches they would document and that such searches would be only in exigent circumstance.

115.215 (d)

The facility shall implement policies and procedures that enable residents 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Policy requires the facility to implement policies and procedures that enable residents 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. Such policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.

SCDC Policy GA-06.09 Care and Custody of Transgender Residents and Residents Diagnosed with Gender Dysphoria, Section 3. Housing of Transgender Residents and Residents Diagnosed with Gender Dysphoria 3.1 states, in deciding whether to house transgender resident and residents with gender dysphoria in a facility for male or females, and in making other housing decisions (bathroom and shower access) and programming assignments, the Multidisciplinary Management and Treatment Team will consult with the Division of Operations as well as central Classifications to create a plan with a reasonable outcome for the resident and institution as a whole. Safety concerns will be taken into account.

See section (a) response.

115.215 (e)

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, 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.

The South Carolina Department of Corrections prohibit facilities from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, 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.

Policy Number GA-06.09 Care and Custody of Transgender Residents and Residents Diagnosed with Gender Dysphoria section 4.1 – indicated that transgender residents and residents with gender dysphoria will be allowed to indicate in writing which gender they feel most comfortable being searched by to include frisk (pat) searches and strip searches. This preference will be recorded in the resident's individualized accommodation plan and

classification screen as well as intake documentation if the preference is expressed at that time. Absent exigent circumstances, this preference will be accommodated when possible, considering employee, security, and safety concerns and consistent of the Prison Rape Elimination Act.

115.215 (f)

The agency shall train security staff in how to conduct cross-gender pat down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The facility has conducted training as required in standard. SCDC utilizes the training curriculum provided by the National PREA Resource Center titled Guidance in Cross-Gender and Transgender Pat Searches. This training was designed to be used in a 3.5-hour session. Through completing the training staff developed skill for performing cross-gender pat searches and searches of transgender and intersex residents per PREA standards. The Guidance in Cross-Gender and Transgender Pat-Searches curriculum included:

- Learning the relevant PREA standards for cross-gender pat searches and for searches of transgender and intersex residents and residents.
- Understanding and apply the definition of exigent circumstances.
- Learning and understanding key terms relevant to conducting appropriate searches and considerations for searches of transgender or intersex residents and residents.
- Practicing the steps of cross-gender pat searches and searches of transgender or intersex residents and residents.
- Observing, analyzing, and providing feedback to correctional peers on practical application of searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Searches Training is provided in the Lesson Plan: Supervision of Offenders (3 Hours), employees acknowledgement statement.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (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 residents 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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- Lesson Plan: Supervision of Offenders (3 Hours) Page 31, Supervise Special Need Offenders
- Braille – English and Spanish (picture of Braille information)
- SCDC School for the Deaf and the Blind

- List of Limited English Proficient Residents (0)
- PREA Audit: Pre-Audit Questionnaire for Community
- Sign Language Interpreter (Central Office)
- PREA Poster English and Spanish
- Resident PREA Handbook: Let's Talk About Safety-SCDC Has Zero Tolerance
- Language Translation Via Telephone Instructions
- Language-line Interpretative Services Contract
- Staff Interviews
- Resident Interviews

115.216 (a)

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skill, or who are blind or have low vision. An agency is not required to take actions that it can demonstrated would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

The South Carolina Department of Corrections Policy Number: OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment section 1.1.3 states that, resident orientation and orientation materials will be provided in formats which are accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Specifically, SCDC, Policy OP-21.12, section 1.1.3 states that resident orientation and orientation materials will be provided in formats which are accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. (4-4281-1).

Interviewed Random Staff: Seven (7) out of Twelve (12) random staff interviewed indicated that they would use an interpreter. Five (5) out of Twelve (12) random stated that they think that interpreters are available for residents.

No residents with disabilities were interviewed during this audit process.

Interviewed Specialized Staff: The agency head designee indicated that the South Carolina Department of Corrections has established procedures to provide residents with disabilities and of limited English proficiency equal opportunity to participate in PREA efforts. Residents who are English proficiency are provided with an orientation video, brochures and PREA postage and signage in Spanish and other languages. They also have a sign language interpreter and braille available for residents with disabilities.

Interviewed Specialized Staff: Interviews with specialized staff indicated when residents with intellectual or psychiatric disabilities are admitted to the facility are referred to mental health professionals to evaluate the best method to provide PREA education to the residents.

115.216 (b)

The agency shall 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 residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

SCDC, Policy OP-21.12, section states 1.1.6, in addition to the education, each SCDC facility will ensure that key information, including information about the right to be free from sexual abuse and sexual harassment, and how to make a report, is continuously and readily available or visible to residents through posters and other written formats.

PREA information has been added to the Kiosk system (English and Spanish) that SCDC has put in place in all facilities. The Kiosk system makes residents view the PREA information before they can continue to complete other tasks in the system. This ensures that all residents received PREA information and is used as resident PREA refresher.

PREA Spanish posters are in the housing units so that residents who were LEP and Spanish speaking would have information available in their own language. The agency provided a copy for the "language line" contract that provides translation services when needed.

115.216 (c)

The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under 115.264, or the investigation of the resident's allegations.

The agency and facility have a contract with Language-Line Solutions to provide interpretive services for non-English speaking residents. The agency provided a copy for the "language line" contract that provide translation services when needed.

PAQ: The PAQ indicated that in the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromised the resident's safety, the performance of first-response duties under 115.264, or the investigation of the resident's allegations was zero.

Concern: During the random staff interviews seven (7) out of twelve (12) random officers were ask, does the agency ever allow the use of resident interpreters, resident readers, or other types of resident's assistants to assist disabled residents or resident with LEP when making an allegation of sexual abuse or sexual harassment? Seven (7) stated that they would use another resident as an interpreter.

Facility Corrective Action: The facility provided refresher training for all staff members on the agency/facility policy and procedures on proper use of the speaker phone in order to translate as well as the South Carolina Department of Corrections Language Translation VIA Telephone Instruction sheet. The training was held on 10/13 – 14/20. The facility provided copies of the training rosters. Compliant 10/27/20.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 residents 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 residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

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

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, 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

115.217 (d)

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

115.217 (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 residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents 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 residents 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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Section 24-3-950, South Carolina Code of Laws, 1976, as amended; Section VII (707.02), SC Office of Human Resources Regulations; Title VII of the 1964 Civil Rights Act; Article 7, Sections 8-13-700 through 8-13-795, Rules of Conduct; SC Code Ann. 8-11-170; Section 8-13-1110 of the South Carolina Code of Laws
- SCDC Policy ADM-11.28 Applicant Selection Process
- SCDC Policy ADM-11.34 Employee Resident Relations
- SCDC Policy ADM-11.39 Staff Sexual Misconduct with Residents
- SCDC Policy ADM-17.01 Employee Training Standards
- List of Employees Initial Criminal Record Background Checks Clearance
- Employees 5 Year Criminal Record Background Checks

- List of Contractors Initial Criminal Record Background Checks
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.217 (a)

The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, 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).
- 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.
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a-2 of this section.

SCDC policy 9.12, Applicant Criminal History, requires potential employees to report all arrests, court-ordered restraining orders (regarding a family member or a co-habitant) and/or convictions/dispositions on their original application. Successful applicants are checked through the National Criminal Information Center (NCIC) before an official offer of employment is extended.

The policy indicates that any applicant with a felony conviction (s), drug related conviction (s) within ten (10) year will not be hired by the agency for any position. Language from standard 115.17 (a-b) is also included in Policy 9.12 Criminal History. The policy as states that any applicant that 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 or has been civilly or administratively adjudicated (found liable) 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 to refunded will not be hired by the Agency for any position.

Documentation review of employee's applications for employment revealed the following questions contained in the employment application captured the spirit and intent of the standard.

- Question 22: I agree that as a condition of employment, I will report to the Director of Human Resources any and all arrests, within twenty-four (24) hours of the occurrence.
- Question 27: I understand and further authorize a complete background check as a condition of employment.

- Question 34: 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?
- Question 42: Have you even been a resident in a SCDC Institution, Federal Institution, or Penal Institution of another jurisdiction, if yes, charge, dates, where and type of sentence?
- Question 49: I understand that I must update my application to reflect any and all arrests or charges that may be brought against me after filing this application.

115.217 (b)

The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Prior to hiring any new employees, contractors, or volunteers, the SCDC Recruiting and Employment Services Branch completes criminal background checks to ensure that potential employees, contractors, or volunteers who may have contact with residents are cleared for hire.

Interviewed Specialized Staff: The agency assistant/recruiting & employment director indicated that each promotion must complete an application and background must be run before offer is made to any promotion/movement.

115.217 (c)

Before hiring new employees, who may have contact with residents, the agency shall:

- Perform a criminal background records check; and
- 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.

The South Carolina Department of Corrections Policy Number: ADM-11.28 Applicant Selection Process, section 9.11 states, applicants must report all arrests, court-ordered restraining orders (regarding a family member or a co-habitant) and/or convictions/dispositions on their original application. Successful applicants will be checked through the National Criminal Information Center (NCIC) before an official offer of employment is extended.

Policy Number: ADM-11.28 section 9.12, requires all successful candidates will be finger-printed by the Recruiting and Employment Services Branch staff before establishing a hire date. Fingerprints will be sent to the State Law Enforcement Division (SLED) and the Federal Bureau of Investigation (FBI) for processing.

Interviewed Specialized Staff: The agency assistant/recruiting & employment director indicated that the agency performs criminal record background checks and considers pertinent

civil or administrative adjudication for all newly hired employees who may have contact with residents.

The agency assistant/recruiting & employment director also indicated that the agency run conducts NIC checks as well as covering the PREA compliance questionnaire with all applicants in order to consider pertinent information for quality candidate. Prior to any access and employee or third-party employee has a NICI and fingerprints check before they have access to one of the agency facilities.

115.217 (d)

The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents.

Interviewed Specialized Staff: The agency assistant/recruiting & employment director indicated that all third-party contractors have a background check conducted and, if applicable, proof that any criminal history has been cleared, prior to granting authority to report inside one of the agency facilities.

115.217 (e)

The agency shall either conduct criminal background records checks at least every five years of 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 Recruiting and Employment Services Branch in conjunction with the State Law Enforcement Division (SLED), monitoring system screens all employees and contractors using fingerprints provided by the employee or contractor during the pre-employment process. The fingerprints are sent to the State Law Enforcement Division (SLED) and the Federal Bureau of Investigation (FBI) for processing. In an employee or contractor is engaging in a criminal misconduct the SLED database alerts the agency that there has been an arrest or violation within (24) hours of the incidents.

Interviewed Specialized Staff: The assistant human resource manager detailed the criminal background verification process. The same system for verifying criminal histories was also confirmed by the agency PREA coordinator. The agency has a system in place to capture criminal background updates for all current employees on a continuous basis as oppose to every five years. If an employee or contractor is engaging in a criminal misconduct the State Law Enforcement Division (SLED) database alerts the agency that there has been an arrest or violation within (24) hours of the incident. Types of misconduct notifications include arrest warrants, indictments, or restraining order (s). The disposition of the arrest warrant, indictment, or restraining order (s) must also be reported within twenty-four (24) hours of the receipt of the disposition by the employee.

Interviewed agency PREA coordinator: An interview with the PREA coordinator indicated that South Carolina Department of Corrections uses an active background check system as described in the employee selection policy and the SC Law Enforcement Division (SLED) agreement in which all employees are fingerprinted digitally and shared with SLED. For the five (5) year background checks, if an employee of SCDC is arrested, loses a license, or otherwise involved in police investigations for alleged law enforcement infractions, SCDC is notified within 24 hours to make appropriate actions needed.

115.217 (f)

The agency shall ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The South Carolina Department of Corrections Policy Number: ADM-11.28 Applicant Selection Process, section 9.11.1 indicated that employees who move from a non-security to a security position, regardless of the reason for the move (promotion, demotion, reassignment, etc.) will be checked through the National Criminal Information Center (NCIC).

Employees who move from a security position to another security position, will not be checked through the National Criminal Information Center (NCIC) because these checks are conducted during each security employee's three-year recertification cycle through the Division of Training and Staff Development.

Interviewed Specialized Staff: The agency assistant/recruiting & employment director indicated to her knowledge the agency Institutional leadership is encouraging the agency Employee Conduct policy which reminds staff of the stiff penalties in doing something detrimental to the safety of the agency mission and the offenders who are in the agency care.

115.217 (g)

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The South Carolina Department of Corrections Policy Number: ADM-11.28 Applicant Selection Process, section 9.11.4 indicated for falsification, omission, or misrepresentation of facts or information other than arrests, restraining orders, or convictions, consideration should be given to the type of information falsified, omitted, or misrepresented and whether or not an offer of employment would have been extended if the agency had been given accurate information initially. Intentional deception will automatically disqualify an applicant.

SCDC Policy ADM-11.17, Employee Conduct, 6.2., failure to report such information may result in corrective action up to and including termination from employment with the SCDC. During the course of an official investigation, employees are to cooperate fully by providing all pertinent

information. Full cooperation requires truthfully responding to all questions and providing a signed statement or affidavit.

Interviewed Specialized Staff: According to the agency assistant director of recruiting & employment, should an applicant fail to report an arrest, court ordered restraining order, and/or conviction on their application, and it is found through NCIC check or otherwise, the selecting official may be contacted to further consider whether she/he wishes an offer of employment to be extended. Intentional deception will automatically disqualify an applicant. Any applicant that has served time in any state, federal, county, or city penal system within (5) years will not be hired by the agency.

115.217 (h)

Unless prohibited by law, the agency shall 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.

Interviewed Specialized Staff: The agency assistant/recruiting & employment director indicated that when a former employee applies for work at another institution, the agency follows the employment verification policy. The agency also submits a PREA Questionnaire if they are prior corrections/Law Enforcement.

During interviews with staff, it was indicated that the office would provide this information to other confinement facilities if asked and if is not prohibited by law.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (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 residents 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

115.218 (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 residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-22.47 Prison Management Expectations
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy ADM-12-01, Procurement of Supplies and Services
- PREA Audit: Pre-Audit Questionnaire for Community
- Staffing Plan
- Staff Interviews

115.218 (a)

When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

Interviewed Specialized Staff: The designated agency head indicated that There PREA coordinator meets frequently with wardens, Institutional PREA compliance managers, and the agency facility management to tour the institutions, discuss PREA safety measures needs for each institution, and develop plans to enhance the ability to protect residents from sexual abuse. The agency PREA coordinator also consults, as needed, with the agency director of compliance, standards and inspections to ensure that renovations to institutions comply with state and national standards.

Interviewed Specialized Staff: Interview with the warden indicated that facility has not had any major construction or renovation projects with in the past three years.

The warden indicated that the facility considered the effects of the expansion or modification upon the facility’s ability to protect residents from sexual abuse. The facility believes that expansion of the use of video monitoring with playback capabilities will improve the ability to prevent and protect residents from sexual abuse.

115.218 (b)

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.

Interviewed Specialized Staff: The designated agency head indicated that the agency has recently increased the number of cameras in many of the agency institutions to monitor activity within the institution. The cameras are monitored at the institutional level and they also have a central agency “Crow’s Nest” with a bank of cameras showing real time activity in many of the agency institutions. These cameras are monitored around the clock. The camera footage is also an important tool when investigating PREA allegations.

Interviewed Specialized staff: Interview with the warden indicated that facility has not installed and updated the video monitoring system. The facility does not have updated monitoring technology. However, installing such equipment will assist with protecting residents.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (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

115.221 (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

115.221 (c)

- Does the agency offer all residents who experience 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

115.221 (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 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

115.221 (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

115.221 (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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- Advocate MOU
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- SCDC Policy OP-21.04 Resident Classification Plan
- SCDC Policy POL-23.01 Investigation
- SCDC Policy/Procedure, GA-05.01 Investigations
- SCDC Policy POL-23.38 Evidence Protocol
- SCDC Contract Title: Confidential Support Services for Sexual Trauma to Residents
- MOU Between South Carolina Law Enforcement Division (SCLED) and South Carolina

Department of Correction (SCDOC)

- Critical Incident Stress Management (CISM) Team (1)
- SAFEs or SANEs Documentation (Past 12 Months) (1)
- MOU: Monthly reports of services and those served
- MOU with Sexual Trauma Services of the Pee Dee
- SCDCDVASA Member Organizations and Services to Incarcerated Victims
- List of Employees Qualified to service as Victim Advocates for emotional support (1 – Captain)
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.221 (a)

To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for an obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

SCDC Policy Number: OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment section 6.1 – All allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Division of Investigations initiate the investigation, and notify South Carolina Law Enforcement Division (SLED) and the Inspector General's office when sexual misconduct by staff, contractors or volunteers is alleged, and conduct an internal investigation in accordance with SCDC Policy/Procedure GA-05.01 – Investigations.

Interviewed Specialized Staff: According to the assistant director of Police Services, South Carolina Department of Corrections follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Interviewed Random Staff: During the random staff interviews five (5) out of twelve (12) random officers when ask the question do you know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse? Five stated that they would call the supervisor, they could not talk about the staff first responder duties which includes protecting forensic evidence.

115.221 (b)

The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.

See section (a) response.

115.221 (c)

The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. The agency shall document its efforts to provided SAFEs or SANEs.

The medical staff do not conduct forensic medical examinations on site. The role of medical health providers in the event of a sexual assault is limited to triage, emergency stabilization, after care and follow-up services.

A Memo from the Director of Nursing for the SCDC dated July 3, 2019 gives the Health Services – HCA-HN staff written guidance on the following PREA issues:

- SCDC medical staff are not trained to perform forensic medical examinations.
- Residents will be transferred to a local emergency department with staff qualified to perform forensic medical examinations.
- Residents will be provided information for a rape crisis center and other agency for support.

SCDC Policy Number: OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment section 7.1 – All alleged resident victims are taken to medical services area for an initial medical assessment. If medical personnel determine that a sexual assault may have occurred, the resident will be taken to an outside medical facility. The outside medical facility will perform a medical forensic exam, as appropriate, collecting all evidence and maintaining the chain of custody to preserve the evidence.

The agency works with the South Carolina Victim Assistance Network (SCVAN), a 501 (c) (3) organization, was created in response to a mandate in the South Carolina Crime Victims Bill of Right for a network of service providers to be formed to better protect and serve victims of crime. In 2010, SCVAN created the Statewide Forensic Nurse Examiner Program, through a VAWA-funded grant, to coordinate and support existing and developing FNE programs by building alliances with services providers to promote victim-oriented medical response and treatment of sexual assault victims. The coordinator also assists with the development of Sexual Assault Response Teams across South Carolina to ensure victims are provided compassionate and comprehensive support and to increase the likelihood of successful prosecution of offenders. The specialized services offered by FNEs through the accurate collection of forensic evidence and providing testimony at trials, are essential to the prosecutor’s case.

PAQ: The PAQ indicated that the number of forensic medical exams conducted during the past 12 months were zero.

PAQ: The PAQ indicated that the number of exams performed by SANEs/SAEFs during the past 12 months was zero.

PAQ: The PAQ indicated that the number of exams performed by a qualified medical practitioner during the past 12 months was zero.

115.221 (d)

The agency shall attempt to make available to the victim advocate from a rape crisis center. If a rape crisis center is not available to provided victim advocates services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 1400043, to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

SCDC has a statewide partnership agreement with multiple sexual assault centers across the state. The ten sexual assault centers provide hundreds of hours of support to victim of sexual assault, including individual face-to-face contacts, group sessions, written correspondence, and phone calls through toll-free hotline support. All services provided by the center are completely free, completely confidential and the Resident's safety is a priority according to the website.

The agency provided the auditor with a copy of the MOU with Sexual Trauma Services of the Midlands. SCDC intends to use the services of Sexual Trauma Services of the Midlands as a service provided to offer access to outside counseling services and support services to resident who are victims of sexual assault or abuse; increase incarcerated individuals' knowledge and awareness as well as responsiveness to sexual assault and prevention strategies, and enhance training about sexual assault, trauma, and responsiveness among correctional officers and corrections staff. Justice Assistance Grant (No. 1GPR19001 awarded October 1, 2019).

115.221 (e)

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The facility has a Critical Incident Stress Management (CISM) Team. CISM is an intervention protocol developed specifically for dealing with traumatic events. It is a formal, highly structured and professionally recognized process for helping those involved in a critical incident to share

their experiences, vent emotions, learn about stress reactions and symptoms and given referral for further help if required. It is a confidential, voluntary and educative process. If a resident request a staff advocate one of the CISM will work with the resident.

The facility provided the auditor with a list of CISM / qualified employees that can provide victim advocate services if the resident requests someone for the facility.

The South Carolina Victim Assistance Network (SCVAN) as requested the SCVAN provides resources to the facilities. The South Carolina Network Assistance, a 501 (C) (3) organization, was created in response to a mandate in the South Carolina Crime Victims Bills of Right for a network of service providers to be formed to better protect and serve victims of crime.

To fulfill the SCVAN objectives, SCVAN advocates on behalf of victims and witnesses of crime, maintains a communication network, enhances public awareness, facilitates research and evaluation, serves as technical support, facilitates quality training, provides education regarding legislative initiatives pertaining to crime issues, coordinates policy development, manages “one of a kind” programs and encourages citizen and victim participation in the justice process.

Interviewed Staff: The facility PREA compliance manager indicated that a victim advocate will be provided to a resident if the requests one for the facility.

See Section (d) response.

115.221 (f)

To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

SCDC Policy Number: OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment section 6.1 – All allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Division of Investigations initiate the investigation, and notify South Carolina Law Enforcement Division (SLED) and the Inspector General’s office when sexual misconduct by staff, contractors or volunteers is alleged, and conduct an internal investigation in accordance with SCDC Policy/Procedure GA-05.01 – Investigations.

115.221 (g)

The requirements of paragraphs (a) through (f) of this section shall also apply to:

- Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and
- Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

See section (d) response.

115.221 (h)

For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

A qualified facility staff member is the Qualified Mental Health Professional (QMHP). The qualified community-based member is a part of the statewide partnership agreement with multiple sexual assault centers across the state.

Concern: During the random staff interviews five (5) out of twelve (12) random officers were ask the question, do you know and understand the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse? Five (5) stated that they would call the supervisor, they could not give information regarding the first responder duties which includes protecting forensic evidence.

Facility Corrective Action: Refresher training was provided for all staff on 10/13 – 14/20, to include pat-down searches of transgender and intersex residents and protocol on what to do and how to respond using the PREA standards 115.215, 115.231, 115.267, and 115.265. The facility provided a copy of the training roster. Compliant 10/27/20.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (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

115.222 (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

115.222 (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 conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Mental Health Reception and Evaluation Flow Chart
- SCDC Policy OP-21.04 Resident Classification Plan
- SCDC Policy POL-23.01 Investigation
- MOU Between South Carolina Law Enforcement Division (SCLED) and South Carolina Department of Correction (SCDOC)
- Facility Investigator Training/NIC Certificates (1)

- Agency Investigator Training/NIC Certificates (5)
- List of Agency Investigators (40)
- Investigation Reports -All Investigation for the Past Months (0)
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.222 (a)

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

SCDC has policies that govern both criminal and administrative investigations. Policies also ensures that allegations of sexual abuse or sexual harassment are referred for investigation and completed on all administrative and criminal allegations.

SCDC Policy Number: OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment section 6.1 – All allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Division of Investigations initiate the investigation, and notify South Carolina Law Enforcement Division (SLED) and the Inspector General's office when sexual misconduct by staff, contractors or volunteers is alleged, and conduct an internal investigation in accordance with SCDC Policy/Procedure GA-05.01 – Investigations.

SCDC Policy Number: POL-23.01 Investigations section 5.1.2 – Administrative cases may originate from citizens, residents, employees, or anonymous compliant, other governmental agencies; facts detected during the normal course of business; or following a serious incident.

According to policy, an administrative investigation may or may not be conducted in conjunction with, or in addition to, a criminal investigation. The deputy director of Police Services/designee ensures that administrative case assignments do not impact criminal case assignment. Which means in some instances, two cases may be conducted independent of each other.

Interviewed Specialized Staff: The designated agency head indicated that South Carolina Department of Corrections has a formal process in place to ensure administrative and criminal investigations are completed for allegations of sexual abuse and sexual harassment.

Designee also indicated that all PREA allegations are reported to the institutional PREA compliance manager. Incident reports and statements from the victim and any witnesses are collected and forwarded to the agency PREA coordinator who will determine whether the matter warrants a criminal investigation or whether the matter will be referred to the PCM for administrative review. The PREA compliance manager investigates all resident on resident sexual harassment allegations. The agency Police Services Office investigates all allegations of a criminal nature and all administrative allegations concerning staff or volunteer sexual abuse or sexual harassment of residents. The resident who reported the PREA allegation is informed of the results of the investigation. Allegations that result in substantiated and unsubstantiated

dispositions are the subject of incident reviews with an attorney from General Counsel's Office and the institutional staff after each incident to discuss circumstances surrounding the PREA incident, the investigation conducted, and recommendations for future action.

Interviewed Specialized Staff: The deputy director of Police Services indicated that SCDC Policy OP-21.12 requires that all allegations of sexual abuse or sexual harassment are investigated.

The deputy director of Police Services also indicated that SCDC Police Services has full State authority to conduct investigations and make arrests. The SCDC Polices has an MOU with SC Law Enforcement Division (SLED) that allows for SLED to be the lead investigative agency if necessary. The PREA compliance staff conduct reviews of resident on resident harassment as these are non-criminal issues that do not involve staff.

PAQ: The PAQ indicated that during the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was zero.

PAQ: The PAQ indicated that during the past 12 months, the number of allegations resulting in an administrative investigation were zero.

PAQ: The PAQ indicated that during the past 12 months, the number of allegations referred for criminal investigation were zero.

115.222 (b)

The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

When allegations are made at the facility, information is collected by staff, then forwarded to the facility PREA compliance manager for review and recommendation to the PREA coordinator. The PREA coordinator determines if an allegation should be forward to Police Services to initiate a criminal investigation. Criminal investigations are documented in the Police Case Management System. Incidents not determined to be criminal in nature are referred to the facility for the completion of an administrative investigation. Administrative investigations are documented in investigative files at the facility and maintained by the PREA compliance manager.

SCDC Policy Number: OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment section 6.3, if allegations of conduct that appears 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, and Residents may be charged through the agency Disciplinary System.

A review of the MOU Between SC Law Enforcement Division and the SCDC indicated that the MOU constitutes an agreement to establish guidelines relating to the investigation of criminal cases and the notification of certain events that occur on property controlled by SCDC.

Section 5.2 of the MOU includes any case that involves sexual assault of an SCDC employee or private citizen by a resident. Additionally, SLED will be the primary investigative agency as requested by the Director of SCDC or the SCDC Inspector General at his discretion.

115.222 (c)

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

Interviewed staff: Indicated that outside entity SLED is aware of the agency sexual abuse policy of investigations. The agency has developed a policy for the investigation of sexual abuse and sexual harassment which is reported to the SCDC. The policy number: OP-21-12: Prevention, Detection and Response to Sexual Abuse/Sexual Harassment is published on the agency's website at <http://doc.sc.gov/preaweb/>

The primary mission of the State Law Enforcement Division (SLED) is to provide quality manpower and technical assistance to law enforcement agencies and to conduct investigations on behalf of the state as directed by the Governor and Attorney General. All related documentation is captured in the Police Case Management System. Facility administrative investigations are maintained in files at the facility and secured by the PREA Compliance Manager.

115.222 (d)

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

The agency has developed a policy for the investigation of sexual abuse and sexual harassment which is reported to the SCDC. The policy number: OP-21-12: Prevention, Detection and Response to Sexual Abuse/Sexual Harassment is published on the agency's website at <http://doc.sc.gov/preaweb/>

115.222 (e)

Any department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

See Section (e) response.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents 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 residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents 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

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy Number: OP 21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy ADM-11.28 Applicant Selection Process
- SCDC Policy ADM-17.01 Employee Training Standards
- PREA Lesson Plan

- Agency Orientation & New Employee Onboarding (NEO) Program
- PREA – New Employee On-Boarding /Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment (OP-21-12) with Employee Signature (30)
- Employee Policy Acknowledgement Form /PREA and Retaliation (30)
- Lesson Plan: Supervision of Offenders (3 Hours)
- 2020 Agency Orientation Checklist (Live Stream) – All Staff for the past 12 Months or (12)
- SCDC Personnel System/Employee Training System/Employee Meeting Criteria (Workshop 1073.30V PREA) Curriculum
- SCDC Personnel System/Employee Training System Electronic Signature
- Guidance in Cross-Gender and Transgender Pat Searches (Moss Group)
- PREA Training Section 1800 Curriculum
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.231 (a)

The agency shall train all employees who may have contact with residents on:

- Its zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Residents' right to be free from sexual abuse and sexual harassment;
- The right of residents 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 threatened and actual sexual abuse;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The agency provides training for all staff working at its facilities. The South Carolina Department of Corrections Policy Number: OP-21.12 section 2 requires PREA training to be provided to all agency/facility staff during the individual orientation programs as well as the mandatory in-service annual training. The training includes, but is not limited to:

- SCDC policy provisions pertaining to resident sexual abuse and sexual harassment prevention, detection, reporting and response, and how staff are to fulfill their responsibilities under these policies and procedures.
- The requirement that staff report immediately any knowledge or information regarding sexual abuse or sexual harassment.

- Zero tolerance for the sexual abuse or sexual harassment of residents.
- Residents' right to be free from sexual abuse and sexual harassment, and the right of residents and staff to be free from retaliation for reporting such abuse.
- The dynamics of sexual abuse and sexual harassment in confinement, recognition of signs of threatened and actual sexual abuse, common reactions of sexual abuse victims and sensitivity to resident reports of sexual abuse, confidentiality, recognition of signs of predatory residents and residents who are vulnerable to sexual abuse.
- How to avoid inappropriate relationships with residents.
- How to comply with relevant laws to mandatory reporting of sexual abuse to outside authorities.

The auditor reviewed the following training information.

- PREA Curriculum 2018 (2 Hours).
- Attend a basic training at the Training Academy in Columbia, S.C. The training varies in length depending upon the position that the employee. All position training includes PREA Training.
- Agency Orientation & New Employee Onboarding (NEO) Program
- PREA – New Employee On-Boarding /Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment (OP-21-12) with Employee Signature (30)
- Lesson Plan: Supervision of Offenders (3 Hours)
- 2020 Agency Orientation Checklist (Live Stream) – All Staff for the past 12 Months or (30)
- SCDC Personnel System/Employee Training System/Employee Meeting Criteria (Workshop 1073.30V PREA) Curriculum
- SCDC Personnel System/Employee Training System Electronic Signature (30)
- Guidance in Cross-Gender and Transgender Pat Searches (Moss Group)
- PREA Training Section 1800 Curriculum

The auditor reviews of the curriculum identify all elements of required topics.

Interviewed Random Staff: During the random staff interviews eight (8) out of twelve (12) random officers did not remember training concerning cross-gender pat-down searches of transgender and intersex residents in a professional and respectful manner. When probed, most staff were not sure on all required PREA topics.

115.231 (b)

Such training shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that house only male residents to a facility that houses only female residents, or vice versa.

All staff are required to completed the New Staff Orientation which includes gender training.

115.231 (C)

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

Interviewed staff: Interviewed staff provided information regarding the yearly PREA training they are required to participate in as part of their annual mandatory training. All interviewed staff were consistent in providing information regarding the annual PREA training provided by the department.

Interviewed staff: Interviewed staff also indicated that they also received monthly refresher training through staff briefings and meetings where they are reminded of PREA issues.

115.231 (d)

The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

The agency documents the PREA training using the Staff Sign-In Training Acknowledgement or staff rosters.

115.231 Employee Training

Concern: During the random staff interviews eight (8) out of twelve (12) random officers did not remember training concerning cross-gender pat-down searches of transgender and intersex

residents in a professional and respectful manner. When probed, most staff were not sure on all required PREA topics.

Facility Corrective Action: Refresher training was provided for all staff on 10/13 – 14/20, to include pat-down searches of transgender and intersex residents and protocol on what to do and how to respond using the PREA standards 115.215, 115.231, 115.267, and 115.265. The facility provided a copy of the training roster. Compliant 10/27/20.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy PS-10.04 Volunteer Services Programs
- Application for Volunteer Services
- Volunteers Orientation Training Power Point
- Volunteer Services Agreement with Signature (4)
- Contractor Training Records/Medical
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.232 (a)

The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Volunteers and contractors are provided PREA training and education relative to their duties and responsibilities.

The agency provided the auditor with the volunteer orientation power point presentation. The volunteer orientation topics included but were not limited to:

- SC Department of Corrections Mission
- SCDC Resident Profile
- Types of Volunteer Services
- Volunteer Conduct
- Employee-Resident Relations
- Sexual Abuse, Harassment, and Misconduct
- Drug Free Environment
- Contact with News Media
- Appropriate Dress
- Unauthorized Items-Contraband
- Submission to Searches
- Photo Identification for Entry

Interviewed Volunteers: Interviews with volunteers indicated that they have been trained in the responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedures.

According to a volunteer, their training consists of understanding the PREA policy, how to report, who to report too, and time frames for reporting.

PAQ: The PAQ indicated that the number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response was three.

115.232 (b)

The level and type of training provided to volunteers and contractors shall be based on the services they provided and level of contact they have with residents, but all volunteer and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

A review of documentation (Application for Volunteer Services, Volunteers Orientation Training Power Point and Volunteer Services Agreement) with signature indicated that this standard is compliant.

All staff working through a contract agency receives PREA training the first day they report to work and annually thereafter.

115.232 (c)

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

A Memo from the Director of Nursing for the SCDC dated July 3, 2019 gives the Health Services – HCA-HN staff written guidance on the following PREA issues:

- All staff working through a contract agency will receive PREA training the first day they report to work and annually thereafter.
- Completion of training must be documented and indicated on the roster the nurse received and understood the training.

The agency documents the PREA training using the Staff Sign-In Training Acknowledgement or staff rosters.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Form 18-18 Certification of Prison Rape Elimination Act
- SCDC Form 18-69 Certificate of Resident Orientation
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- SCDC Policy GA-01.12 Resident Grievance System
- SCDC Policy OP-22.14 Resident Disciplinary System
- SCDC Policy PS-10.08 Resident Correspondence Privileges
- PREA Audit: Pre-Audit Questionnaire for Community
- Resident Handbook /Let's Talk About Safety - English and Spanish
- Certification of PREA Orientation completion with signature (60)
- Pee Dee Coalition Against Domestic and Sexual Assault *63 Poster
- PREA Playing Cards (JUST Detention)
- Tablet – APPS & Games (PREA Video)
- Resident Kiosk System (Handbook English and Spanish)
- Posters English and Spanish
- Braille – English and Spanish
- SCDC School for the Deaf and the Blind

- Staff Interviews
- Resident Interviews

115.233 (a)

During the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

SCDC has created a resident brochure based on the Just Detention International grant. The brochure is entitled "Let's Talk About Safety". The brochure covers:

- Agency's Zero Tolerance Policy
- Sexual Safety Tips
- PREA Reporting Information
- Sexual Assault
- Resident Rights Regarding Sexual Abuse and Sexual Harassment
- South Carolina Law Enforcement Division (SLED) Mail Address

The South Carolina Department of Corrections Policy Number: OP-21.12 section 1.1, as a part of the initial intake process at the Reception and Evaluation (R&E) Center, all residents receive a thorough orientation on the agency's zero-tolerance policy regarding the sexual abuse of residents. Phase I: intake education, which provided during the intake process (within 24 hours of the resident's arrival) and include an explanation of SCDC's zero-tolerance policy toward sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse or sexual harassment.

Interviewed Random Residents: When residents were asked the question, "when you first came here, did you get information about the facility's rules against sexual abuse and harassment?" Ninety-nine (99%) of the residents interviewed stated yes.

Twenty-one (21) random residents were interviewed. All twenty-one (21) random residents reported that they recalled watching a video explaining sexual abuse and harassment, how to report and their right to not be punished for reporting and looking at a video when they arrived in intake. They also noted that when they met with their counselor, they conducted orientation with them regarding sexual abuse and harassment, how to report and their right to not be punished for reporting.

All twenty-one (21) random residents that were interviewed, were transferred to the facility from another facility. Fifteen (15) random residents had entered the within the past 12 months.

115.233 (b)

The agency shall provide refresher information whenever a resident is transferred to a different facility.

The South Carolina Department of Corrections Policy Number: OP-21.12 section 1.1, as a part of the initial intake process at the Reception and Evaluation (R&E) Center, all residents receive a thorough orientation on the agency's zero-tolerance policy regarding the sexual abuse of residents.

Phase II: Comprehensive education which is provided within two weeks of the resident's arrival at R&E includes the following:

- SCDC Policy OP-21.12 "Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment;
- Residents' right to be free from sexual abuse and sexual harassment as well as retaliation for reporting such incidents;
- Prevention;
- Tips for staying safe;
- How to report incidents or suspicions of sexual abuse or sexual harassment;
- SCDC's Policies and procedure for responding to sexual abuse and sexual harassment, including the availability of treatment and counseling for victimized Residents; and
- Disciplinary actions for intentionally making a false allegation.

The facility provided the following resident educational methods.

- PREA Playing Cards (JUST Detention)
- English PREA Poster
- Spanish PREA Poster
- Resident Handbook-"Let's Talk About Safety"
- Resident Kiosk System (Residents are required to view PREA information before they are able to further utilize the Kiosks).
- Tablets (PREA Video)
- Video Tape

Interviewed Staff: Staff indicated that SCDC encourages employees and residents at all facilities to use and share all material and information pertaining to PREA. It is pertinent that everyone is aware of the policy and understands that SCDC has a zero-tolerance regarding sexual abuse and sexual harassment against residents. The residents are provided a deck of playing cards, Prison Rape Elimination Act, playing cards that they are allowed to use for playing card games. These cards provide the residents with information pertaining to sexual abuse and sexual harassment and how to report it. It explains to them that they can report anonymously and will be protected from retaliation, because SCDC is committed to their safety.

One section of the brochure provides residents with options to alert or others of sexual abuse or sexual harassment taking place in a SCDC correctional setting. These include:

- File a grievance
- File a report to investigations using a facility kiosk
- Request to visit medical and ask for help
- Ask a lawyer, a friend, or family member to request help
- Dial *22 from any Resident phone located in living units.
- Dial *63 from any Resident phone located in living units.

Interviewed Specialized Staff: The facility PREA compliance manager indicated that the tablets have allowed the residents access to contact family members, listen to music, watch movies and read books online. They also have access to APPs and Games which allows residents to view the PREA video.

115.233 (c)

The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Policy OP 21.12 Section 1.1.5 states current residents who have not received the required education shall be educated as promptly as possible.

Interviewed staff: Indicated that all residents have received the required education.

115.233 (d)

The agency shall maintain documentation of resident participation in these education sessions.

SCDC Policy requires residents to sign an acknowledgement of having received PREA information at both the intake and comprehensive education sessions initial intake process and at all institutional orientations on SCDC Form 18-78, "Certification of Prison Rape Elimination Act (PREA) Orientation", and SCDC Form 18-69 "Certificate of Resident Orientation". A copy of the forms is maintained in the Resident's institutional record.

Documentation of the receipt of the resident handbooks, as well as a copy of the PREA pages of the handbook, were provided to the auditor to demonstrate compliance with this provision of the standard.

115.233 (e)

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through poster, resident handbooks, or other written formats.

Policy OP 21.12 Section 1.1.6, states in addition to the education outlined, each SCDC facility will ensure that key information, including information about the right to be free from sexual abuse and sexual harassment, and how to make a report, is continuously and readily available or visible to residents through posters and other written formats.

The facility provided the following available PREA information.

- PREA Playing Cards (JUST Detention)
- English PREA Poster
- Spanish PREA Poster
- Resident Handbook - Let's Talk About Safety" Brochure
- Resident Kiosk System (Residents are required to view PREA information before they are able to further utilize the Kiosks).
- Video Tape
- Tablets
- File a Grievance
- File a report to investigations using a facility kiosk
- Request to visit medical and ask for help
- Ask a lawyer, a friend, or family member to request help
- Dial *22 from any Resident phone located in living units.
- Dial *63 from any Resident phone located in living units.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, 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 115.221(a).)

Yes No NA

115.234 (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 115.221(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 115.221(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 115.221(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 115.221(a).) Yes No NA

115.234 (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 115.221(a).) Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- Facility Investigator Training/NIC Certificates (1)
- Agency Investigator Training/NIC Certificates (5)
- List of Agency Investigators (40)
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy ADM-17.01 Employee Training Standards

- SCDC Policy POL-23.01 Investigation
- SCDC Policy POL-23.12 Case File Requirements
- Staff Interviews
- PREA Audit: Pre-Audit Questionnaire for Community

115.234 (a)

In addition to the general training provided to all employees pursuant to standard 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Currently, SCDC Police Services statewide has forty (40) investigators, who are Class 1 Police Officers. These investigators are assigned to a region in the state. Using a regional approach, the state is divided into four (4) regions. Each region has five (5) investigators assigned with one (1) supervising manager for each respective region. Each region is task with the responsibility of performing a variety of types of investigations to include PREA investigations.

Interviewed Specialized Staff: The deputy director of Police Services indicated that agent's take Investigating Sexual Abuse in a Confinement Setting and Investigating Sexual Abuse in a Confinement Setting: Advance Investigations. These classes are taught by the National Institute of Corrections (NIC). Online courses dealing with investigating sexual assault inside correctional facilities.

115.234 (b)

Specialized training shall include 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 prosecution referral.

Interviewed Specialized Staff: The assistant director of Police Services confirmed investigative training include the proper use of Miranda and Garrity warnings, sexual abuse evidence collection of crime scenes in correctional settings and the evidence and criteria needed to substantiate an incident for criminal or administrative proceeding. SCDC has forty- five (45) total investigators.

Interviewed Specialized Staff: The facility PREA investigator indicated the he has completed the NIC training and provided a certificate.

The investigators are required to complete the NIC online PREA specialized Investigations training. The NIC online training include techniques for interviewing sexual abuse victim, proper use of Miranda and Garrity warning. The facility provided a list of individuals that completed the PREA specialized training and verification by submitting the certificates at were received at the completion of course.

PREA Compliance Manager Comprehensive Investigative Training 2020: The PREA coordinator's office recently provided all PREA compliance managers and their supports with in-depth comprehensive investigative training at SCDC's training academy with 49 attendees. This full day of training consisted of a review of the PCM's role and included speakers from Police Services, the Grievance Branch, Office of General Counsel, and PCMs from audited institutions to share multidisciplinary information and expertise. An informal testing of the knowledge learned was provided to all attendees, which indicated the training was successful

The National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting" includes the following topics:

1. Initial Response
2. Investigation
3. Determination of the Findings
4. A Coordinated Response
5. Sexual Assault Response Team
6. A Systemic Approach
7. How Sexual Abuse Investigations Are Different
8. How Investigations in Confinement Settings Are Different
9. Criteria for Administrative Action
10. Criteria for Criminal Prosecution
11. Report Writing Requirements of an Administrative Report
12. Requirements for an Administrative Report
13. Requirements for a Criminal Report
14. The Importance of Accurate Reporting
15. Miranda and Garrity Requirement
16. Miranda Warning Considerations
17. Garrity Warning Considerations
18. The Importance of Miranda and Garrity Warnings
19. Medical and Mental Health Practitioner's Role in Investigations
20. PREA Standards for Forensic Medical Examinations

115.234 (c)

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The agency provided a list of investigators that are responsible for investigating PREA at this facility. NIC verification of completion was provided.

PAQ: The number of investigators currently employed who have completed the required training 45 Regional and 1 the facility.

115.234 (d)

Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

Interviewed Staff: Interviewed staff indicated that the agency is not involved with any Department of Justice investigations as it relates to PREA.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (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

115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
 Yes No NA

115.235 (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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (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 and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy ADM-17.01 Employee Training Standards
- SCDC Policy GA-06.09 Care and Custody of Transgender Residents and Residents Diagnosed with Gender Dysphoria
- Staff Interviews PREA Audit: Pre-Audit Questionnaire Community

115.235 (a)

The agency shall 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;
- 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 to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The agency ensures that all full-and part-time, contract medical and mental health care professionals who work regularly in its facilities have been trained in the topics listed above.

Interviewed Specialized Staff: The RN indicated that she does not perform forensic examinations. PREA incidents are forwarded/referred to the doctor and local hospital for services. Medical staff received specialized training thru the SCDC Block Training and the Corzan.

115.235 (b)

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Interviewed Specialized Staff: According to the facility PREA compliance manager, victims of sexual abuse would be taken to a local hospital that employs a qualified forensic examiner or SANE/SAFE staff.

115.235 (C)

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

The medical and mental health maintains documentation that there training is kept as electronic training records.

115.235 (d)

Medical and mental health care practitioners shall also receive the training mandated for employees under standard 115.31 or for contractors and volunteers under standard 115.32, depending upon the practitioner's status at the agency.

Interviewed Specialized Staff: The medical staff indicated that they have completed the required PREA training that is covered in standard 115.231.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident 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 residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident 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 residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

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

115.241 (f)

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

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No

- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 - Yes No

115.241 (h)

- Is it the case that residents 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

115.241 (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 resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Form 18-79 PREA Screening Checklist
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- SCDC Policy GA-06.09 Care and Custody of Transgender Residents and Residents Diagnosed with Gender Dysphoria
- SCDC Policy OP-21.04 Resident Classification Plan
- SCDC Form 18-79 PREA Screening Checklist
- PREA Audit: Pre-Audit Questionnaire for Community
- PREA Screening – Initial (65)
- PREA Screening Reassessment -Match the Initial Screening
- Vulnerability to Victimization

- Sexually Aggressive
- List of Resident and Housing Assignments/Housing Roster
- Guidance in Cross-Gender and Transgender Pat Searches (MOSS Group – February 2012)
- PC Letter/PREA Screening Tool
- Lesson Plan: Supervision of Offenders (3 Hours), Pages 16 – 20
- Staff Interviews
- Residents Interviews

115.241 (a)

All residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.

The South Carolina Department of Corrections Policy Number: OP-21.04 Resident Classification Plan section 5.1 – states that during the receiving and screening phase at the Reception and Evaluation Center, medical staff screen the incoming resident within 72 hours, using SCDC Form M-14 and the history portion of the R&E Physical in the automated medical record (AMR).

Regarding initial Screening for risk of victimization or abusiveness policy states the following: the resident must be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of arrival at SCDC and again at each subsequent transfer. A trained designated staff member uses the automated PREA Screening Instrument (SCDC Form 18-79, “PREA Screening Checklist”) to interview the resident and complete the checklist.

A Memo from the Director of Nursing for the SCDC dated July 3, 2019 gives the Health Services – HCA-HN staff written guidance on the following PREA issues:

- All Residents must have a PREA Risk Assessment screening when they enter the institution and anytime there is an allegation or case. Meaning if you see the resident or suspected sexual abuse or harassment you will complete another assessment. This will be completed for every resident that you receive and completed in 24-48 hours at the same time you do intakes.
- Prior to the start of all risk assessments you must inform the resident:
 - Risk assessment questions are confidential.
 - You must report any allegation of sexual abuse/harassment that took place in SCDC.
 - The resident is not required to answer any questions and there will be not punishment for refusing.

Interview Specialized Staff: The agency PREA coordinator indicated that Per SCDC policy, procedures, and processes, residents who are screened and found to be vulnerable for

victimization or vulnerable for perpetration are not assigned to a Level I Institution (Pre-Release or Work Release Center). SCDC Level 1 institutions are all “open bay” housing, which would be less secure for protection of vulnerable residents or would need additional security and monitoring for predators. For these reasons and other security and safety reasons, no Residents who are found with these vulnerabilities are assigned to Level 1 institutions.

In the case of a resident who is transferred to a Level 1 institution who is then identified as a vulnerable resident or perpetrator, classification will be notified, and that resident will be removed and transferred to another institution as soon as possible for the security and safety of that resident and others.

Interviewed Random Residents: Twenty-one (21) random residents interviewed, six (6) residents could not recall if they were asked questions about prior sexual history of sexual abuse, or whether they identified as being gay, lesbian, or bisexual, has a disability, or felt in danger of sexual abuse. Fifteen (15) random residents could recall and reported that the questions were asked upon arrival and by their assigned counselor.

100% of the residents reported feeling safe and that sexual assault did not really occur at this facility.

115.241 (b)

Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

SCDC policy requires that all residents are assessed within 72 hours of arrival as part of the intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents. SCDC policy require the use of a screening instrument to determine proper housing, be assignment, work assignment, education and other program assignments, with the goal of keeping residents at a high risk of being sexually abused/sexually harassed separate from those residents who are at a high risk of being sexually abusive.

Interviewed Specialized Staff: According to staff and documentation reviewed, PREA screening take place within the 72 hours of arrival at the facility whether it is the Reception and Evaluation Center or the facility transferred too.

115.241 (c)

Such assessments shall be conducted using an objective screening instrument.

Interviewed Classification Staff Who Preform PREA Screening: The facility uses an screening objective screening instrument to determine proper housing, bed, assignment, work assignment, education and other program assignments, with the goal of keeping Residents at a high risk of being sexually abused or sexually harassed separate from those residents who are a high risk of being sexually abused.

According to documentation reviewed, the facility uses the agency automated PREA Screening Instrument (SCDC Form 18-79, "PREA Screening Checklist"). This instrument is computer-based system.

115.241 (d)

The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:

- Whether the resident has a mental, physical, or developmental disability;
- The age of the residents;
- The physical build of the resident;
- Whether the resident has previously been incarcerated;
- Whether the resident's criminal history is exclusively nonviolent;
- Whether the resident has prior convictions for sex offenses against an adult or child;
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the resident has previously experienced sexual victimization;
- The residents own perception of vulnerability; and
- Whether the resident is detained solely for civil immigration purposes?

According to the SCDC's Notable Milestones, the PREA Risk Screening now has added features such as a "List Menu" with dropdown categories added to include:

- "Initial Assessment List"
- "Reassessment List"
- Location Search that provides staff with information regarding a certain dorm and if a certain category of resident is housed there.
- "One-to-One Compatibility Search" which is a very useful tool whereby staff can input two resident SCDC numbers to determine if two residents can safely be housed together;
- A search tool that lets staff know where vulnerable residents are currently housed to include dorm; room and bunk information.

These features further enhance the commitment to provide safe housing, bed, and programming/educational assignments to the Residents at each institution.

The auditor requested that the agency PREA coordinator give a demonstration of these functions. The request was honored. This is a good computerized system.

Interviewed Classification Staff Who Preform PREA Screenings: Staff indicated that the initial PREA screening consist of 21 questions. These are on a computer-based system.

115.241 (e)

The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

See section (d) response.

115.241 (f)

Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Residents reassessment for risk of victimization and abusiveness were completed within 30 days of the Resident's arrival or when even warranted.

Interviewed Classification Staff Who Perform PREA Screening: Staff indicated that after the initial PREA screening they conduct reassessments within 30 days.

115.41 (g)

A resident's risk level shall be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

Policy requires within 30 days of transfer, the classification caseworker/CPS reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received since the residents' transfer. In additional, relevant information has been received, the classification caseworker assesses the resident's risk using the automated PREA screening instrument. If no additional, relevant information has been received, the classification caseworker indicated that on the automated PREA Due List.

See Section (f) response.

115.241 (h)

Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d-1, 7, 8, 9) of this section.

A Memo from the Director of Nursing for the SCDC dated July 3, 2019 gives the Health Services – HCA-HN staff written guidance on the following PREA issues:

- Questions contained in the risk screening instrument are private and confidential, however,

- Medical and mental health professionals are required to report any allegation of sexual abuse / harassment that took place in SCDC facility.
- Unless precluded by law medical and mental health professionals are required to report sexual abuse and to inform Resident of the limits of confidentiality at the initiation of services.
- A resident is not required to answer any questions on the risk assessment instrument and there will be no punishment for refusing.

Interviewed Specialized Staff: Indicated that the facility would not discipline a resident for refusing to answer and questions or for not disclosing information.

Interviewed Classification Staff Who Preform PREA Screening: Interviews with these staff indicated that residents are not disciplined for not responding to any of the questions. If the resident has mental disability, or a physical, or development disability the resident will be referred to mental health or medical. Residents are not disciplined if they do not report if they are gay, lesbian, bisexual, transgender, intersex, or gender non-conforming.

115.241 (i)

The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information in not exploited to the resident’s detriment by staff or other residents.

Interviewed Specialized Staff: The facility PREA compliance manager indicated that the facility has implemented appropriate controls to monitor the dissemination of sensitive information within the facility. Resident information is safeguarded by limiting access based on the role staff plays in the offender management process. Electronic access to protected confidential and physical files is limited by password protection system.

Interviewed Classification Staff Who Preform PREA Screening: Staff indicated that the facility has outlined who can have access to a resident’s risk assessment within the facility in order to protect sensitive information from exploitation.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident'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

115.242 (e)

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

115.242 (f)

- 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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

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

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

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Form 18-79 PREA Screening Checklist
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment

- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy GA-06.09 Care and Custody of Transgender Residents and Residents Diagnosed with Gender Dysphoria
- SCDC Policy OP-21.04 Resident Classification Plan
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews
- Resident Interviews

115.242 (a)

The agency shall use information from the risk screening required by standard 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

According to the SCDC’s Notable Milestones, the PREA Risk Screening now has added features such as a “List Menu” with dropdown categories added to include:

- “Initial Assessment List”
- “Reassessment List”
- Location Search to provide staff with information regarding a certain dorm and if a certain category of resident is housed there.
- “One-to-One Compatibility Search” which is a very useful tool whereby staff can input two resident SCDC numbers to determine if two Residents can safely be housed together;
- A search tool that lets staff know where vulnerable Residents are currently housed to include dorm; room and bunk information.

These features further enhance the commitment to provide safe housing, bed, and programming/educational assignments to the residents at each institution.

The auditor requested that the agency PREA coordinator give a demonstration of these functions. The request was honored. This is a good computerized system.

115.242 (b)

The agency shall make individualized determinations about how to ensure the safety of each resident.

Policy requires information from the risk screening instrument are considered when making housing, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually

abusive, and ensuring that determination about how to ensure the safety of each resident is individualized.

115.242 (c)

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the residents health and safety, and whether the placement would present management or security problems.

SCDC policy require the use of a screening instrument to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping residents at a high risk of being sexually abused/sexually harassed separate from those Residents who are at a high risk of being sexually abusive.

Policy requires that the initial housing of LGBT) residents: Lesbian, gay, bisexual, transgender, or intersex residents is not housed solely on the basis of their identification unless placed for the purpose of protecting the Resident.

SCDC Policy GA-06.09 Care and Custody of Transgender Residents and Residents Diagnosed with Gender Dysphoria, Section 3. Housing of transgender residents and residents Diagnosed with Gender Dysphoria 3.1 states, in deciding whether to house transgender resident and residents with gender dysphoria in a facility for male or females, and in making other housing decisions (bathroom and shower access) and programming assignments, the Multidisciplinary Management and Treatment Team will consult with the Division of Operations as well as central Classifications to create a plan with a reasonable outcome for the resident and institution as a whole. Safety concerns will be taken into account.

Policy GA-06.9 section 3.2 states, the following factors, along with 3.1 above, must be given serious consideration in making housing and placement decisions:

- The residents' views with respect to safety;
- The residents' expressed gender identity;
- The residents' current gender expression;
- The residents' vulnerability to victimization;
- The likelihood that the resident will perpetrate abuse;
- Facility considerations such as staffing patterns layout, and resident population;
- Length of sentence.

115.242 (d)

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Policy requires placement and program assignment of transgender and intersex residents are reassessed every six months to review any threats to safety experienced by the Resident.

See section (a) response.

115.242 (e)

A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration.

Policy Number: OP-21.04 section 5.1.1 – requires that on a case by case basis, the Gender Dysphoria Multi-Disciplinary Team determine whether to assign a transgender or intersex resident to an institution for male or female residents. The placement decision is based on the residents own views with respect to his or her health and safety, and whether the decision will present a management or security problem.

115.242 (f)

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Interviewed Staff: Transgender and intersex residents are given the opportunity to shower separately from other residents.

The shower locations were observed during the facility tour.

115.242 (g)

The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such residents.

Policy requires that the initial housing of LGBT) residents: Lesbian, gay, bisexual, transgender, or intersex residents is not housed solely on the basis of their identification unless placed for the purpose of protecting the resident.

SCDC Policy GA-06.09 The Multidisciplinary Management and Treatment Team, Section 2.1 states, the Multidisciplinary Management and Treatment Team will, on a case-by-case basis, create individualized accommodation plans that will provide for all medically necessary treatment, including personal adjustment and housing needs as well as search preferences, where deemed medically necessary. These individualized accommodation plans will be documented on SCDC Form M-207, Multidisciplinary Accommodation Plan.”

Policy GA-06.09 2.2 states, The Multidisciplinary Management and Treatment Team will be made up of the following:

- Division Director of Behavioral/Mental Health & Substance Abuse Services;
- Assistant Deputy Director of Nursing;
- Chief Medical Doctor;
- Deputy Director of Health Services or designee;
- Chief Psychiatrist or designee;
- Primary care clinician (s) assigned to work with the offender, where appropriate;
- PREA Coordinator
- Deputy Director of Operations or designee;
- Deputy Director of Legal and Compliance or designee, and
- Division Director of Classification and Resident Records or designee.

Interviewed Classification Staff Who Preform Screenings: Housing and program assignments are made on a case-by-case basis and residents are not placed in housing units based solely on their sexual identification or status. Housing and program assignments are made to separate the vulnerable residents from the alleged abusers.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

- Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy Number: GA 01.07 Access to the General Counsel
- SCDC Policy GA-01.12 Resident Grievance System
- SCDC Policy PS-10.08 Resident Correspondence Privileges
- PREA Zero Tolerance Policy Poster (English and Spanish)
- MOU for Out Side Resident Reporting
- Pee Dee Coalition Against Domestic and Sexual Assault *63 Poster
- Resident Handbook /Let's Talk About Safety - English and Spanish)
- Braille – English and Spanish
- SCDC School for the Deaf and the Blind

- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews
- Resident Interviews

115.251 (a)

The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation, by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The South Carolina Department of Corrections Policy Number: OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment section 3 – Provides that residents 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 (address provided).

The resident can file a written report without giving his/her name or the name of the abuser (s). This information could also include an assault that occurred at any Correctional Facility, Detention Center, County Facility or while under community supervision, prior to or during his/her commitment to the SCDC.

Residents can report PREA related allegations in the following ways:

- File a grievance
- File a report to investigations using a facility kiosk
- Request to visit medical and ask for help
- Ask a lawyer, a friend, or family member to request help
- Dial *22 or *63 from any Resident phone located each living units (PREA reporting line set up by the SCDC to leave a message regarding any violation in the facility.
- Call Sexual Assault Hotline

Interviewed Random Staff: Twelve (12) out of Twelve (12) staff reported that they have multiple means to privately report sexual abuse or sexual harassment, such reporting opportunities included notifying the shift supervisor and completing an incident report. One hundred percent (100%) of the interviewed staff stated that residents can report sexual abuse or sexual harassment by calling the PREA hotline. *22. *63 or through the Kiosk or their Tablet. All the interviewed staff stated that residents can report sexual abuse verbally, in writing, anonymously and from third parties.

Staff reported that verbal report would be documented on an incident report form. Such documentation will be completed before the end of the shift.

Interviewed Random Residents: Twenty (21) interviewed residents stated that they had multiple ways to report. Most of the residents reported that they could communicate with the

warden, captain, officer and case workers. Residents also stated that they could call the PREA Line to file a report to investigations using a kiosk or used their tablets to report any sexual abuse or sexual harassment. Residents reported that while they know how to report allegation of sexual abuse and sexual harassment, they can tell someone they trust outside the facility. All (21) residents interviewed indicated that they could report sexual abuse or harassment to someone who does not work at the facility. Several residents reported they could make a report without providing their name. All (21) residents were aware of the PREA hotline and address, which they noticed was posted on the unit. When probed about the posters on their units with an outside number and address, they could call or write, all residents were aware of the posted information as well as the pamphlets which have the zero tolerance for sexual abuse and harassment.

115.251 (b)

The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

The following are ways residents can report sexual abuse or sexual harassment to public or private entity.

- Dialing *63 on the resident phone. This call is not recorded and the resident does not have to put in their resident Personal Identification Number (PIN) to make the call. The call goes to a statewide partnership with Sexual Assault Center that partnered with SCDC to provide these services. Center: Sexual Trauma Services of the Midlands.
- By Reporting to the Division of Investigations
- Resident Kiosk System
- Dialing *22 reporting line set up by the SCDC to leave a message regarding any violation in the facility.
- By writing to South Carolina Law Enforcement Division (SLED); Anyone can write to SLED to make a report of sexual abuse inside a correctional institution in South Carolina and can choose to remain anonymous. If the resident has access to website you can just click on the link and enter required information.
- Tell a friend or family member to use the SCDC Anonymous PREA Tips website
- Legal Counsel
- Grievance Process (Mail outside)

Interview Specialized Staff: The facility PREA compliance manager indicated that SCDC PREA policy states that residents can report sexual abuse or sexual harassment in many ways. They can report to any employee, volunteer, contractor, or third-party advocate. This can be done through verbal communication, writing or calling the provided Rape Crisis Center. If a resident chooses to mail this report or complaint, they will be provided a stamped envelope at no cost to the Resident, so they can mail the information.

115.251 (c)

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Interviewed staff: Indicated that they can privately report sexual abuse and sexual harassment of residents by using the SCDC anonymous PREA tips website or calling some within the agency and calling an investigator.

Concerns: During the facility tours the following resident reporting system (phones) were not operable.

1. Dorm-A: 5 phones *22 and *65 PREA lines did not work.
2. Dorm – B: 6 phones *22 and *63 PREA lines did not work
3. Dorm – D: 6 phones *22 and *63 PREA lines did not work

Facility Corrective Action: G.T.L was contacted on 10/4/20 all the PREA lines for *22 was repaired. The facility PREA compliance manager contacted G.T.L. on 11/3/20 regarding *63. G.T.L. indicated that the phone lines were repaired. The lines were tested by the facility PREA compliance manager and he indicated that *63 is working. The facility PREA compliance manager contacted Pee Dee Coalition at 843-669-4694 and confirm the MOU and hotline posters information. Compliant 11/5/20.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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

115.252 (b)

- Does the agency permit residents 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 a resident 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

115.252 (c)

- Does the agency ensure that: A resident 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

115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident 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

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third-party files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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

115.252 (g)

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

Auditor Overall Compliance Determination

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

- Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy GA-01.12 Resident Grievance System
- PREA Audit: Pre-Audit Questionnaire for Community
- Resident Grievance Form
- Grievance Transferal Memorandum (0)
- Grievance Entry Log/All Past 12 Months (9)
- Staff Interviews
- Resident Interviews

115.252 (a)

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

The South Carolina Department of Corrections Policy Number: GA-01.12 Resident Grievance System section 15.1 meets the requirements of this standard.

Policy section 15.2.6 states that the resident grievance coordinator (IGC) will not investigate allegations of a violation of PREA. A copy of any grievance alleging PREA violations will be provided to the PREA compliance manager within 24 hours of receipt for investigation and providing recommended responses to grievances. The PREA compliance manager will maintain a copy of the grievance and maintain a log of PREA allegations grievances.

115.252 (b)

- The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
- The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege and incident of sexual abuse.

- The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- Nothing in this section shall restrict the agency's ability to defend against a resident lawsuit on the ground that applicable status of limitations has expired.

Policy 15.2.1 states, there will be no time frame for filing a grievance alleging sexual abuse. The resident will not be required to attempt any informal resolution.

SCDC permits residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits. SCDC refrains from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse and sexual harassment.

115.252 (c)

The agency shall ensure that:

- A resident who alleges sexual abuse may submit a grievance with without submitting it to a staff member who is the subject of the complaint and
- Such grievance is not referred to a staff member who is the subject of the complaint.

The agency ensures that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. residents can submit grievance through a grievance box.

All grievances are picked up on a daily basis, during normal working hours, by an employee designated by the warden. All grievances are numbered and entered into the automated system within three working days by an employee designated by the warden.

115.252 (d)

- The agency shall 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 shall not include time consumed by residents in preparing any administrative appeal.
- The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

Policy, GA-01.2, Resident grievance system requires facilities to 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 with a maximum allowable extension of time to respond of up to 70 days per 115.52 (b) when the normal time period for response is insufficient to make an appropriate decision.

Policy, GA-01.12, Resident Grievance System, indicates that at any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

The auditor found this provision in compliance because policy requires a copy of any grievance alleging PREA violations to be provided to the PREA compliance manager within 24 hours of receipt for investigation and for providing recommended responses to grievances.

PAQ: The PAQ indicated that in the past 12 months, the number of grievances filed that alleged sexual abuse was zero.

PAQ: The PAQ indicated that in the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero.

PAQ: The PAQ indicated that in the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days was zero.

115.252 (e)

- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
- If a third-party file such a request on behalf on a resident, 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.
- If the resident declines to have the request processed on his or her behalf, the agency shall document the resident decision.

Policy, GA-01.12, Resident Grievance System, allows third parties to file a grievance on the behalf of a resident.

Interviewed Specialized Staff: The agency PREA coordinator indicated during his interview that third parties include individuals such as fellow residents, staff members, family members, attorneys, and outside advocates, are all permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse.

PAQ: The PAQ indicated that the number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident of the resident decision to decline was zero.

115.252 (f)

- The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
- After receiving an emergency grievance alleging an resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

SCDC has established documented procedures for the filing of an emergency grievance alleging that a Resident is subject to a substantial risk of imminent sexual abuse.

Interviewed Specialized Staff: According to the agency PREA coordinator, after receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, SCDC immediately would 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.

Policy, GA-01.12, Resident Grievance System, Section 15.2.4., states that if the resident files an emergency grievance showing substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to the warden for response within 48 hours of receipt of the grievance and an agency final decision shall be provided within five (5) calendar days. Section 15.2.6. The resident grievance coordinator (IGC) will not investigate allegations of a violation of PREA. A copy of any grievance alleging PREA violations will be provided to the PREA compliance manager within 24 hours of receipt for investigation and providing recommended responses to grievances. The PREA compliance manager will maintain a copy of the grievance and maintain a log of PREA allegations grievances.

PAQ: The PAQ indicated that the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero.

PAQ: The PAQ indicated that the number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within five days was zero.

115.252 (g)

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the residents filed the grievance in bad faith.

Policy 15.25 states that the agency may discipline and resident for filing a grievance related to the alleged sexual abuse if there is evidence that the resident filed the grievance in bad faith.

See section (a) response.

PAQ: The PAQ indicated that in the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, 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

115.253 (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 residents with confidential emotional support services related to sexual abuse? Yes No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC MOU with the Statewide Partnerships with Sexual Assault Centers (The Sexual Trauma Services)
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy PS-10.08 Resident Correspondence Privileges
- Resident Handbook (English and Spanish)
- PREA Line: Dialing *63 or *22 on the Resident Phone (No PIN)
- Anonymous PREA TIPS (Residents Call Family to Report)
- MOU: Monthly reports of services and those served.
- MOU with Sexual Trauma Services of the Pee Dee
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews
- Resident Interviews

115.253 (a)

The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes,

immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The South Carolina Department of Corrections website – Prison Rape Elimination Act (PREA) Statewide Partnerships with Sexual Assault Centers. Facilities are provided access to outside victim advocates for emotional support services for residents related to sexual abuse whether it occurred in prison on or before they became incarcerated.

The Sexual Trauma Services of the Midlands services this facility.

- Dialing *63 on the resident phone. This call is not recorded and the resident does not have to put in their resident Personal Identification Number (PIN) to make the call. The call goes to a statewide partnership with Sexual Assault Center that partnered with SCDC to provide these services. Center: Sexual Trauma Services of the Midlands.

Interviewed Random Residents: Twenty-one (21) random residents interviewed and asked if they were aware of services outside of the facility for dealing with sexual abuse. While nineteen (19) residents were aware that there were services outside the facility, three (3) could not recall being aware of services outside of the facility for dealing with sexual abuse. When probed about the pamphlets on their units, several residents were able to then explain some of the information on the pamphlets to include a hotline number and the address to file a report outside the facility.

115.253 (b)

The facility shall inform residents, 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.

See section (a) response.

115.253 (c)

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

SCDC has a statewide partnership agreement with multiple sexual assault centers across the state. The ten sexual assault centers provide hundreds of hours of support to victims of sexual assault, including individual face-to-face contacts, group sessions, written correspondence, and phone calls through toll-free hotline support.

The agency provided the auditor with a copy of the MOU with Sexual Trauma Services of the Midlands. SCDC intends to use the services of Sexual Trauma Services of the Midlands as a service provided to offer access to outside counseling services and support services to residents who are victims of sexual assault or abuse; increase incarcerated individuals' knowledge and

awareness as well as responsiveness to sexual assault and prevention strategies, and enhance training about sexual assault, trauma, and responsiveness among correctional officers and corrections staff. Justice Assistance Grant (No. 1GPR19001 awarded October 1, 2019).

Standard 115.254: Third-party reporting

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

115.254 (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 a resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- MOU between SCDC and Statewide Partnership for Victim Services
- SCDC PREA Tip Line
- Resident Handbook /Let's Talk About Safety - English and Spanish
- PREA Audit: Pre-Audit Questionnaire for Community
- SCDC Official Website (Third-Party Reporting)
- Staff Interviews

- Resident Interviews

115.254 (a)

The agency shall establish a method to receive third party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

The auditor reviewed the SCDC website under the PREA section, it gives the public access to third party reporting by writing to the South Carolina Law Enforcement Division (SLED) to make a report of sexual abuse inside a correctional institution in South Carolina and can choose to remain anonymous. If the public have access to website they can just click on the link and enter required information.

A Tip line allows third-party reporters to indicate the date of the incident, location of the incident, type of incident and describe in details of the incident the third-party is reporting.

SCDC has established a reporting line that is housed at the headquarters of the Office of Investigations. This is a system in which an individual can leave a message, either by name or anonymously.

The message is then sent to the agency PREA coordinator who is responsible for distribution to the appropriate facility. This exact message is sent to the coordinator via email and he is able to listen to the exacted message.

Information on how to make a report is displayed on the SCDC website for anyone to access.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (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 residents 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

115.261 (b)

- Apart from reporting to designated supervisors or officials, do 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

115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (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

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy ADM-11.04 Employee Corrective Action
- SCDC Policy ADM-11.17 Employee Conduct
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy ADM-17.01 Employee Training Standards
- SCDC Policy POL-23.01 Investigation
- MOU Between South Carolina Law Enforcement Division (SCLED) and South Carolina Department of Correction (SCDOC)
- Investigation Reports -All Investigation for the Past Months (0)
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews
- Resident Interviews

115.261 (a)

The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The South Carolina Department of Corrections Policy Number: OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, section 3.2 states, any employee, volunteer, agency, 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, toward a resident and/or any person presently under the jurisdiction of the agency, must report it immediately.

SCDC Policy, HS-18.07, Resident Health Information, indicated that the agency is committed to upholding the confidentiality and privacy of a resident's medical history. Resident's medical history/record will be accessible to authorized SCDC personnel and others only for duly authorized purposes in accordance with applicable Agency policies/procedures, American Correctional Association Standards, and state and federal statutes.

Interviewed Specialized Staff: The warden responds to question, "how do you respond when an allegation of sexual abuse or sexual harassment is made by someone under the age 18 or someone considered a vulnerable adult under state or local law?" The response was, report the allegation to the state and/or local agencies as well as the agency's investigators (Police Services).

Interviewed Specialized Staff: The RN indicated at the initiation of services to a resident, she does disclose the limitations of confidentiality and the duty to report.

The RN also stated that she is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it.

Interviewed Random Staff: Twelve (12) out of Twelve (12) random staff reported being conscious of the agency procedure for reporting any information related to a resident sexual abuse or sexual harassment. All staff could effectively communicate the proper protocol on how to report any incident or alleged incident of sexual abuse or harassment immediately. They are aware of various methods of reporting in writing or verbally to include but not limited to reporting to shift supervisor, notify PREA coordinator, PREA hotline, medical and the PREA investigator.

Policy states that staff failure to report such information will result in corrective action up to, and including termination.

115.261 (b)

Apart from reporting to designated supervisors or officials, staff shall not reveal 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.

See Section (a) response.

115.261 (c)

Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Interviewed Staff: The medical and mental health staff confirmed that they are required to inform residents of their professional duty to report sexual abuse, and the limitations of confidentiality, at the initiation of services.

A memo from the Director of Nursing for the SCDC dated July 3, 2019 gives the Health Services – HCA-HN staff written guidance on the following PREA issues:

- Questions contained in the risk screening instrument are private and confidential, however,
- Medical and mental health professionals are required to report any allegation of sexual abuse / harassment that took place in SCDC facility.

- Unless precluded by law medical and mental health professionals are required to report sexual abuse and to inform Resident of the limits of confidentiality at the initiation of services.
- A Resident is not required to answer any questions on the risk assessment instrument and there will be no punishment for refusing.
- Shall not reveal information related to incident except to designated supervisor
- If 18 or considered a vulnerable adult will report allegations without consent.
- Report all allegation receive from a 3rd party or anonymous reports.

115.261 (d)

If the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

As a part of the medical and mental health training, confidentiality and informed consent were included. If the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the agency is required to report the allegations to the designates state or local services agency under applicable mandatory reporting laws.

See Section (c) response.

115.261 (e)

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators.

See Section (a & c) responses.

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC, Policy, OP-22.23, Statewide Protective Custody
- SCDC Policy OP-21.04 Resident Classification Plan
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews
- Resident Interviews

115.262 (a)

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

Interviewed Specialized Staff: The agency head designee indicated that if there is a specific source of the imminent sexual abuse, the potential abuser will be relocated so that there is no contact between the potential victim and possible perpetrator during an investigation and afterwards, if the investigation supports the potential for sexual abuse. Potential victimization and potential perpetrator conduct are taken into consideration in all housing and work assignments. As a last resort, the potential victim may be housed in protective custody until an investigation can be conducted and potential abuser identified.

Interviewed Specialized Staff: The facility warden indicated that when he learns that a resident is subject to a substantial risk of imminent sexual abuse, that he takes immediate action to protect the resident.

Interviewed Specialized staff: The facility PREA compliance manager indicated that one of their responsibilities at the facility is to ensure the safety of the residents. He was clear that if they felt that a resident was in imminent danger, they would take steps to ensure the safety of the resident.

Some actions that staff would take:

- Move the potential victim to another cell/unit/building
- Move the potential abuse to another cell/unit/building
- Request for the resident to be transfer
- Request for the resident to be place in protected custody

Interviewed Random Staff: Twelve (12) out of Twelve (12) staff could articulate a response process if a resident is at risk of imminent sexual abuse. Staff reported that action is taken immediately to address a resident who is at risk of sexual abuse by privately talking to the person who may be at risk, immediately notifying the supervisor, separating the victim and perpetrator, and get the victim. Staff reported that information would only be shared with necessary parties. More, specifically, staff described not sharing information with other residents or unnecessary staff.

PAQ: The PAQ indicated that in the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was zero.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident 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

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- Notifications/Allegations Received for Other Facilities Past 12 Months (0)
- Notifications/Allegations Sent to Other Facilities Past 12 Months (0)
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews
- Resident Interviews

115.263 (a)

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

Policy requires that any resident allegation of sexual abuse occurring while confined at another facility be reported to the warden of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation.

Interviewed Specialized Staff: The agency head designee indicated that allegations received from another agency or facility are referred to the agency PREA coordinator as the central point of contact.

The agency head designee also indicated that the PREA coordinator reviews the allegation and refers it either to the institutional PREA compliance manager for documentation that might exist

and for administrative investigation if the allegation warrants an administrative investigation or Police Services if a criminal investigation is necessary.

Interviewed Specialized Staff: The warden indicated that management of the confinement facility is immediately notify in writing of the abuse and the SCDC Investigative Office. The notification occurs as soon as possible, but always within 72 hours of receipt of the allegation. He indicated that will ensure that allegations are investigated accordingly.

He also stated that Palmer does not have any allegations of such.

115.263 (b)

Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

See Section (a) response.

115.263 (c)

The agency shall document that it has provided such notification.

See Section (a) response.

115.263 (d)

The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

See Section (a) response.

PAQ: The PAQ indicated that in the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Form Sexual Abuse Response Checklist
- SCDC Form 19-29 Incident Report
- SCDC Form Sexual Abuse Response Protocol
- SCDC Policy ADM-17.01 Employee Training Standards
- PREA Audit: Pre-Audit Questionnaire for Community

- Staff Interviews

115.264 (a)

Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
- If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

Policy Number: OP-21.12 Attachment A – SCDC Sexual Abuse Response Checklist and Attachment B SCDC Sexual Abuse Response Protocol, give guidelines to staff that have a duty to respond rapidly, professionally, and thoroughly when a Resident has been sexually victimized.

Policy also requires if there is an instance of suspected or actual sexual abuse/victimization the security staff first responder (s) must take the following initial steps:

- Identify and separate perpetrator and victim
- Immediately take the victim to Medical;
- Escort alleged resident perpetrator (s) to an isolated area, preferably in a dry cell with restricted access to a toilet or water;
- Notify shift supervisor, PREA compliance manager, warden, as well as investigations;
- Isolate any witnesses;
- Secure the crime scene;
- Document all incidents promptly on SCDC Form 19-29, Incident Report; and
- Only share information related to the incident with those people who need to know in order to ensure the victims' safety, conduct the investigation, or provide treatment to the victim or alleged perpetrator.

Interviewed Random Staff: During the random staff interviews six (6) out of twelve (12) random officers when ask the question if you are the first person to be alerted that a resident has

allegedly been the victim of sexual abuse, what is your responsibility in that situation? Six (6) officers could not give the required response.

PAQ: The PAQ indicated that in the past 12 months, the number of allegations that a resident was sexually abused was zero.

115.264 (b)

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Policy Number: OP-21.12 Attachment A – SCDC Sexual Abuse Response Checklist and Attachment B SCDC Sexual Abuse Response Protocol gives guidelines to staff that have a duty to respond rapidly, professionally, and thoroughly when a resident has been sexually victimized. The guide gives requirements to the duties of the security and none security staff.

See section (a) response.

Concern: During the random staff interviews six (6) out of twelve (12) random officers was ask, if you are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, what is your responsibility in that situation? Six (6) random officers could not give the required response.

Facility Corrective Action: Refresher training was provided for all staff on 10/13 – 14/20, to include pat-down searches of transgender and intersex residents and protocol on what to do and how to respond using the PREA standards 115.215, 115.231, 115.267, and 115.265. The facility provided a copy of the training roster. Compliant 10/27/20.

Standard 115.265: Coordinated response

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

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Form Sexual Abuse Response Checklist
- SCDC Form Sexual Abuse Response Protocol
- Written Institutional Plan
- Staff Interviews

115.65 (a)

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Policy Number: OP-21.12 Attachment A – SCDC Sexual Abuse Response Checklist and Attachment B SCDC Sexual Abuse Response Protocol give guidelines to staff that have a duty to respond rapidly, professionally, and thoroughly when a resident has been sexually victimized.

The facility provided an institutional plan for addressing issues of sexual abuse and sexual harassment. The plan provides bullet points for the following areas to follow.

- Staff First Responders
- Shift Commander
- PREA Compliance Manager
- Medical Staff

- Mental Health Staff

Interviewed Specialized Staff: The facility warden indicated that the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

During the documentation review the facility did not provided a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical, investigators, and facility leadership.

Concern: During the documentation review the facility did not provided a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical, investigators, and facility leadership.

Facility Corrective Action: Staffing plan was updated and signed by facility warden and agency PREA coordinator on 9/17/20. The facility provided a copy of the updated plan. Compliant 10/27/20. Compliant 10/27/20.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

115.266 (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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- PREA Audit: Pre-Audit Questionnaire for Community
- Collective Bargaining Agreements (0)
- Staff Interviews

115.266 (a)

Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

There are no current agreements that limit the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There have not been any collective bargaining agreements since August 20, 2012.

Interviewed Specialized Staff: The agency head designee indicated that the agency does not have collective bargaining in South Carolina.

Interviewed Specialized Staff: The agency PREA coordinator indicated that there are no agreements that limit the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

115.266 (b)

Nothing in this standard shall restrict the entering into or renewal of agreement that govern:

- The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of standards 115.72 and 115.76; or
- Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

Interviewed staff: indicated that there have not been any collective bargaining agreements since August 20, 2012.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 resident 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 resident 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 resident 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

115.267 (d)

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

115.267 (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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy Number: ADM 115.15 South Carolina Whistleblower Act Section, Retaliation Against an Employee for Filing a Report
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- Employee Policy Acknowledgement Form Retaliation (30)
- Documentation of Retaliation Monitoring Past 12 Months (0)
- PREA Audit: Pre-Audit Questionnaire Community
- Staff Interviews

115.267 (a)

The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and shall designate which staff members or departments are charged with monitoring retaliation.

The South Carolina Department of Corrections Policy Number: OP-21.12 section 4, states that no resident will be subjected to retaliation, reprisal, harassment, or disciplinary action by employees, volunteers, or other residents for reporting allegations or knowledge of sexual abuse against a resident. Residents may report retaliation using any of the procedures for reporting sexual abuse, as described in standard 115.33. Allegations of reprisal may also be investigated by the Inspector General or Division of Investigations.

Employees will not be subjected to any kind of retaliation for reporting of any wrongdoings. Refer to Agency Policy/Procedure ADM-115.15, South Carolina Whistleblower Act.

The South Carolina Department of Corrections Policy Number: ADM-11.15 South Carolina Whistleblower Act section, Retaliation Against an employee for filing a report, states that any employee who files a validated and/or substantiated report of wrongdoing with an appropriate authority will not be dismissed, suspended, or demoted nor incur a reduction in pay, unless the corrective action taken is unrelated to the report of the wrongdoing.

Interviewed Specialized Staff: The facility warden response to the question “for allegations of sexual abuse or sexual harassment, can you describe the different measures you take to protect residents and staff from retaliations?” His response was, housing change, transfers. As well as remove alleged staff or residents from contact with the victim. Encourage emotional support group/system for the victim.

Question: What measures do you take when you suspect retaliation? His response was change or transfers as well as remove alleged staff or resident.

Question: In the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, what remedial measures does your facility take? Suspend that particular contractor or volunteer from entering or providing services to this facility until investigation are completed.

PAQ: The PAQ indicated that the number of times an incident of retaliation occurred in the past 12 months was zero.

115.267 (b)

The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Interviewed staff: The agency head designee indicated that the perpetrator is removed from areas that might allow contact with the victim of sexual harassment or sexual abuse. The PREA compliance manager consults with and conducts wellness checks with the victim for at least 90 days to ensure the victim is not subjected to retaliation.

The agency head designee also indicated that the same steps as outlined above are taken regarding individuals cooperating with an investigation.

115.267 (c)

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The staff indicated that they conduct 90 days follow up as a part of the monitoring process.

115.267 (d)

In the case of residents, such monitoring shall also include periodic status checks.

See section (d) response.

115.267 (e)

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

The South Carolina Department of Corrections Policy Number: OP-21.12 section 4, states that no resident will be subjected to retaliation, reprisal, harassment, or disciplinary action by employees, volunteers, or other residents for reporting allegations or knowledge of sexual abuse against a resident. Residents may report retaliation using any of the procedures for reporting sexual abuse, as described in standard 115.33. Allegations of reprisal may also be investigated by the Inspector General or Division of Investigations.

Employees will not be subjected to any kind of retaliation for reporting of any wrongdoings. Refer to agency policy/procedure ADM-115.15, South Carolina Whistleblower Act.

115.267 (f)

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

See section (a) response.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (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 115.221(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 115.221(a).) Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (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

115.271 (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

115.271 (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 resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (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

115.271 (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

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (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 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy GA 05.01 Investigations and Procedures
- SCDC Form Sexual Abuse Response Protocol Checklist
- SCDC Form Sexual Abuse Response Protocol
- SCDC Policy POL-23.01 Investigation
- MOU Between South Carolina Law Enforcement Division (SCLED) and South Carolina Department of Correction (SCDOC)

- Facility Investigator Training/NIC Certificates (1)
- Agency Investigator Training/NIC Certificates (5)
- List of Agency Investigators (40)
- Investigation Reports-All Investigation for the Past Months Packages (0)
- Cases Referred for Prosecution Past 12 Months (0)
- Sample Log of Investigation Retention
- Disposition of PREA Report/Victim Notification (0)
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.271 (a)

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

The South Carolina Department of Corrections Policy Number: OP-21.12 Prevention, Detention, and Response to Sexual Abuse/Sexual Harassment section 6.1, states 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, and will conduct an internal investigation in accordance with SCDC Policy and Procedure GA-05.01 Investigations.

Interviewed Specialized Staff: According to the assistant deputy director of Police Services, SCDC conducts its own investigations into allegations of sexual abuse and sexual harassment, and it does so promptly, thoroughly, and objectively. The agency conducts such investigations for all allegations, including third party and anonymous reports.

SCDC Police Services statewide has forty-five (45) investigators, who are Class 1 Police Officers. These investigators are assigned to a region in the state. Using a regional approach, the state is divided into four (4) regions. Each region has five (5) investigators assigned with one (1) supervising manager for each respective region. Each region is tasked with the responsibility of performing a variety of types of investigations to include PREA investigations.

Interviewed Specialized Staff: The facility warden indicated that he will remain informed of the progress of a sexual abuse investigation if it is being investigated by outside agency by staying in contact with the investigators on the status of the case as well as request documentation of the case.

115.271 (b)

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to standard 115.34.

The investigators are required to complete the NIC online PREA specialized investigations training. The NIC online training includes techniques for interviewing sexual abuse victim, proper use of Miranda and Garrity warning, etc. The facility provided a list of individuals that completed the PREA specialized training and verification by submitting the certificates that were received at the completion of course.

115.271 (c)

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Policy Number: OP-21.12 section 6.2, states that collection of forensic and other physical evidence will be done in coordination with the facility's medical staff, the Division of Investigations and/or the South Carolina Law Enforcement Division.

Policy Number: OP-21.12 section 6.5 – Evidence/Security Procedures, requires that if there is evidence that a sexual assault has occurred, the area will be treated as a possible crime scene and the following steps will be implemented immediately upon discovery:

- Identify and maintain the crime scene, preserve evidence, including on the victims' and alleged perpetrator's bodies or clothes, and maintain custody of evidence until released to law enforcement officials.
- Items shall not be cleaned or removed.
- Photos shall be taken of the suspected crime scene and any evidence.
- Allow only authorized personnel to enter the area.
- If the incident occurred within the last 5 days, request that the victim – and ensure that the alleged perpetrator (s) refrain from actions that could destroy evidence, such as bathing, brushing teeth, changing their clothes, urinating, defecating, drinking, or eating until they have been examined by qualified medical personnel.
- Ensure that any alleged staff, volunteer or contractor perpetrators are immediately separated from contact with residents.
- For additional procedures, see the Sexual Abuse Response Protocol (Policy Number: OP-21.12 Attachment A – SCDC Sexual Abuse Response Checklist and Attachment B SCDC Sexual Abuse Response Protocol).

Interviewed Specialized Staff: The assistant deputy director of Police Services confirmed that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, review prior reports and complaints of sexual abuse involving the suspected perpetrator, 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 resident or staff, investigate allegations of sexual abuse without requiring an resident who alleges sexual

abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding.

115.271 (d)

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

According to policy, if allegations of conduct that appears 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, and residents may be charged through the agency Disciplinary System.

Interviewed Specialized Staff: The deputy director of Police Services indicated that Police Services agents are trained investigators and are not required to consult with prosecutors before conducting interviews. The agency proceeds and consult with prosecutors if needed and they also have an attorney on staff with Police Services who provides guidance when necessary.

115.271 (e)

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual as is and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

See Section (C) response.

115.271 (f)

Administrative Investigations:

- Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

See documentation review above.

115.271 (g)

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Policy Number: OP-21.12 section 9 Data Collection/Tracking: Case Records, requires that all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling are retained in accordance with OP.21.09, Resident Records and HS-18.07 Resident Health Information.

Policy section 5.5 – Evidence Protection, states that physical evidence in administrative cases will be maintained for sufficient analysis and presentation in subsequent hearing.

Criminal investigations were documented in a written report that contains a through description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

115.271 (h)

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Policy requires that the Police Services or designee will pursue criminal prosecution against any SCDC employee, resident, or visitor who participates in a criminal act. Prosecution will be pursued through the appropriate judicial officer, i.e., the State Attorney General Circuit Solicitor, Magistrate, or City Recorder, of the jurisdiction in which the crime occurred.

According to policy, if allegations of conduct that appears 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, and residents may be charged through the agency Disciplinary System.

115.271 (i)

The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

SCDC has a general investigative record retention schedule of physical destruction of 7 years after adjudication or until the resident discharges from a sentence, dies while incarcerated, whichever comes first, the records can then be destroyed. The schedule has been corrected to meet standard requirements.

The South Carolina Department of Corrections Policy Number: HS-18.07 Resident Health Records section 10, requires that inactive health records will be maintained by the central HIR office in hard copy form for 25 years or on microfilm and/or on electronic media for 99 years.

PAQ: The reviewed Pre-Audit Questionnaire and interviews with the program director indicated there have been no allegations of sexual abuse in the past twelve months.

115.271 (j)

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

See sections above.

115.271 (k)

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Interviewed Specialized staff: The facility investigator indicated that outside entity that conducts PREA investigations uses the above requirements.

115.271 (l)

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The South Carolina Department of Corrections Policy Number: POL-23.01 Investigations section 3.3, states that a letter of agreement/memorandum of understanding will be developed and signed by the agency Director and the Chief of the State Law Enforcement Division (SLED) that delineates which allegations of potential criminal activity will be accepted for investigation by SLED. The deputy director of Police Services will ensure that the provisions of this letter of agreement/memorandum of understanding are complied with by investigative personnel. In all cases that are investigated by SLED, Police Services and SCDC agents will be available to assist SLED, as needed.

A review of the MOU Between SC Law Enforcement Division and the SCDC indicated that the MOU constitutes an agreement to establish guidelines relating to the investigation of criminal cases and the notification of certain events that occur on property controlled by SCDC.

Section 5.2 of the MOU includes any case that involves sexual assault of an SCDC employee or private citizen by a resident. Additionally, SLED will be the primary investigative agency as requested by the Director of SCDC or the SCDC Inspector General at his discretion.

Interviewed Specialized Staff: The deputy director of Police Services indicated in the event that this should happen, Police Services would still open a case as an assisting agency and assist the outside agency with the investigation, evidence collection, and interviews.

See section (a) response.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy GA 05.01 Investigations and Procedures
- SCDC Form Sexual Abuse Response Protocol Checklist
- SCDC Form Sexual Abuse Response Protocol
- SCDC Policy Number: OP 21.12 Section 9 Data Collection/Tracking
- SCDC Policy POL-23.01 Investigation
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.272 (a)

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interviewed Specialized Staff: The agency PREA coordinator was aware of the evidence standard.

Interviewed Specialized Staff: The deputy director of Police Serves indicated that the evidence required to substantiate allegations of sexual abuse or sexual harassment is the preponderance of the evidence.

Interviewed staff indicated that investigators do not impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

PAQ: The Pre-Audit Questionnaire and interviews with staff confirmed there have been no allegations of sexual abuse or sexual harassment during the past twelve (12) months.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

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

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, 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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy POL-23.01 Investigation
- PREA Investigation Tracking Log
- Investigation Reports -All Investigation for the Past Months (0)
- Disposition of PREA Reports Past 12 Months /Victim Notifications (0)
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.273 (a)

Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Interviewed Specialized Staff: The facility warden response to question "Does your facility notify a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation? Response was yes, residents will be informed of the findings.

Disposition of PREA reports past 12 Months /victim notifications (0) is the process use to notify residents in allegation are investigated.

The Disposition of PREA report covers the following information:

- Report information
- Investigation outcome
- Reported sexual abuse was
- Reported sexual harassment was
- Actions taken against named perpetrator
- Named victim would like a copy of this form for his/her personal records
- Signature of victim
- Signature of PMC

See documentation reviewed above.

PAQ: The Pre-Audit Questionnaire indicated that the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the facility in the past 12 months was zero.

115.273 (b)

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

See documentation reviewed above.

PAQ: The Pre-Audit Questionnaire indicated that the number of investigations of alleged resident sexual abuse in the agency's facility that were completed by an outside agency in the past 12 months was zero.

115.273 (c)

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit.
- The staff member is no longer employed at the facility.
- The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility.
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

See sections above.

115.273 (d)

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- The agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

See documentation reviewed above.

115.273 (e)

All such notifications or attempted notifications shall be documented.

Interviewed Staff: The deputy director of Police Serves indicated that the responsibility of notifying the victim on the outcome of the investigations falls on the PREA compliance manager of the institution. Police Services has no procedure or policy that requires the investigators to notify the victim on the outcome, however, in most cases we do.

See section (a) response.

PAQ: The Pre-Audit Questionnaire indicated that in the past 12 months, the number of notifications to residents that were provided pursuant to this standard was zero.

115.273 (f)

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Interviewed staff indicated that if the resident is released from the agency's custody the facility will terminate.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (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

115.276 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy ADM-11.04 Employee Corrective Action
- SCDC Policy ADM-11.17 Employee Conduct
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy ADM-11.34 Employee Resident Relations
- SCDC Policy ADM-11.39 Staff Sexual Misconduct with Residents
- SCDC Policy POL-23.01 Investigation
- Documentation of Termination, Resignations, other Sanctions Against Staff (0)
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.276 (a)

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Policies ADM 11.17 Employee Conduct and ADM 11.04 Employee Corrective action were reviewed and cover the details for termination.

According to policy, if allegations of conduct that appears 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.

115.276 (b)

Termination shall be the presumptive disciplinary sanction for ho have engaged in sexual abuse.

According to policy, if allegations of conduct that appears 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.

PAQ: The Pre-Audit Questionnaire indicated that in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero.

PAQ: The Pre-Audit Questionnaire indicated that in the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero.

115.276 (c)

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Through discussions with staff, it is clear that violating agency sexual abuse and sexual harassment policies will be commensurate with past acts in the personnel files.

PAQ: The Pre-Audit Questionnaire indicated that in the past 12 months, the number of staff from the facility who has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies was zero.

115.276 (d)

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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Interviewed Specialized Staff: The facility PREA compliance manager indicated that if staff or contractors are terminated for violating agency sexual abuse policy, that the State Law Enforcement Division (SLED) is the agency that will investigate.

PAQ: The Pre-Audit Questionnaire indicated in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination

(or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies was zero.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? 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

115.277 (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 residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy PS-10.04 Volunteer Services Programs
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment

- SCDC Policy ADM-11.39, Staff Sexual Misconduct with Residents
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- Documentation of Termination, Resignations, other Sanctions Against Volunteers and Contractors (0)
- Employee Policy Acknowledgement Form /PREA and Retaliation
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.277 (a)

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Interviewed Specialized Staff: The facility warden response to the question “for allegations of sexual abuse or sexual harassment, can you describe the different measures you take to protect residents and staff from retaliations?” His response was, housing change, transfers. As well as remove alleged staff or residents from contact with the victim. Encourage emotional support group/system for the victim.

Question: What measures do you take when you suspect retaliation? His response was change or transfers as well as remove alleged staff or resident.

Question: In the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, what remedial measures does your facility take? Suspend that particular contractor or volunteer from entering or providing services to this facility until investigation are completed.

PAQ: The Pre-Audit Questionnaire indicated in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero.

115.277 (b)

The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

See section (a) response.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (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 resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

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

115.278 (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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy GA-01.12 Resident Grievance System
- SCDC Policy OP-21.04 Resident Classification Plan
- SCDC Policy OP-22.14 Resident Disciplinary System
- SCDC Policy POL-23.01 Investigation
- SCDC Form 19-29A
- SCDC Policy Number: HS 19.01 Placement of Residents in Mental Health Observation and Evaluation Status
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.278 (a)

Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

According to policy, the resident has the right to refuse administrative resolution and request that the incident be referred to a disciplinary hearing, however, the hearing officer has the authority to levy additional sanctions and to take accrued good time if the residents is found guilty of the incident.

The South Carolina Department of Corrections Policy Number: OP 22.14 Resident Disciplinary System section 7.1 and 7.2, states that residents will be served with notice of disciplinary charges at least forty-eight (48) hours prior to their hearings, and should the resident refuse to sign SCDC Form 19-69, Resident Disciplinary Report and Hearing Record, he/she will forfeit the opportunity to request that their accuser and/or witness (s) be present at their scheduled hearing.

Policy also requires once the resident is formally charged (and entered into the Offender Management System), the hearing will be held within 21 calendar days. SCDC Form 19-69, will be used to document the charges and the results of the hearing. The charges will be explained by the hearing officer to the inmate in terms she/he can understand. Residents may not be subjected to any form of coercion designed to persuade them to waive their rights to 48-hour notice. If residents are offered the opportunity to waive the 48-hour notice, they must be fully informed, in terms understandable to them, of the nature of the right at stake. In addition, a resident may waive his/her right to a hearing, the hearing officer will review the waive section of the SCDC Form 19-69, conduct the hearing in the absence of the resident, determine guilt or innocence; if guilty, decide on appropriate penalties, and notify the resident of the same using SCDC Form 19-69. Should a resident refuse to sign a waiver and/or attend the hearing, the hearing will be held in the resident's absence and recorded.

PAQ: The Pre-Audit Questionnaire indicated in the past 12 months, the number of administrative findings of resident-on-resident sexual abuse was zero.

PAQ: The Pre-Audit Questionnaire indicated in the past 12 months, the number of criminal findings of guilt for residents-on-residents sexual abuse that have occurred at the facility was zero.

115.278 (b)

Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

Interviewed Specialized Staff: The facility warden indicated that the disciplinary sanctions of residents subject to following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse, he would be following the agency disciplinary guidelines which includes sexual abuse sanctions.

The warden also indicated that mental disability or mental illness are considered when determining sanctions for residents.

115.278 (c)

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, in any, should be imposed.

The South Carolina Department of Corrections Policy Number: OP-22.14 section 1.4, states that if the resident has a mental health issue noted on his/her MEDCLASS screen or is acting in such a manner that indicates a mental health concern, then a copy of SCDC Form 19-29A, "Incident Report" must be forwarded to the mental health staff. This referral must be documented on SCDC Form 19-29A. In these instances, a memorandum from the mental health care professional must be included as an attachment to SCDC Form 19-29A, attesting to the resident's mental status and accountability for his/her actions. Refer to SCDC Policy HS-19.01, "Placement of residents in Mental Health Observation and Evaluation Status," for additional information).

Interviewed Specialized Staff: The agency PREA coordinator indicated that a resident's mental disabilities or mental illness would be considered when determining the type of sanction, if any, should be imposed.

See section (d) response.

115.278 (d)

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

Interviewed Specialized Staff: The RN indicated that the facility would offer services to the offending resident and that these services may be a condition of access to programming or other benefits.

115.278 (e)

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

See section (d) response.

115.278 (f)

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Sexual abuse report made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting.

115.278 (g)

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Agency policy prohibit all sexual activity between residents and may discipline residents for such activity.

PAQ: Interviews with staff and the reviewed Pre-Audit Questionnaire confirmed there have been no allegations of sexual abuse involving a resident. There have also been no allegations of sexual harassment.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident 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

115.282 (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 § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident 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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- SCDC Policy GA-06.09 Care and Custody of Transgender Residents and Residents Diagnosed with Gender Dysphoria
- SCDC Policy HS-19.04 Mental Health Services – General Provisions
- Mental Health Reception and Evaluation Flow Chart
- SCDC Policy Number: HS 18.15 Level of Care
- Documentation of Residents Receiving Access to Emergency Medical Services PREA Only (0), three none PREA provide as examples.
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.82 (a)

Resident victims of sexual abuse shall 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.

A Memo from the Director of Nursing for the SCDC dated July 3, 2019 gives the Health Services – HCA-HN staff written guidance on the following PREA issues:

- You may not use a Resident interpreter – only staff or outside services.
- Resident must receive immediate, unimpeded access to emergency treatment and crisis intervention.
- If medical/mental health not on duty cases will be reported to the covering institution.
- Must provide information about emergency contraception and STD prophylaxis.
- There will be no financial cost to the Resident.
- If female, she gets pregnant OB care will be provided.

Interviewed Specialized Staff: The RN indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. This is done typically soon as possible.

The RN also indicated that the nature and scope of services determined according to their professional judgement, but all reports by the offenders are taken seriously.

115.82 (b)

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

See Section (a) response.

115.82 (C)

Resident victims of sexual abuse while incarcerated shall be 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.

See Section (a) response.

115.82 (d)

Treatment services shall be 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.

See Section (a) response.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.283 (a)

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

115.283 (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

115.283 (c)

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

115.283 (d)

- Are resident 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 residents 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

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(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 residents 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

115.283 (f)

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

115.283 (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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy Number: HS 18.15 Level of Care
- SCDC Policy GA-06.09 Care and Custody of Transgender Residents and Residents Diagnosed with Gender Dysphoria
- SCDC Policy HS-19.04 Mental Health Services – General Provisions
- Mental Health Reception and Evaluation Flow Chart
- SCDC Policy Number: HS 18.13 Health Screening and Exams
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.283 (a)

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

A Memo from the Director of Nursing for the SCDC dated July 3, 2019 gives the Health Services – HCA-HN staff written guidance on the following PREA issues:

- Resident will be offered medical and mental health evaluation and treatment.
- Will receive on going treatment needed with follow up services and referral for any outside care needed.
- Provide services consistent with community level of care.
- Vaginal perpetration will be offered pregnancy test.
- If pregnancy results lawful pregnancy related services will be provided.
- STD testing will be offered as medically appropriate.
- Treatment will be provided at no financial cost regardless if victim names abuser or not.
- Victim and perpetrator will be followed by mental health.

The facility is a male facility.

Interviewed Specialized Staff: The RN defer to SAFE/SANE Nursing at local hospital when responding to the question “What does evaluation and treatment of residents who have been victimized entail?” She did respond yes to, are the medical and mental health services offered consistent with community level of care.

The RN respond that victims are provided with information and access to services. All reports are referred to the facility Qualified Mental Health Personnel.

115.283 (b)

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or replacement in, other facilities, or their release from custody.

See Section (a) response.

115.283 (c)

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

SCDC Policy Number: HS 18.15 Level of Care policy statement affirms that the agency is committed to providing medically necessary care to residents throughout their incarceration period. Services provided by agency medical staff will be in keeping with generally accepted medical standards of the community and will be the most reasonable level of service available

for the diagnosis, symptoms, and treatment of the medical condition.

See Section (a) response.

115.283 (d)

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

See Section (a) response.

115.283 (e)

If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

See Section (a) response.

115.283 (f)

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

See Section (a) response.

115.283 (g)

Treatment services shall be 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.

See Section (a) response.

115.283 (h)

All facilities shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

See Section (a) response.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (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

115.286 (b)

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

115.286 (c)

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

115.286 (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 §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- Annual PREA Report – August 29, 2019
- Department of Justice SSV Reports
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy GA-04.01, Strategic Planning
- SCDC Policy POL-23.01 Investigation
- SCDC Policy POL-23.12 Case File Requirements
- Facility Incidents /Log Past 12 Months
- PREA Audit: Pre-Audit Questionnaire for Community
- Review Incident Review /Team Meetings After Completing Investigations (0)
- Staff Interviews

115.286 (a)

The facility shall 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.

According to the agency PREA coordinator, SCDC uses the following process:

Following the conclusion of each sexual abuse case, the closing documents are sent to Division Directors, Regional Directors, Wardens, and the Agency PREA Coordinators' Office where it is reviewed. After careful review, the PREA coordinator's Office corresponds with the Institutional PREA Compliance Manager (PCM) and SCDC's Office of General Counsel to schedule and Incident Review with an SCDC attorney. All SCDC attorneys are certified by the SC Bar Association to practice law in the State of South Carolina.

Once an incident review is scheduled, the incident review is then conducted by the Institutional PMC and the institution's management team with a representative attorney listening to the meeting. The incident review process is scripted and provided to the PCM on SCDC Form 19-183, "PREA Incident Review", to ensure all aspects of the standard.

It is SCDC's policy and practice, in accordance with SCDC Policy GA-06. 11, "Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment", Section 3.5, requires that for every case of sexual abuse that is found to be either substantiated or unsubstantiated, the institution is required to hold an incident review for this case with an attorney from SCDC's Office of General Counsel. This requirement has been put in place to ensure that all legal aspects of the case are discussed and reviewed. In addition, should the attorney recognize any change (s) to policy, practice, safety issue, staff adjustment, or maintenance issue is needed, this information can be forwarded to and addressed by the appropriate staff. Once completed, the form is then placed into the case file.

Interviewed Specialized Staff: The facility warden indicated that the facility has a sexual abuse incident review team. If there were an investigated case the team would complete the review within 30 days after the received of the report.

Question: If there was a completed investigation, how does the team use the information from the sexual abuse incident review? His response was to access whether physical barriers, information regarding the victim such as being gay, blind spots, technology, etc. that may have enabled the abuse. The team will consider whether policies or practices may be changed to better prevent, detect, monitor, and respond to sexual abuse.

115.286 (b)

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

See section (a) response.

115.286 (c)

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Interviewed Specialized Staff: The facility warden indicated that the facility will use the same staff on the coordinate action plan, staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

115.286 (d)

The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

See section (a) response.

115.286 (e)

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The facility warden indicated that he would recommend improvement and document the reasons for not doing so.

Standard 115.287: Data collection

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

115.287 (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

115.287 (b)

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

115.287 (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

115.287 (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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- Annual PREA Report – August 29, 2019
- Department of Justice SSV Reports
- SCDC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Policy GA-04.01, Strategic Planning
- PREA Incident Reports Past 12 Months (0)
- Staffing Plan (Definitions)
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.287 (a)

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The agency has uniform data collection, an Incident Report Form and a set of definitions based on the PREA standard 115.06 Definitions related to sexual abuse.

115.287 (b)

The agency shall aggregate the incident-based sexual abuse data at least annually.

The agency 2019 Annual PREA Report, page 4, covered the agency aggregate data. The report gives a breakdown of institutions with resident population numbers as of December 31, 2018 as well as the 2018 aggregated allegations of sexual abuse/sexual harassment.

115.287 (c)

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistic (BJS) is tasked with annual data collection responsibilities under PREA. The South Carolina Department of Corrections has collected the required data using the Survey of Sexual Violence (SSV) including administrative data reported to the Central Office. The SCDC website listed a links of SSV reports from 2006 through 2018 submitted to BJS.

115.287 (d)

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Interviewed Staff: With staff indicated that the agency maintains, review, and collect the required data, including reports, investigation files, and sexual abuse incident reviews.

115.287 (e)

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

The agency provided an Annual PREA Report Addendum dated September 16, 2019 stating that the SCDC (private facility) contract with Core Civic for the housing of certain SCDC residents in confinement. Core Civic must also comply with the Federal PREA Standards. The Core Civic Safety – Tallahatchie County Correctional Facility.

115.287 (f)

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistic (BJS) is tasked with annual data collection responsibilities under PREA. The South Carolina Department of Corrections has collected the required data using the Survey of Sexual Violence (SSV) including administrative data reported to the Central Office. The SCDC website listed a links of SSV reports from 2006 through 2018 submitted to BJS.

Documentation review indicated that there was discussion regarding the statistics being provided by the Division of Resource and Information Management (RIM) do not match the information provided by the facilities to the PREA Coordinator.

Interviewed Staff: The agency PREA coordinator indicated that in response to the above concern, he has implemented a new system for tracking the incidents of sexual abuse and sexual harassment. Each PCM is to provide this information on a monthly basis directly to the PREA coordinator's office. The PREA coordinator will then compile this information for the entire agency. The system will remain in place until RIM is able to develop an online reporting system for the entire agency that is accurate and can be verified. As of June 2020, this process is being followed.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 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

115.288 (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

115.288 (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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- Annual PREA Report – August 29, 2019 (Correction Actions)
- SCDC Policy Number: HS 18.07 Resident health Records
- DC Policy OP-21.12 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- PREA Audit: Pre-Audit Questionnaire for Community
- Staff Interviews

115.288 (a)

The agency shall review data collected and aggregated pursuant to standard 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;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The agency provided the auditor with a copy of the 2019 Annual PREA Report dated August 29, 2019. A review of the report reveals that the agency has identified areas of concerns and provided corrective actions.

- The agency has identified areas of concerns
 - Physical Plant
 - Policy and Procedure
 - Video Monitoring
 - Documentation
 - Data Collection

- The agency has provided a corrective action list of the following:
 - Policy Review and Revisions
 - Grants
 - Physical Plant Improvements
 - Video Monitoring
 - Documentation
 - Data Collection
 - PREA Auditing
 - SLED Fingerprinting

Note: Details are listed in the SCDC 2019 Annual PREA Report.

The facility PREA compliance manager forwards data to the SCDC PREA coordinator. An annual report is prepared by the agency PREA coordinator and placed on the SCDC website after review and approval from upper management to the SCDC director.

Interviewed Staff: The agency head designee indicated that the agency reviews incident-based information relating to sexual abuse to analyze locations of abuse, the frequency with which offenders maybe identified as a perpetrator or victims, patterns within certain institutions, and the times and days of abuse. The information is used to determine locations for electronic surveillance equipment, facility renovation needs, staffing allocations within institutions, institutional training, and the need to take protective measure for specific residents.

115.288 (b)

Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

The agency provided the auditor with a copy of the Annual PREA Report dated August 29, 2019. The auditor reviewed the following information within the report.

- Initiatives
- Areas of Concern
- Agency Aggregate Data
- 2018 Aggregated Allegations of Sexual Abuse/Sexual Harassment
- Comparison Data 2016 – 2018
- Definitions
- 2018 Data by Facility
- Corrective Actions
- Schedule of Audits

115.288 (c)

The agency's report shall be 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.

The Annual PREA Report (2019) was approved by the agency head and the Chief Legal & Compliance Officer on May 5, 2019 and posted on the agency website. Note: signatures on file.

Interviewed Staff: The agency head designee indicated that the deputy director of Legal and Compliance and the Director of the South Carolina Department of Corrections review and approve written PREA annual reports. The annual reports are available on the agency website.

115.288 (d)

The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

A review of the Annual PREA Report (2019), the agency redacts specific material from the report that would present a threat to the safety and security of each facility. The report is published on the SCDC website.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC POLICY Number: HS 18.07 Resident Health Records
- Sample of Investigation Retention Log
- PREA Audit: Pre-Audit Questionnaire for Community
- Interviews

115.289 (a)

The agency shall ensure that data collected pursuant to standard 115.87 are securely retained.

Interviewed Staff: The agency PREA coordinator indicated that in response to the above concern, he has implemented a new system for tracking the incidents of sexual abuse and sexual harassment. Each PCM is to provide this information on a monthly basis directly to the PREA coordinator's office. The PREA coordinator will then compile this information for the entire agency. The system will remain in place until RIM is able to develop an online reporting system for the entire agency that is accurate and can be verified. As of June 2020, this process is being followed.

115.289 (b)

The agency shall 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.

The agency provided an Annual PREA Report Addendum dated September 16, 2019 stating that the SCDC (private facility) contract with Core Civic for the housing of certain SCDC Residents in confinement. Core Civic must also comply with the Federal PREA Standards. The Core Civic Safety – Tallahatchie County Correctional Facility.

The auditor reviews the Core Civic 2018 PREA Annual Report. The report provides a review of the incident-based and aggregated data for calendar year 2018 and a comparison of aggregated data for calendar years 2015, 2016, 2017 and 2018. The report provides corrective actions developed to further reduce sexual abuse and sexual harassment within Core Civic facilities.

A review of the South Carolina Department of Corrections 2019 PREA Annual Report and the Core Civic 2018 PREA Annual Report indicated that both reports are located on the internet.

115.289 (c)

Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

An interview with the agency PREA coordinator and review of the Annual Report indicated that all personal identifiers were removed.

115.289 (d)

The agency shall 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.

PREA requires that all investigation files are kept for the entire time of the incarceration of the resident plus five years. If the investigation is pertaining to an employee, the file must be kept for the length of employment plus five years. The retention policy to not meet the provision requirements.

Interviewed staff indicated that the record retention standard is determined in state statutes and would require the legislature to make a change to the state law. This is an area that the SCDC and Police Services do not have control over. This provision will be rated compliance with the understanding that the PREA coordinator explores options and recommendations to the SC legislators to change state law.

The South Carolina Department of Corrections Policy Number: HS-18.07 Resident Health Records section 10, requires that inactive health records will be maintained by the Central HIR office in hard copy form for 25 years or on microfilm and/or on electronic media for 99 years.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Audits Schedule 2020 -2022
- SCDC 2019 Annual PREA Report

115.401 (a)

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.

According to the SCDC website, there were no PREA audits conducted from August 19, 2014 thru August 20, 2017. As of June 2020, the agency has conducted three facility audits that received final reports listed on the website (June and July, 2018).

To ensure SCDC continues on its path to full compliance with the Federal PREA standards, the Office of Legal and Compliance PREA staff, has implemented corrective actions to address all 21-agency facilities to receive a PREA audit every three years.

Compliant.

115.401 (b)

During each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

According to the SCDC website, there were no PREA audits conducted from August 19, 2014 thru August 20, 2017. As of June 2020, the agency has conducted three facility audits that received final reports listed on the website (June and July, 2018).

To ensure SCDC continues on its path to full compliance with the Federal PREA standards, the Office of Legal and Compliance PREA staff, has implemented corrective actions to address all 21-agency facilities to receive a PREA audit every three years.

Compliant.

115.401 (c)

The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA related issues.

The agency has not received any recommendation for the Department of Justices for an expedited audit.

Compliant.

115.401 (d)

The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

The Prison Rape Elimination Act (PREA) Final Audit Report: Adult Prisons and Jails – Form V6 were implemented as required.

Compliant.

115.401 (e)

The agency shall bear the burden of demonstrating compliance with the standards.

The facility provided the required information to demonstrate compliance.

115.401 (f)

The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditation for each facility type.

Compliant.

115.401 (g)

The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.

The agency/facility provided the required sampling information.

115.401 (h)

The auditor shall have access to, and shall observe, all areas of the audited facility.

Compliant.

115.401 (i)

The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

The auditor received requested documentation.

115.401 (j)

The auditor shall retain and preserve all documentation relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

The facility documentation will be preserved and provided to the Department of Justice upon request.

115.401 (k)

The auditor shall interview a representative sample of residents, residents, and detainees, and of staff, supervisors, and administrators.

The auditor interviewed the required staff and residents, the sample sizes are noted in the report narrative.

115.401 (l)

The auditor shall be permitted to conduct private interviews with residents, residents, and detainees.

All required interviews were conducted in private.

115.401 (m)

Residents, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Compliant.

115.401 (n)

Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

The auditor attempted to communicate with community-based and victim advocates, the results are listed in the report narrative.

Compliant.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation

- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended
- SCDC Audits Schedule 2020 -2022
- SCDC 2019 Annual PREA Report

115.403 (a)

Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Compliant.

115.403 (b)

Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.

Compliant.

115.403 (c)

For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standards, Meets Standards; Or Does Not Meet Standard. The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.

Compliant.

115.403 (d)

Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.

Compliant.

115.403 (e)

Auditor shall redact any personally identifiable resident or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.

Compliant.

115.403 (f)

The agency shall ensure that the auditor’s final report is published on the agency’s website if it has on, or is otherwise made readily available to the public.

Auditor request the final report to be published on the agency’s website or otherwise made readily available to the public.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

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

been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Adam T. Barnett, Sr.

11/5/2020

Auditor Signature

Date

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.
PREA Audit Report, V6