

PREA Facility Audit Report: Final

Name of Facility: Ridgeland Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 06/25/2021

Date Final Report Submitted: 12/13/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 12/13/2021

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	klp206@gmail.com
Start Date of On-Site Audit:	05/13/2021
End Date of On-Site Audit:	05/14/2021

FACILITY INFORMATION	
Facility name:	Ridgeland Correctional Institution
Facility physical address:	5 Correctional Rd, Ridgeland, South Carolina - 29936
Facility Phone	
Facility mailing address:	P.O. Box 2039, Ridgeland , South Carolina - 29936

Primary Contact	
Name:	Aubray Bailey
Email Address:	bailey.aubray@doc.sc.gov
Telephone Number:	803-896-3200

Warden/Jail Administrator/Sheriff/Director	
Name:	Levern Cohen
Email Address:	Cohen.levern@doc.sc.gov
Telephone Number:	803-896-3200

Facility PREA Compliance Manager	
Name:	Aubray Bailey
Email Address:	bailey.aubray@doc.sc.gov
Telephone Number:	O: (803) 896-3200
Name:	Katrina Fennell
Email Address:	fennell.katrina@doc.sc.gov
Telephone Number:	O: (803) 896-3207

Facility Health Service Administrator On-site	
Name:	Trenton Smith
Email Address:	smith.trenton@doc.sc.gov
Telephone Number:	(803) 896-3200

Facility Characteristics	
Designed facility capacity:	1170
Current population of facility:	1026
Average daily population for the past 12 months:	1010
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18 to 80 years of age
Facility security levels/inmate custody levels:	Level 2
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	141
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	2
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	South Carolina Department of Corrections
Governing authority or parent agency (if applicable):	N/A
Physical Address:	4444 Broad River Road, Columbia, South Carolina - 29221
Mailing Address:	
Telephone number:	803-896-8500

Agency Chief Executive Officer Information:	
Name:	Bryan Stirling
Email Address:	Stirling.Bryan@doc.sc.gov
Telephone Number:	803-896-8555

Agency-Wide PREA Coordinator Information			
Name:	Kenneth James	Email Address:	james.kennethl@doc.sc.gov

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

35

Number of standards not met:

10

- 115.13 - Supervision and monitoring
- 115.67 - Agency protection against retaliation
- 115.68 - Post-allegation protective custody
- 115.71 - Criminal and administrative agency investigations
- 115.72 - Evidentiary standard for administrative investigations
- 115.73 - Reporting to inmates
- 115.81 - Medical and mental health screenings; history of sexual abuse
- 115.82 - Access to emergency medical and mental health services
- 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.86 - Sexual abuse incident reviews

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-05-13
2. End date of the onsite portion of the audit:	2021-05-14

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Hopeful Horizons, JDI and RAINN

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1170
15. Average daily population for the past 12 months:	1010
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1016
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	5
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	3

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	6
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	10
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	5
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	6
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	10
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	141
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	15
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	At least one inmate was selected from each housing unit.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	23
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2

62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	4
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	6
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Information from the PAQ as well as a review of high risk inmate housing assignments.

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	12
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72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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If "Other," describe:	gender and race
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73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Staff from all shifts were interviewed.
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Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	26
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76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	There were no volunteers due to COVID-19.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. During the tour the auditors spoke to staff and inmates informally about PREA and the facility in general. During the on-site portion of the audit, the auditor tested the hotline number in three units and left a message in one unit. The PC provided the auditor with confirmation that the information was received and forwarded to him. The auditor also tested the victim advocacy number in three housing units, however all three times the auditor was unable to reach a live person. The auditor left a message on the voicemail requesting a call back to confirm functionality of the hotline. The auditor observed that PREA reporting information as well as victim advocacy contact information was posted in each of the housing units.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:</p> <p>Personnel and Training Files. The facility has 141 staff assigned. The auditor reviewed a random sample of 23 personnel and/or training records that included eight individuals hired within the past twelve months. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and training files for six volunteers, five contractors and nine medical and mental health care staff were reviewed. The security staff files reviewed were of those selected for interview. Medical and mental health care staff, volunteer and contractor files were selected at random from the listings.</p> <p>Inmate Files. A total of 42 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing. 35 inmate files were of those that arrived within the previous twelve months, six were disabled inmates, two were LEP inmates, five were transgender and thirteen were inmates who reported prior victimization during the risk screening or had a history or prior abusiveness. Most inmate files reviewed were of those selected for interviews.</p> <p>Medical and Mental Health Records. During the past year, there were 37 inmates that reported sexual abuse or sexual harassment at the facility. The auditor reviewed medical and mental health records of seventeen inmate victims (it should be noted that four of the seventeen indicated the allegations were consensual or did not occur), as well as mental health documents for thirteen inmates who disclosed victimization during the risk screening or were identified by the risk screening of having prior sexual abusiveness.</p>
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Grievances. In the past year, the facility reported they had five grievances related to sexual abuse. The auditor reviewed the five grievances as well as the grievance log and an additional sample of randomly selected grievances.

Hotline Calls. The auditor requested the number of calls to the PREA hotline, but was not provided the number. The auditor tested the hotline in three housing units to confirm functionality.

Incident Reports. The auditor reviewed the incident reports for seventeen investigations. Additionally, the auditor reviewed the incident report log and a random sample of incident reports.

Investigation Files. During the previous twelve months, there were 37 allegations reported. Six of the sexual harassment allegations were not repeated, two of the abuse allegations were consensual, three of the sexual harassment allegations did not rise to the definition of a PREA allegation, two sexual abuse allegations were made by a third party and the alleged victim denied the allegation occurred and one was reported at Ridgeland but occurred at a different SCDC facility. As such, there were 23 sexual abuse or sexual harassment allegations reported to have occurred at Ridgeland. All 23 had an investigation initiated, however two allegations were unable to be categorized as either sexual abuse or sexual harassment due to the limited information in the investigation and four investigations did not have an investigative outcome documented. The auditor reviewed thirteen (the review included five allegations that were determined not to be PREA including the two consensual, the two third party and the one that occurred at another facility to ensure all components were included from the investigating authority. Additionally, the auditor reviewed the documentation related to the three open criminal investigations as well. It should be noted that the table below does not include the four investigations that were missing an outcome as well as the two investigations that were unable to be coded as either sexual abuse or sexual harassment.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	9	0	9	0
Staff-on-inmate sexual abuse	3	3	0	0
Total	12	3	9	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	5	0	5	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	5	0	5	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	3	3	1	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	3	3	1	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	4	1
Staff-on-inmate sexual abuse	0	0	3	0
Total	0	1	7	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	4	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	1	4	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	17
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	13
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were many investigations that were not classified appropriately and did not have investigative outcomes. My focus was the sexual abuse allegations because the investigations were so mishandled.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>During the previous twelve months, there were 37 allegations reported. Six of the sexual harassment allegations were not repeated, two of the abuse allegations were consensual, three of the sexual harassment allegations did not rise to the definition of a PREA allegation, two sexual abuse allegations were made by a third party and the alleged victim denied the allegation occurred and one was reported at Ridgeland but occurred at a different SCDC facility. As such, there were 23 sexual abuse or sexual harassment allegations reported to have occurred at Ridgeland. All 23 had an investigation initiated, however two allegations were unable to be categorized as either sexual abuse or sexual harassment due to the limited information in the investigation and four investigations did not have an investigative outcome documented.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<p>Identify the name of the third-party auditing entity</p>	<p>PREA Auditors of America</p>
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Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 373 300">Documents:</p> <ol data-bbox="240 304 536 434" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.12 3. GA-06.11B 4. Organizational Charts <p data-bbox="240 470 363 497">Interviews:</p> <ol data-bbox="240 501 756 568" style="list-style-type: none"> 1. Interview with the PREA Coordinator 2. Interview with the PREA Compliance Manager <p data-bbox="240 604 504 631">Findings (By Provision):</p> <p data-bbox="240 672 1493 1070">115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and that the policy outlines how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and a sexual harassment. The agency's PREA policies, OP-21.12 and GA-06.11B, mandate a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the strategies on preventing, detecting and responding to such conduct. Agency policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, a PCM at each facility, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policies are consistent with the PREA standards and outline the agency's approach to sexual safety.</p> <p data-bbox="240 1097 1493 1361">115.11 (b): The PAQ stated that the agency employs an upper level, agency wide PREA Coordinator that has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its facilities. The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide. The PREA Coordinator reports to the Deputy Director of Legal and Compliance who reports directly to the Agency Director. The PC was interviewed and he reported that he has enough time to manage his PREA responsibilities and that PREA is his only responsibility. He indicated that 21 Compliance Managers report to him and that he communicates with these individuals through email, Microsoft Teams and by visiting each institution. Throughout the audit process the PC demonstrated knowledge of the agency's policies and practices designed to promote sexual safety in the facility.</p> <p data-bbox="240 1397 1493 1599">115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager. The facility's organizational chart reflects that the PCM position is the Associate Warden. This position reports directly to the Warden at the facility. The interview with the PREA Compliance Manager indicated that he has enough time to manage all of his PREA related responsibilities. He stated that the facility conducts shift briefings related to PREA and that they discuss PREA during the monthly and quarterly meetings. He stated that they emphasize how to report and how to get the information to him to make sure all allegations are investigated.</p> <p data-bbox="240 1635 1493 1697">Based on the PAQ, OP-21.12, GA-06.11B, the agency and facility organizational charts and information from interviews with the PC and PCM, this standard appears to be compliant.</p>

115.12	<p>Contracting with other entities for the confinement of inmates</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Agency Contracts <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency's Contract Administrator <p>Findings (By Provision):</p> <p>115.12 (a): The agency contracts with CoreCivic for the confinement of inmates. A review of the contract indicates that the agency includes language that requires the contractor to comply with the Federal Prison Rape Elimination Act (PREA) standards. Additionally, it states that the contractor shall ensure that all its employees, and all of the employees of other agencies who will directly or indirectly supervise or deal with inmates, including volunteers, are oriented and trained on their responsibilities related to PREA prior to allowing those employees or volunteers to have personal contact with the Department's inmates. The interview with the Agency Contract Administrator indicated that the agency has a provision in the contract mandating compliance with PREA standards and the PC communicates and monitors for compliance. The interview also indicated that CoreCivic has had a PREA compliance audit completed within the previous twelve months and that it is posted on CoreCivic's website.</p> <p>115.12 (b): The agency contracts with CoreCivic for the confinement of inmates. A review of the contract indicates that the agency includes language that requires the contractor to comply with the Federal Prison Rape Elimination Act (PREA) standards. Additionally, it states that the contractor shall ensure that all its employees, and all of the employees of other agencies who will directly or indirectly supervise or deal with inmates, including volunteers, are oriented and trained on their responsibilities related to PREA prior to allowing those employees or volunteers to have personal contact with the Department's inmates. The interview with the Agency Contract Administrator indicated that the agency has a provision in the contract mandating compliance with PREA standards and the PC communicates and monitors for compliance. The interview also indicated that CoreCivic has had a PREA compliance audit completed within the previous twelve months and that it is posted on CoreCivic's website.</p> <p>Based on the review of the PAQ, the agency contract and the interview with the Agency Contract Administrator, this standard appears to be compliant.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 304 938 533" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-22.48 3. GA-06.11B 4. Ridgeland Institutional Staffing Plan 5. Staffing Plan Compliance Checklist 6. Documentation of Deviations from the Staffing Plan 7. Documentation of Unannounced Rounds (SCDC Form 19-164A) <p data-bbox="240 573 363 600">Interviews:</p> <ol data-bbox="240 607 916 734" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with the PREA Coordinator 4. Interview with Intermediate-Level or Higher-Level Facility Staff <p data-bbox="240 775 528 801">Site Review Observations:</p> <ol data-bbox="240 808 679 871" style="list-style-type: none"> 1. Staffing Levels Throughout the Facility 2. Placement of Monitoring Technology <p data-bbox="240 911 507 938">Findings (By Provision):</p> <p data-bbox="240 978 1493 1738">115.13 (a): GA-06.11B, page 2 indicates that each SCDC institution is required to develop and comply with a written documented staffing plan. The PAQ indicated that the agency requires facilities to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing. The PAQ indicated that the staffing plan takes into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the staffing plan is based on supervision and monitoring of 1020 inmates. A review of the staffing plan indicates that each shift has a shift supervisor and an assistant shift supervisor. Housing units have at least one correctional officer assigned. Additional officers are assigned to other areas to include visitation, medical, cafeteria, yard and rover. The interview with the Warden confirmed that the facility has a staffing plan and that it considers the required factors. The Warden stated that while the facility has an adequate staffing plan, they currently have a dire shortage of staff to fulfill the plan. He stated that the plan considers video monitoring and that it is documented with Human Resources, his office and all shift supervisors. The Warden stated that the plan considers the number of inmates versus the number of staff, with at least one staff in each housing unit. He stated the plan also has staff in high traffic areas such as the cafeteria and medical. The Warden stated that staffing is based on the security levels of the inmates at the facility and more staff are placed in areas with higher security inmates, more aggressive inmates, on shifts with more inmate movement and programs and in areas where issues have occurred or where potential issues may occur. The Warden confirmed that they check for compliance with the staffing plan through documentation on the daily shift roster. While the institution did have blind spots, staff supervision, required security rounds, reflective mirrors and video cameras assist with monitoring these areas. It should be noted that the monitoring of blind spots is only adequate when staff supervision is adequate and staff make the required security rounds as outlined in agency policy and procedure. Video monitoring was observed in areas of the facility including housing units.</p> <p data-bbox="240 1771 1493 2130">115.13 (b): The facility indicated on the PAQ that each time the staffing plan is not complied with the facility documents and justifies the deviations. GA-06.11B, page 2 states that each institution will document on SCDC Form 19-29A, "Incident Report", and log all instances of non-compliance with the staffing plan in the unit's logbook. A review of documentation indicated that the agency also has a form, Deviation from Staffing Plan, to document, when necessary, the date, time and reason for any deviations to the staffing plan. The PAQ stated that the most common reason for deviations in the previous twelve months was due to staff shortage. The facility did not provide deviation forms as indicated in their policy; however the facility did provide the auditor with the Management Information Notes (MINS) information. A review of the documentation confirmed that restricted movement and staffing deviations are documented through the MINS system. A review of over 50 instances of deviations from March 2020 through March 2021 indicated that all examples included the deviations from the plan and the reason for the deviation (staff shortage). The interview with the Warden indicated deviations are documented on the daily roster and that justifications related to the deviations are documented when any posts are shut down.</p>

115.13 (c): The facility created a staffing plan as required under this provision in October 23, 2020. Staffing plans are reviewed via the Staffing Plan Compliance Checklist. The checklist includes a review to assess, determine and document whether any adjustments are needed and if any additional resources are needed and available to commit to ensuring adherence to the staffing plan. The facility conducted its first review at the creation of the plan in 2020. Prior to 2020, annual reviews were completed by reviewing the post charts as a formal narrative staffing plan did not exist. The current PC initiated the current review process which meets the requirements under this provision. The PC confirmed that staffing reviews are completed annually and that he participates in the reviews.

115.13 (d): OP-22.48, section 4.2 indicates that all intermediate or higher-level supervisors, to include Warden, Associate Warden, Duty Wardens, Majors, and Shift Supervisors, who conduct unannounced rounds shall document "Unannounced Round" or "UAR" in the Reason for Visit column of the RHU Visitation Log or GP Visitation Log in each area visited. Additionally, the PAQ indicated that the facility prohibits staff from alerting other staff of the conduct of such rounds. A review of a sample of unannounced rounds from October 2020 through March 2021 indicated that unannounced rounds were conducted by the Warden, Associate Warden, Duty Warden and Shift Supervisor, however there were zero rounds documented on evening shift. All rounds documented were between the hours of 8:00am and 4:30pm. Additionally, documentation revealed that rounds are not being made consistently enough to deter sexual abuse. Documentation showed one unannounced round conducted during the week and then the next unannounced round was not documented until three weeks later. There were large gaps in unannounced rounds in most of the documentation provided. Interviews with intermediate-level or higher-level staff indicated that they conduct unannounced rounds and that the rounds are documented in the log book. All three staff stated that rounds are unannounced and they do not let staff know they are coming. The staff indicated that they make their rounds irregularly, they do not do them all at one time and they do not make rounds in a pattern.

Based on a review of the PAQ, OP-22.48, GA-06.11B, the Institutional Staffing Plan, the 2020 staffing plans reviews, documentation of deviations from the staffing plan, documentation of unannounced rounds (SCDC 164 & 164a), observations made during the tour and interviews with intermediate-level or higher-level staff, the PC, the PCM and the Warden, this standard appears require corrective action. A review of a sample of unannounced rounds from October 2020 through March 2021 indicated that unannounced rounds were conducted by the Warden, Associate Warden, Duty Warden and Shift Supervisor, however there were zero rounds documented on evening shift. All rounds documented were between the hours of 8:00am and 4:30pm. Additionally, documentation revealed that rounds are not being made consistently enough to deter sexual abuse. Documentation showed one unannounced round conducted during the week and then the next unannounced round was not documented until three weeks later. There were large gaps in unannounced rounds in most of the documentation provided. As such, provision (d) of this standard requires corrective action.

Corrective Action:

The facility will need to create a plan and ensure that unannounced rounds are conducted regularly and on both shifts at the facility. At least one week of rounds per month should be forwarded to the auditor to confirm unannounced rounds are being made on day shift and evening shift by intermediate-level and/or higher-level supervisors.

Recommendation:

The auditor highly recommends that the facility augment its current staffing with additional video monitoring technology and reflective mirrors. The Warden indicated that there is a dire shortage of staff and that they have over 60 correctional officer vacancies. While areas are monitored by staff through rounds, the addition of cameras and reflective mirrors will assist during times when staffing levels are extremely low and staff are unable to make required rounds. Additionally, the auditor recommends that the facility utilize the Deviations from Staffing Plan document which was created to document deviations from the staffing plan under the this standard.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Duty Rosters
2. Unannounced Rounds Logs

On October 15, 2021 the facility provided the auditor with documentation related to standard 115.13. The facility provided the auditor with duty rosters, however the rosters did not illustrate unannounced rounds by intermediate-level or higher level supervisors. On November 19, 2021 the facility provided eleven examples of unannounced rounds. There were at least two unannounced rounds completed per month, however the rounds were all completed on day shift. There was only one instance of an unannounced round being completed on evening shift. Seven additional documents were provided on

December 1, 2021, however they also did not confirm unannounced rounds were completed by intermediate-level or higher-level staff on evening shift. The documents only illustrated that staff conduct security checks and count during evening shift. Thus, based on the documentation provided, the facility has not corrected this standard.

115.14	Youthful inmates
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 376 300">Documents:</p> <ol data-bbox="240 304 536 398" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GA-06.11B 3. OP-22.39 <p data-bbox="240 439 363 465">Interviews:</p> <ol data-bbox="240 470 756 533" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager <p data-bbox="240 573 528 600">Site Review Observations:</p> <ol data-bbox="240 604 882 631" style="list-style-type: none"> 1. Observations in Housing Units Related to Youthful Inmates <p data-bbox="240 672 504 698">Findings (By Provision):</p> <p data-bbox="240 739 1485 967">115.14 (a): GA-06.11B, section 1.7 states that per SCDC Policy OP-22.39, “Young Offender Parole and Reentry Services (YOPRS)”, youthful offenders will not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult inmate through the shared dayroom or other common space, shower area, or sleeping quarters. In areas outside the housing units, institutions will ensure direct staff supervision between youthful offenders and adult (eighteen years of age or older) offenders. The PAQ indicated that Ridgeland does not house inmates under the age of eighteen. The interviews with the Warden and the PCM confirmed that the facility does not house inmates under the age of eighteen.</p> <p data-bbox="240 999 1493 1227">115.14 (b): GA-06.11B, section 1.7 states that per SCDC Policy OP-22.39, “Young Offender Parole and Reentry Services (YOPRS)”, youthful offenders will not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult inmate through the shared dayroom or other common space, shower area, or sleeping quarters. In areas outside the housing units, institutions will ensure direct staff supervision between youthful offenders and adults (eighteen years of age or older) offenders. The PAQ indicated that Ridgeland does not house inmates under the age of eighteen. The interviews with the Warden and the PCM confirmed that the facility does not house inmates under the age of eighteen.</p> <p data-bbox="240 1258 1493 1487">115.14 (c): GA-06.11B, section 1.7 states that per SCDC Policy OP-22.39, “Young Offender Parole and Reentry Services (YOPRS)”, youthful offenders will not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult inmate through the shared dayroom or other common space, shower area, or sleeping quarters. In areas outside the housing units, institutions will ensure direct staff supervision between youthful offenders and adults (eighteen years of age or older) offenders. The PAQ indicated that Ridgeland does not house inmates under the age of eighteen. The interviews with the Warden and the PCM confirmed that the facility does not house inmates under the age of eighteen.</p> <p data-bbox="240 1527 1453 1590">Based on a review of the PAQ, GA-06.11B, OP-22.39, observations made during the tour and information from interviews with the Warden and PCM, this standard appears to be compliant.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-22.14 (2.4) 3. OP-22.19 4. GA-06.09 5. Contraband and Searches Training Curriculum 6. PREA Resource Center's Guidance in Cross Gender and Transgender Pat Searches Video 7. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Inmates 3. Interview with Transgender/Intersex Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Adequate Privacy 2. Observation of Absence of Female Inmates 3. Observation of Cross Gender Announcement <p>Findings (By Provision):</p> <p>115.15 (a): OP-22.19, section 4.3 states that strip searches will be performed by employees of the same sex as the person being searched, except in extreme emergencies by the Major, or when the search is performed by medical practitioners. Section 5.6 states that only a physician or specially trained nursing personnel are authorized to conduct a body cavity search. Body cavity searches will always be witnessed by trained security staff of the same sex as the inmate being searched. The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches.</p> <p>115.15 (b): The PAQ indicated that no female inmates are housed at the facility and therefore this section of the standard would not apply. There were no cisgender females housed at the facility, however the facility does house five transgender females. Four of the five transgender inmates have a female staff member search preference. All four inmates stated that they have never been restricted from activities or programs because there has not been a female to conduct a search. All twelve of the random staff interviewed also confirmed that there is always a female available to conduct searches of transgender inmates.</p> <p>115.15 (c): OP-22.19, section 4.3 states that facilities shall document all cross-gender strip searches and section 5.2 requires that body cavity searches be documented on an incident report. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months and that female inmates are not housed at the facility.</p> <p>115.15 (d): The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. OP-22.14 (2.4), section 3, indicates that the Housing Unit Officer will announce "Female in Unit" upon a female entering the unit or inmate restroom. All twelve staff interviewed indicated that opposite gender staff announce when they enter and/or work in housing areas and that inmates have privacy from opposite gender staff when they shower, use the restroom and change their clothes. 34 of the 35 male inmates and the one transgender inmate without a female search preference stated that they have never been naked in front of a female staff member. The four transgender inmates with a female search preference interviewed stated that since they have been approved for female searches they have not been naked in front of a male staff member. Eighteen of the 40 inmates stated that staff of the opposite gender announce when entering housing units. During the tour the auditor observed that most housing units had a female staff member working. A review of the daily roster indicated that it is typical for female staff to work in the housing units and as such continuous announcements are not required as the status quo does not change. The auditor heard the opposite gender announcement made when entering the restrictive housing unit, which was where the male staff member was working. Additionally, during the tour the auditor observed that all housing units afforded inmates privacy when showering, using the restroom and changing their clothes. Cell doors were solid with small security windows, showers were equipped with curtains, toilets had half wall barriers, curtains or were fully enclosed and certain entrances had saloon style doors.</p>

115.15 (e): OP-22.19, section 6 prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The policy further states that they shall not be subjected to more invasive searches than inmates who are not transgender or intersex. The PAQ indicated that there had been no searches of this nature within the previous twelve months. Interviews with random staff indicated seven of the twelve were aware of a policy prohibiting these searches. Interviews with four transgender inmates confirmed that none were ever searched for the sole purpose of determining their genital status.

115.15 (f): OP-22.19, section 13.1 states that security staff shall be trained specifically on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Further, GA-06.09, page 3 indicates that transgender inmates are allowed to indicate in writing which gender they feel most comfortable being searched by to include frisk (pat) searches and strip searches. The PAQ indicated that 100% of security staff had received this training. A review of the Contraband and Searches training curriculum indicated that staff are trained on the types of allowable searches and the procedures for conducting searches. The auditor further reviewed the training documents and spoke with the PC and determined that all inmates are pat searched in the same manner. SCDC policy and training indicates that transgender inmates are searched based upon the gender that they identify. If an inmate identifies as a female then the inmate is pat searched in accordance with female pat search policy and training. All searches are conducted in a professional and respectful manner. As such, all inmates, regardless of gender or gender identity are searched the same. Additionally, in 2020 the SCDC implemented the use of the PREA Resource Center Guidance in Cross Gender and Transgender Pat Searches video during the PREA training. Interviews with random staff indicated that six staff had received training on how to conduct a cross gender pat search and a search of a transgender or intersex inmate. The auditor requested training documents for fifteen staff related to this training. All fifteen were documented with PREA training which is when the video is shown. It should be noted that in 2021 the PC directed the training department to create a training code specifically for the completion of the PRC cross gender and transgender search training video. All staff who have received the training in 2021 have the training documented individually rather than within the annual PREA training.

Based on a review of the PAQ, OP-22.14, OP-22.19, GA-06.09, the Contraband and Searches training curriculum, the PRC's cross gender and transgender search video, a random sample of staff training records, observations made during the tour to include curtains, solid doors with security windows, half walls, public style fully enclosed toilets and the observation of the opposite gender announcement, as well as information from interviews with random staff, random inmates and the PC this standard appears to be compliant.

Recommendation:

Due to half of the staff interviewed indicating that that they had not received training, the auditor highly recommends that all facility staff be re-trained on the search training video during their 2021 annual in-service training.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.12 3. GA-06.11B 4. PREA Roll Call Refresher – Helping Inmates who Primarily Speak Another Language 5. American Sign Language (ASL) Information 6. LanguageLine Solutions Information 7. School for the Deaf and the Blind Information 8. Let’s Talk About Safety Brochure <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Inmates with Disabilities 3. Interview with LEP Inmates 4. Interview with Random Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of PREA Posters <p>Findings (By Provision):</p> <p>115.16 (a): OP-21.12, section 1.1.3 establishes that inmate orientation and orientation materials will be provided in formats which are accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The agency has an agreement with Esmeralda Concepcion for sign language interpretation services as well as a relationship with the School for the Deaf and the Blind for braille translated materials. A review of the PREA brochure and PREA posters confirmed that information is available in bright colors, larger font and in Spanish. The interview with the Agency Head Designee confirmed that the SCDC has established procedures to provide inmates with disabilities and LEP inmates equal opportunity to participate in PREA efforts. She stated that LEP inmates are provided with an orientation video, brochure and PREA signage in Spanish and other languages. She also indicated that a sign language interpreter is available for deaf inmates while braille information is available for blind inmates. The interviews with five disabled inmates confirmed that all five had received information in a format they could understand. During the tour, the PREA signage was observed to be in large text, bright colors and in English and Spanish. Additionally, PREA information was available on the inmate tablets in written format, video format and in English and Spanish.</p> <p>115.16 (b): OP-21.12, section 1.1.3 establishes that inmate orientation and orientation materials will be provided in formats which are accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The facility utilizes LanguageLine Solutions to provide translation services in over 240 languages. A review of the PREA brochure and PREA posters confirmed that information is available English and in Spanish. It was also noted that the information could be translated to other languages when necessary. The interview with the Agency Head Designee confirmed that the SCDC has established procedures to provide inmates with disabilities and LEP inmates equal opportunity to participate in PREA efforts. She stated that LEP inmates are provided with an orientation video, brochure and PREA signage in Spanish and other languages. The interviews with the two LEP inmates indicated that both were provided information in a format that they could understand. It should be noted that the auditor utilized the LanguageLine telephone translation service during the two LEP inmate interviews. During the tour, the PREA signage was observed to be in large text, bright colors and in English and Spanish. Additionally, PREA information was available on the inmate tablets in written format, video format and in English and Spanish.</p> <p>115.16 (c): GA-06.11B, page 2 states that SCDC will not rely on inmate interpreters, inmate readers or any other type of inmate assistants in obtaining information regarding investigations that may compromise the safety of the inmate. The PAQ indicated that there were no instances where an inmate was utilized to interpret, read or otherwise assist. The PREA Roll Call Refresher confirms that staff are provided information that another inmate is only able to translate if someone is in danger and that otherwise staff should utilize the state-run program or a bilingual staff member. Interviews with random staff indicated that eight of the twelve were aware of a policy prohibiting the use of inmates to interpret, read or provide assistance for sexual abuse allegations. All twelve did however state that they were unaware of a time that an inmate had been utilized to translate, interpret or read for a PREA allegation. Interviews with LEP and disabled inmates confirmed that none had another inmate utilized to translate for sexual abuse or sexual harassment issues.</p>

Based on a review of the PAQ, OP-21.12, GA-06.11B, the ASL information, the School for the Deaf and Blind information, the LanguageLine information, the PREA Roll Call Refresher, the Let's Talk About Safety brochure, observations made during the tour to include the PREA signage and information from interviews with the Agency Head Designee, random staff, LEP inmates and disabled inmates indicate that this standard appears to be compliant.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Admin 11.28 3. POL-23.31 4. GA-06.11B 5. PREA Questionnaire 6. Personnel Files of Staff 7. Contractor Background Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Human Resource Staff <p>Findings (By Provision):</p> <p>115.17 (a): Admin 11.28, section 9.12 indicates that applicants will be checked through the National Criminal Information Center (NCIC) before an official offer of employment is extended. Any applicant with a felony conviction(s) or drug related conviction(s) within ten years will not be hired by the agency for any position. Also, any applicant that has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refuse will not be hired by the agency for any position. The PAQ indicated that the agency prohibits hiring or promoting anyone who has engaged in the activities under this provision. A review of personnel documentation for eight staff hired in the previous twelve months confirmed that all eight staff had a criminal background check completed prior to hiring. Additionally, the auditor has reviewed over 30 additional personnel files from other SCDC audits conducted within this audit cycle and all agency staff had received a criminal background check.</p> <p>115.17 (b): GA-06.11B, page 2 indicates that individuals who have engaged in sexual harassment will be considered on a case by case basis. The PAQ as well as the interview with the Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.</p> <p>115.17 (c): Admin 11.28, section 9.12 indicates that applicants will be checked through the National Criminal Information Center (NCIC) before an official offer of employment is extended. Any applicant with a felony conviction(s) or drug related conviction(s) within ten years will not be hired by the agency for any position. Also, any applicant that has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refuse will not be hired by the agency for any position. Additionally, POL-23.31, sections 1.3 indicates that the SCDC Fusion Center will conduct a criminal record check on the candidate. The PAQ indicated that 100% of the staff hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of personnel documentation for eight staff hired in the previous twelve months confirmed that all eight staff had a criminal background check completed prior to hiring. Additionally, the auditor has reviewed over 30 additional personnel files from other SCDC audits conducted within this audit cycle and all agency staff had received a criminal background check. Human Resource staff indicated that a NCIC check is completed for all applicants and they also go over the PREA compliance questionnaire with all applicants.</p> <p>115.17 (d): The PAQ indicated that there have been three contracts at the facility within the past twelve months. Of these, 100% of the contractors have had a criminal records check prior to enlisting services. The auditor requested records for five contract staff to verify that a criminal records check was completed prior to enlisting services. The auditor was provided three of the five background checks. Human Resource staff confirmed that all contractors have a background check completed prior to receiving authority to report to any of the SCDC's facilities. It should be noted that the facility indicated the incorrect number of contracts (fifteen) in the facility information section of the PAQ.</p> <p>115.17 (e): GA-06.11B, page 2 states that the SCDC shall conduct criminal background record checks at least every five years for current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees. The agency conducts criminal history checks through NCIC. Additionally,</p>

all staff are fingerprinted and any subsequent arrest is immediately reported to the agency. The auditor requested an example of an employee arrest where it was reported directly to the agency. A review of the documentation indicated that the staff member was arrested on April 1, 2020 and the information was provided to Police Services who forwarded it to Human Resources and the institution. The interview with the Human Resource staff member confirmed that all staff and contractors are required to have a criminal background check through NCIC. The interview also indicated that Central Office Human Resource Office and the Institutional Human Resource Manager conduct the required five-year background checks. Further conversation with the PC indicated that because staff are fingerprinted and all subsequent arrests are reported directly to the agency, that five-year checks are no longer completed.

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

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

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

Based on a review of the PAQ, Admin 11.28, POL-23.31, GA-06.11B, the employment application, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be require corrective action. While the facility provided the auditor three contractor backgrounds, there was a dental contractor and a Prison Industries contractor that background checks were not provided for. As such, provision (d) of this standard requires corrective action.

Corrective Action:

Provide the auditor with the two requested background checks.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Background Record Checks

On July 9, 2021 the auditor was provided documentation related to standard 115.17. The facility provided the auditor confirmation that the two contractors had a criminal background records check completed prior to enlisting their services.

115.18	Upgrades to facilities and technologies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 375 300">Documents:</p> <ol data-bbox="242 304 651 365" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Ridgeland Institutional Staffing Plan <p data-bbox="242 405 363 434">Interviews:</p> <ol data-bbox="242 439 711 499" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p data-bbox="242 539 528 568">Site Review Observations:</p> <ol data-bbox="242 573 687 633" style="list-style-type: none"> 1. Observations of the Physical Plant 2. Observations of Monitoring Technology <p data-bbox="242 674 505 703">Findings (By Provision):</p> <p data-bbox="242 741 1477 969">115.18 (a): The PAQ indicated that the facility has not acquired a new facility or made a substantial modification since the last PREA audit. The interview with the Warden confirmed there has not been any substantial modifications to the facility since August 20, 2012. The interview with the Agency Head Designee indicated that the PC meets frequently with Wardens, PCMs and facility management to tour the institutions, discuss PREA safety measures needed for each institution and develop plans to enhance the ability to protect inmates from sexual abuse. The PC also works with the Director of Compliance, Standards and Inspections to ensure that renovations to institutions comply with state and national standards. During the tour, the auditor did not observe any substantial renovations or modifications.</p> <p data-bbox="242 1001 1489 1359">115.18 (b): The PAQ indicated that there have been upgrades and/or installation of video monitoring technology at the facility since August 20, 2012. The facility has installed cameras in all the housing units as well as in a few of the common areas. A review of the Institutional Staff Plan confirms the number and placement of cameras at Ridgeland is described in the document. It also documents identified blind spots and how mirrors and staffing are addressed in these areas to protect inmates from sexual abuse in lieu of cameras. The interview with the Agency Head Designee indicated that the agency has recently increased the number of cameras in many of the institutions to monitor activities. Cameras are monitored at the institution but there are also certain cameras that can be monitored at the central office level. The interview with the Warden indicated that the facility takes into consideration how the installation or updating of video monitoring technology would enhance their ability to protect inmates from sexual abuse. He stated that when he first arrived there was video monitoring in only one housing unit and now it is in all the units. He stated there are staff that monitor the video feed and that it is utilized to monitor suspicious activity, respond to any issues, assist with investigation and protect inmates from sexual abuse.</p> <p data-bbox="242 1391 1482 1485">Based on a review of the PAQ, observations made during the tour to include video monitoring technology placement and the absence of substantial physical plant modifications as well as information obtained during interviews with the Agency Head Designee and the Warden, this standard appears to be compliant.</p> <p data-bbox="242 1516 442 1545">Recommendation:</p> <p data-bbox="242 1576 1474 1700">There were numerous blind spots observed throughout the facility. While reflective mirrors have been installed and staff are required to make rounds, the auditor highly recommends that the facility continue to install video monitoring technology and reflective mirrors to assist with supervision and monitoring, especially during staff shortages and deviations from the staffing plan.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. POL-23.01 3. POL-23.28 4. GA-06.11B 5. Memorandum of Understanding (MOU) with Hopeful Horizons 6. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with the PREA Compliance Manager 3. Interview with Inmates who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations and that when conducting sexual abuse investigations, the agency follows a uniform evidence protocol. GA-06.11B, page 2 indicates that Police Services is responsible for investigating all allegations of sexual abuse, consistent with SCDC policy POL-23.01. POL-23.01 and POL-23.28 detail evidence collection, storage and destruction and make up the policies that outline the evidence protocol. Interviews with random staff indicated that all twelve were aware of and understood the evidence protocol. All twelve staff stated that either the PCM, Police Services or the contraband unit would conduct the sexual abuse investigation.</p> <p>115.21 (b): The PAQ indicated that the protocol is developed appropriate for youth as well as was adapted from the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". POL-23.01 and POL-23.28 detail evidence collection, storage and destruction and was developed based on the DOJ's protocol.</p> <p>115.21 (c): The PAQ stated that the facility offers inmates who experience sexual abuse access to forensic medical examinations and that they are provided at an outside facility. The PAQ indicated that during the previous twelve months, there have been two forensic examination conducted by a Sexual Assault Forensic Examiner (SANE), Sexual Assault Nurse Examiner (SANE) or qualified staff member. The facility advised that forensic examinations are conducted at Coastal Carolina Hospital. The hospital staff member confirmed that they do provide forensic medical examinations by Sexual Assault Nurse Examiners (SANE). A review of investigative reports indicated that there were three forensic examinations provided within the previous twelve months at the outside hospital.</p> <p>115.21 (d): The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center and if and when a rape crisis center is not available to provide victim advocacy services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. A review of documentation indicated that the facility has an MOU with Hopeful Horizons. The MOU was executed on October 30, 2020 and it outlines the advocacy services they provide. The MOU states that Hopeful Horizons agrees to provide at least one staff member to serve as a volunteer to provide hospital accompaniment for an offender during the forensic medical examination process, investigatory interviews, and follow-up crisis counseling on request of the offender victim. Interviews with four inmates who reported sexual abuse indicated that two were allowed to make a phone call after their allegation. Both inmates stated that they called their family. One of the inmates was transported for a forensic examination but indicated he did not have an advocate during the forensic examination. The interview with the PCM confirmed that the facility has an MOU with Hopeful Horizons and that they are the local rape crisis center. He stated that they would provide accompaniment during forensic examinations if requested. It should be noted that all forensic examinations during the previous twelve months were during COVID-19 and most local rape crisis centers were not providing in-person services during this time.</p> <p>115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany the victim during the forensic medical examination and investigatory interviews. A review of documentation indicated that the facility has an MOU with Hopeful Horizons. The MOU was executed on October 30, 2020 and it outlines the advocacy services they provide. The MOU states that Hopeful Horizons agrees to provide at least one staff member to serve as a volunteer to provide hospital accompaniment for an offender during the forensic medical examination process, investigatory interviews, and follow-up crisis counseling on request of the offender victim. Interviews with four inmates who reported sexual abuse indicated that two were allowed to make a</p>

phone call after their allegation. Both inmates stated that they called their family. One of the inmates was transported for a forensic examination but indicated he did not have an advocate during the forensic examination. The interview with the PCM confirmed that the facility has an MOU with Hopeful Horizons and that they are the local rape crisis center. He stated that they would provide accompaniment during forensic examinations if requested. It should be noted that all forensic examinations during the previous twelve months were during COVID-19 and most local rape crisis centers were not providing in-person services during this time.

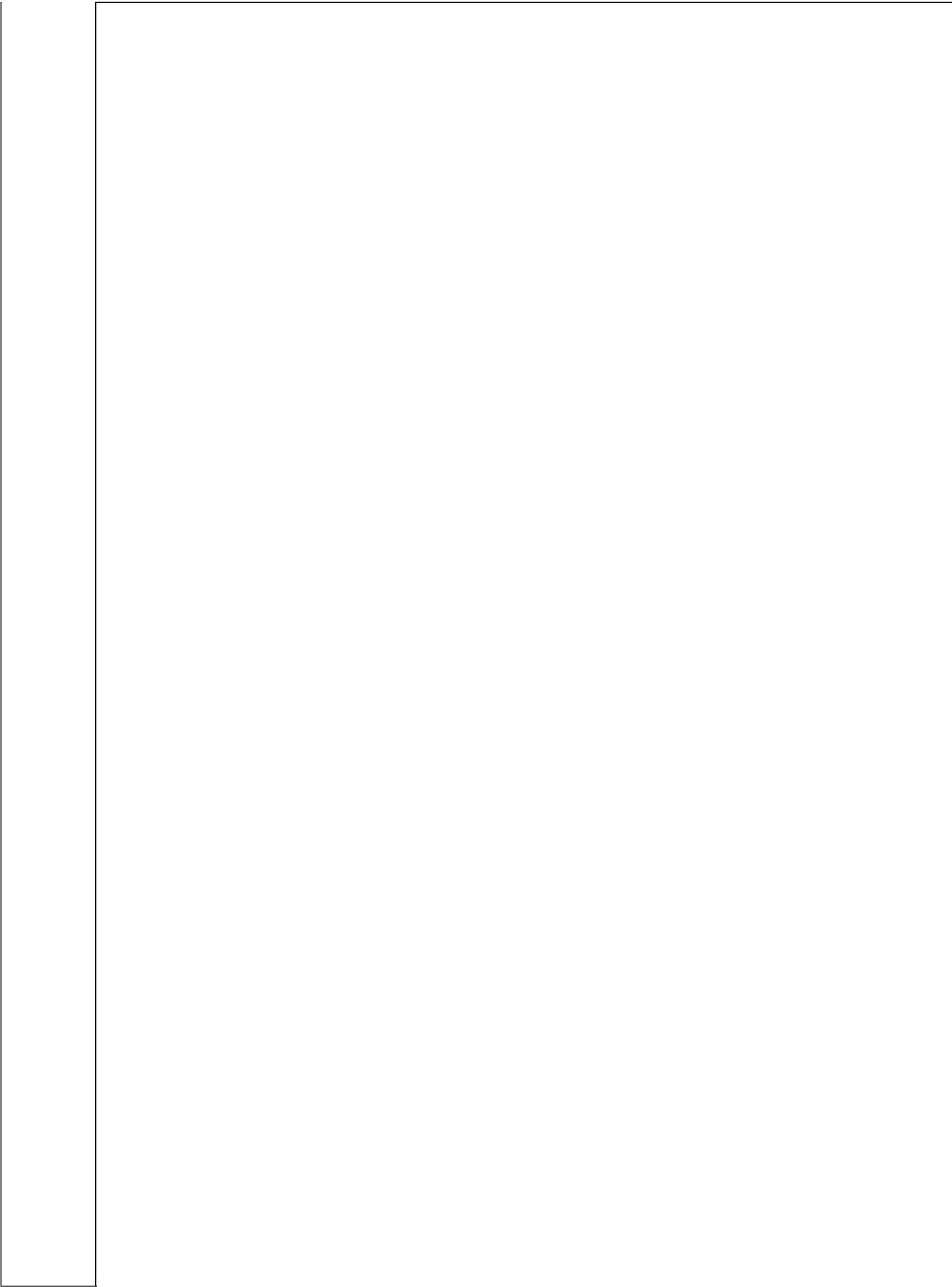
115.21 (f): The agency is responsible for conducting both criminal and administrative investigations and as such this provision is not applicable.

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

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

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

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 376 300">Documents:</p> <ol data-bbox="240 304 536 434" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. POL-23.01 3. OP-21.12 4. Investigative Reports <p data-bbox="240 470 363 497">Interviews:</p> <ol data-bbox="240 501 711 568" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Investigative Staff <p data-bbox="240 604 504 631">Findings (By Provision):</p> <p data-bbox="240 672 1497 1370">115.22 (a): POL-23.01 and OP-21.12, section 6 outline the administrative and criminal investigative process. OP-21.12 indicates that all allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Division of Investigations shall initiate the investigation, will notify South Carolina Law Enforcement Division (SLED) and the Inspector General's office when sexual misconduct by staff, contractors or volunteers is alleged. POL-23.01, section 3.2 states that Police Services will be responsible for assigning investigative personnel to all reported criminal acts which are believed to have been committed by SCDC inmates, employees, or others when the crime relates to the agency. The PAQ indicated that there were 22 allegations reported within the previous twelve months, all 22 resulting in an administrative investigation and three resulting in a criminal investigation. A review of documentation indicated there were 37 allegations reported during the previous twelve months. Six of the sexual harassment allegations were not repeated, two of the abuse allegations were consensual, three of the sexual harassment allegations did not rise to the definition of a PREA allegation, two sexual abuse allegations were made by a third party and the alleged victim denied the incident occurred and one was reported at Ridgeland but occurred at a different SCDC facility. As such, there were 23 sexual abuse or sexual harassment allegations reported to have occurred at Ridgeland. All 23 had an investigation initiated, however two allegations were unable to be categorized as either sexual abuse or sexual harassment due to the limited information in the investigation and four investigations did not have an investigative outcome documented. The interview with the Agency Head Designee indicated that SCDC has a formal process in place to ensure administrative and criminal investigations are completed for allegations of sexual abuse and sexual harassment. She indicated that all allegations are reported to the PCM initially. Incident reports and statements are collected and forwarded to the agency PC who will determine whether the matter warrants a criminal investigation or whether the matter will be referred to the PCM for an administrative investigation. She further elaborated and stated that Police Services investigate all allegations of a criminal nature and all administrative allegations concerning staff or volunteers.</p> <p data-bbox="240 1402 1497 1765">115.22 (b): POL-23.01 and OP-21.12, section 6 outline the administrative and criminal investigative process. OP-21.12 indicates that all allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Division of Investigations shall initiate the investigation, will notify South Carolina Law Enforcement Division (SLED) and the Inspector General's office when sexual misconduct by staff, contractors or volunteers is alleged. POL-23.01, section 3.2 states that Police Services will be responsible for assigning investigative personnel to all reported criminal acts which are believed to have been committed by SCDC inmates, employees, or others when the crime relates to the agency. OP-21.12 is available on the Department's website: http://www.doc.sc.gov/preaweb/. The interviews with the investigators indicated that SCDC policy OP-21.12 requires all allegations be investigated and that Police Services has full state authority to conduct investigations and make arrests. Additionally, administrative investigations involving inmate-on-inmate sexual harassment are completed at the facility level by the PCM. The Police Services investigator further stated that an MOU with SLED also allows for SLED to be the lead investigative agency if necessary.</p> <p data-bbox="240 1800 1453 1868">115.22 (c): The agency is responsible for conducting both administrative and criminal investigations. No separate entity is responsible for investigations and as such this provision does not apply.</p> <p data-bbox="240 1904 847 1930">115.22 (d): The auditor is not required to audit this provision.</p> <p data-bbox="240 1966 847 1993">115.22 (e): The auditor is not required to audit this provision.</p> <p data-bbox="240 2033 1465 2136">Based on a review of the PAQ, POL-23.01, OP-21.12, a review of sexual abuse and sexual harassment investigations, the agency's website and information obtained via interviews with the Agency Head Designee and investigators, this standard appears to be compliant.</p>



115.31	Employee training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 304 788 432" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.12 3. Prison Rape Elimination Act (PREA) Lesson Plan 4. Sample of Staff Training Records <p data-bbox="242 472 363 501">Interviews:</p> <ol data-bbox="242 506 576 535" style="list-style-type: none"> 1. Interview with Random Staff <p data-bbox="242 571 504 600">Findings (By Provision):</p> <p data-bbox="242 638 1485 1133">115.31 (a): OP-21.12, section 2 indicates that PREA training will be provided to all agency staff, contractors, temporary/grant employees, and volunteers during the individual orientation program as well as during mandatory in-service annual training. OP-21.12 as well as the PREA Lesson Plan confirmed that the training includes at a minimum the following information: the agency's zero tolerance policy for sexual abuse and sexual harassment of inmates, staff responsibilities related to sexual abuse and sexual harassment prevention, detection, reporting and response, inmate's rights to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened or actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates including lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmates and how to comply with relevant laws related to mandatory reporting sexual abuse to outside authorities. A review of fifteen staff training records indicated that all fifteen have received PREA training. Interviews with random staff confirmed that all twelve had received PREA training within the previous year. All twelve staff indicated that the required training components under this provision were covered in their training. Most staff stated the training covered first responder duties, possible signs of sexual abuse and how to report (for both inmates and staff).</p> <p data-bbox="242 1167 1469 1357">115.31 (b): The PAQ indicated that training is not tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with the opposite gender are not given additional training. Further communication with the PCM and PC indicated this information was incorrect and that staff assigned to female facilities receive additional training related to female inmates. A review of the training curriculum indicated that the training has information related to both male inmates and female inmates and staff receive both of these whether they work at male or female facility. Additionally, staff receive general training on how to deal with female inmates.</p> <p data-bbox="242 1400 1481 1491">115.31 (c): The PAQ indicated that staff receive PREA training annually and that between trainings the staff are provided updates and information during shift briefings. A review of fifteen staff training records indicated that fourteen had received PREA training at least every two years. The one staff member that did not was a new hire and had received training in 2020.</p> <p data-bbox="242 1534 1485 1662">115.31 (d): The PAQ indicated that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. All staff are required to sign a training roster indicating that they attended and understood the training. All electronic training requires staff to acknowledge that they understood the training. A review of fifteen staff training records indicated that all fifteen have received PREA training and signed an acknowledgment of the training.</p> <p data-bbox="242 1702 1481 1762">Based on a review of the PAQ, OP-21.12, the PREA Lesson Plan, staff training records and information from interviews with random staff, this standard appears to be compliant.</p>

115.32	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 304 788 499" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PS-10.04 3. SCDC Form 1-9 4. Prison Rape Elimination Act (PREA) Lesson Plan 5. Sample of Contractor Training Records 6. Sample of Volunteer Training Records <p data-bbox="242 539 363 568">Interviews:</p> <ol data-bbox="242 573 1011 602" style="list-style-type: none"> 1. Interview with Volunteers or Contractors who have Contact with Inmates <p data-bbox="242 638 505 667">Findings (By Provision):</p> <p data-bbox="242 703 1485 1133">115.32 (a): OP-21.12, section 2 indicates that PREA training will be provided to all agency staff, contractors, temporary/grant employees, and volunteers during the individual orientation program as well as during mandatory in-service annual training. Additionally, PS-10.04 indicates that will receive orientation from an employee of SCDC and topics include all PREA related issues. Contractors receive training via annual in-service training while volunteers receive training during the volunteer orientation. The PAQ indicated that 120 volunteers and contractors have received PREA training. The auditor asked for further clarification related to the number of volunteers and contractors with PREA training, however the facility did not provide a response. The auditor requested training documents for five contractors and six volunteers. A review of documentation indicated that all eleven had received PREA training. The interviews with the two contractors indicated that they had both received information related to the agency's sexual abuse and sexual harassment policies. One contractor stated that she received training on the computer and that she gets PREA training at least once a year. The other contractor stated that he was provided a pamphlet to read with the PREA information. Both contractors stated they were informed about the zero tolerance policy and how to report sexual abuse allegations. It should be noted that no volunteers were available for interview due to COVID-19.</p> <p data-bbox="242 1167 1485 1561">115.32 (b): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. It also indicated that the level and type of training is based on the services they provide and the contact they may have with inmates. All volunteers complete the volunteer orientation and sign SCDC Form 1-9, Volunteer Service Agreement. Contractors receive PREA education during the annual in-service training. A review of the PREA lesson plan indicated that it contains information on the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. The auditor requested training documents for five contractors and six volunteers. A review of documentation indicated that all eleven had received PREA training. The interviews with the two contractors indicated that they had both received information related to the agency's sexual abuse and sexual harassment policies. One contractor stated that she received training on the computer and that she gets PREA training at least once a year. The other contractor stated that he was provided a pamphlet to read with the PREA information. Both contractors stated they were informed about the zero tolerance policy and how to report sexual abuse allegations. It should be noted that no volunteers were available for interview due to COVID-19.</p> <p data-bbox="242 1594 1485 1720">115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. The auditor requested training documents for five contractors and six volunteers. A review of documentation indicated that all eleven had received PREA training. All eleven had signed an acknowledgement indicating they received and understood the training.</p> <p data-bbox="242 1753 1430 1809">Based on a review of the PAQ, OP-21.12, PS-10.04, SCDC Form 1-9, a review of a sample of contractor and volunteer training records as well as interviews with contractors this standard appears to be compliant.</p>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 304 1134 667" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.04 3. OP-21.12 4. Let's Talk About Safety Brochure 5. PREA Resource Center PREA: What You Need to Know Video 6. PREA Poster 7. Certification of Prison Rape Elimination Act (PREA) Orientation – SCDC Form 18-78 8. American Sign Language Information 9. Language Line Information 10. School for the Deaf and the Blind Information 11. Inmate Training Records <p data-bbox="240 707 363 734">Interviews:</p> <ol data-bbox="240 741 608 801" style="list-style-type: none"> 1. Interview with Intake Staff 2. Interview with Random Inmates <p data-bbox="240 842 528 869">Site Review Observations:</p> <ol data-bbox="240 875 603 936" style="list-style-type: none"> 1. Observations of Intake Area 2. Observations of PREA Posters <p data-bbox="240 976 504 1003">Findings (By Provision):</p> <p data-bbox="240 1043 1485 1603">115.33 (a): OP-21.04, page 33, outlines the requirement for inmates to receive PREA education. Specifically, it indicates that inmates will receive institutional orientation within ten working days of arrival at the institution of assignment. The orientation will include information on sexual misconduct and Prison Rape Elimination Act (PREA) guidelines. Each inmate is required to sign the SCDC Form 18-78. The PAQ did not indicate the number of inmates that received information on the zero-tolerance policy and how to report at intake. The facility indicated in the PAQ that they had received 260 inmates in the previous twelve months and that all 260 had received information at intake. A review of documentation indicated that the Let's Talk About Safety brochure and the PREA poster have information on the zero-tolerance policy and the reporting methods. All inmates receive an intake packet on their tablet. The packet includes the Let's Talk About Safety brochure. Inmates do not sign that they receive the information. The brochure provides inmates information on how to report, inmate's rights under PREA, information on victim advocacy and informs inmates that the agency has a zero-tolerance policy. Additionally, the intake area as well as all housing units had posted PREA information. The interview with the intake staff indicated that the facility provides inmates information about the zero-tolerance policy and how to report allegations of sexual abuse. The staff member stated that inmates are provided a pamphlet the first day they arrive and that they view the PREA video during orientation. 36 of the 40 inmates interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies. The auditor previously reviewed the inmate tablet and kiosk and confirmed that the Let's Talk About Safety brochure, PREA poster and PREA video are accessible to all inmates. Additionally, the auditor observed that all housing units and common areas had PREA information posted.</p> <p data-bbox="240 1637 1485 2161">115.33 (b): OP-21.04, page 33, outlines the requirement for inmates to receive PREA education. Specifically, it indicates that inmates will receive institutional orientation within ten working days of arrival at the institution of assignment. The orientation will include information on sexual misconduct and Prison Rape Elimination Act (PREA) guidelines. Each inmate is required to sign the SCDC Form 18-78. The comprehensive education is completed during orientation via the PREA What You Need to Know video. The PAQ indicated that 260 inmates had received comprehensive PREA education within 30 days of intake. A review of records for 35 inmates that arrived within the previous twelve months indicated that 32 were documented with comprehensive PREA education. During the tour, the auditor observed the intake area and was provided an overview of the intake process. The auditor was previously shown that the Let's Talk About Safety brochure, the PREA poster and the PREA video are available on the inmate kiosk and on the inmate tablet. Inmates are able to access the PREA brochure, posters, the "PREA What You Need to Know" video and other PREA information on both of these devices at any time. All SCDC inmates are provided a tablet and as such always have access to the information. Additionally, PREA information was observed to be posted throughout the facility. The interview with the intake staff indicated that the facility provides inmates information about inmate's rights under the PREA and how to report allegations of sexual abuse. The staff member stated that inmates are provided a pamphlet the first day they arrive and that they view the PREA video during orientation. The staff indicated that in addition to the video, inmates are verbally told about the zero tolerance policy and how to report sexual abuse. The staff member stated that they try to get the education completed the following week after arrival,</p>

either Tuesday or Thursday. 37 of the 40 inmates indicated that they had received information on their right to be free from sexual abuse, their right to be free from retaliation from reporting and how to report incidents of sexual abuse. Most inmates indicated they received the information relatively soon after they arrived in orientation.

115.33 (c): The PAQ indicated that all inmates had received comprehensive PREA education by 2014. A review of 42 inmate files indicated that none were documented to have arrived prior to 2013. Of the 42 records, five inmates were not documented with comprehensive PREA education. The SCDC previously underwent an initiative that required all facilities to educate inmates on PREA and as such all inmates should have been provided the comprehensive PREA education video by 2014. Typically inmates who transfer facilities within the SCDC receive PREA education at each facility through orientation. The interview with the intake staff indicated that the facility provides inmates information related to their rights under the PREA and how to report incidents of sexual abuse through a PREA video in inmate orientation. The staff indicated that in addition to the video, they discuss that sexual abuse is not tolerance and what to do if they are sexually abused or sexually harassed. The staff member stated inmates receive the pamphlet the day they arrive and the video is shown every Tuesday or Thursday.

115.33 (d): OP-21.12, section 1.1.3 establishes that inmate orientation and orientation materials will be provided in formats which are accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The agency has an agreement with Esmeralda Concepcion for sign language interpretation services as well as a relationship with the School for the Deaf and the Blind for braille translated materials. Additionally, the facility utilizes LanguageLine Solutions to provide translation services in over 240 languages. A review of the PREA brochure and PREA posters confirmed that information is available in bright colors, larger font and in Spanish. It was also noted that the information could be translated to other languages when necessary. The interview with the Agency Head Designee confirmed that the SCDC has established procedures to provide inmates with disabilities and LEP inmates equal opportunity to participate in PREA efforts. She stated that LEP inmates are provided with an orientation video, brochure and PREA signage in Spanish and other languages. She also indicated that a sign language interpreter is available for deaf inmates while braille information is available for blind inmates. A review of two LEP inmate documents and six disabled inmate documents indicated that all eight had signed the acknowledgment form. It should be noted that the acknowledgement form was in English. The auditor confirmed that the SCDC did not have acknowledgement forms in Spanish and as such LEP inmates were signing forms they could not understand. During the tour, the PREA signage was observed to be in large text, bright colors and in English and Spanish. Additionally, PREA information was available on the inmate tablets in written format, video format and in English and Spanish.

115.33 (e): Initial intake is provided via a packet and comprehensive education is completed via the video. After inmates receive comprehensive education and they are required to sign the SCDC 18-78 form. This form is then maintained in the inmates file. A review of 35 files of inmates that arrived within the previous twelve months indicated that 32 were documented with comprehensive PREA education. All 32 signed the SCDC 18-78 form indicating that they received and understood the information.

115.33 (f): The PAQ indicated that information is continuously available through brochures, posters and other educational materials. A review of documentation indicated that the facility has PREA information via the inmate orientation, the PREA brochure and the PREA posters. All information is found on the inmate kiosks, on the inmate tablets and posted throughout the facility. During the tour, the auditor observed the PREA signage posted in common areas and housing units. PREA information is also available on the kiosks and inmate tablets.

Based on a review of the PAQ, OP-21.04, OP-21.12, the video, the brochure, SCDC Form 18-78, the American Sign Language information, the LanguageLine information, the School for the Deaf and the Blind information, PREA posters, a sample of inmate records, observations made during the tour to include the availability of PREA information via signage and documents as well as information obtained during interviews with intake staff and random inmates indicates this standard requires corrective action. While the agency has a policy related to inmate PREA education and the intake staff member stated that inmates received education via the PREA video, five of the inmate files reviewed did not have comprehensive PREA education documented. As such provision (c) under this provision requires corrective action. Additionally, while interviews with LEP and disabled inmates confirmed that they had received information in a format they could understand, the auditor recommends that LEP inmates sign an acknowledgment form in their primary language.

Corrective Action

If the five inmate records requested are available the facility will need to provide the auditor with the requested documents. If they are unavailable the facility will need to ensure all inmates at the facility have received comprehensive PREA education. The facility will need to provide an assurance memo indicating all inmates have received comprehensive education as well as documentation confirming.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action

period relevant to the requirements in this standard.

Additional Documents:

1. Assurance Memorandum
2. Inmate Education Documents

On December 1, 2021 the facility provided the auditor with documentation related to standard 115.33. The facility provided the auditor with a memo indicating that all inmates have been afforded the opportunity to view the PREA video. On December 10, 2021 the auditor also received documentation confirming that the five inmates identified on-site without PREA education had received the information. Based on the documentation provided, this standard has been corrected.

115.34	Specialized training: Investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 304 1219 434" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.12 3. National Institute of Corrections (NIC) – Investigating Sexual Abuse in a Confinement Setting 4. Investigator Training Records <p data-bbox="242 472 363 501">Interviews:</p> <ol data-bbox="242 506 617 535" style="list-style-type: none"> 1. Interview with Investigative Staff <p data-bbox="242 571 505 600">Findings (By Provision):</p> <p data-bbox="242 636 1458 766">115.34 (a): OP-21.12, page 3 states that specialized training may be provided for staff members who will be charged with specific aspects of the agency response to abuse allegations. Interviews with the investigators indicated that they both received specialized training. A review of training files indicated that all Police Services investigators had received the NIC training as well as seven facility staff.</p> <p data-bbox="242 795 1490 1093">115.34 (b): OP-21.12, page 3 states that specialized training may be provided for staff members who will be charged with specific aspects of the agency response to abuse allegations. This training may include, but is not limited to crime scene management, elimination of contamination, evidence collection protocol and crisis intervention. The training is completed through the NIC’s Investigating Sexual Abuse in a Confinement Setting. A review of the training curriculum confirms that it includes the following; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. Interviews with the investigators indicated that they both received the specialized training. Interviews indicated that the aforementioned topics were covered and that they remember training topics such as dealing with crime scene, evidence collection and interviewing victims.</p> <p data-bbox="242 1122 1485 1218">115.34 (c): The PAQ indicated that currently there are 43 investigators who completed sexual abuse investigations. A review of documents indicated that there are 46 investigators with the training, 39 Police Service Agents and seven facility staff. Documents confirmed that all 46 staff had completed the required specialized investigator training.</p> <p data-bbox="242 1247 1433 1276">115.34 (d): This provision does not apply as no outside entity is responsible for conducting sexual abuse investigations.</p> <p data-bbox="242 1305 1430 1402">Based on a review of the PAQ, OP-21.12, the NIC’s Investigating Sexual Abuse in a Confinement Setting curriculum, a review of investigator training records and information obtained from the interviews with the investigators, this standard appears to be compliant.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GA-06.11B 3. National Institute of Corrections (NIC) - Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff 4. Medical and Mental Health Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.35 (a): GA-06.11B, page 3 states that all full-time and part-time medical and mental health personnel will receive specialized training on the identified items prescribed in Standard 115.35 (a) through (d). Such training will be renewed at least every two years with documentation placed in the employee file. The specialized training is completed through NIC's Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff training. A review of the training modules indicated that they include the following topics; how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 26 medical and mental health care staff and that 100% of these staff received the specialized training. A review of nine medical and mental health care staff training records indicated that all nine had received the specialized training. Interviews with medical and mental health staff confirmed that they receive the NIC online training and that it covers the required topics under this provision.</p> <p>115.35 (b): This provision does not apply. Forensic exams are not conducted on-site by any of the facility's medical staff. Inmates are transported to a local hospital where SANE/SAFE perform forensic medical examination. Interviews with medical and mental health care staff confirm that they do not perform forensic medical examinations.</p> <p>115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of nine medical and mental health care staff training records indicated that all nine had completed the specialized training and received an NIC training certificate upon completion.</p> <p>115.35 (d): Medical and mental health care staff complete the required annual employee PREA training or complete the contractor PREA training. A review of nine medical and mental health care staff training records indicated that five had completed the employee PREA training while four had completed the contractor training.</p> <p>Based on a review of the PAQ, GA-06.11B, the NIC's Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff training, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.04 3. SCDC PREA Screening Checklist 4. Inmate Assessment and Reassessment Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Random Inmates 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area 2. Observations of Where Inmate Files are Located <p>Findings (By Provision):</p> <p>115.41 (a): OP-21.04 address the risk screening process. Specifically, page 7 and 33 state that inmates must be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of arrival at SCDC and again at each subsequent transfer. A trained designated staff member will use the automated PREA screening instrument to interview the inmate and complete the checklist. During the tour, the auditor observed the medical area, which is where the initial risk screening occurs. The risk screening is conducted in an office setting and allows for adequate privacy. Interviews with 33 inmates received within the previous twelve months indicated that 27 remember being asked the risk screening questions. Most indicated they were asked the same day or within a couple days. A review of documents for 35 inmates who arrived in the previous twelve months indicated that 33 had an initial risk assessment. The two other inmates may have had a risk screening but the documentation was not provided to the auditor to confirm. The interview with the staff responsible for the risk screening indicated that inmates are screened at intake for their risk of victimization or abusiveness.</p> <p>115.41 (b): OP-21.04 address the risk screening process. Specifically, page 7 and 33 state that inmates must be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of arrival at SCEC and again at each subsequent transfer. The PAQ indicated that inmates are screened within this timeframe and that 119 inmates were screened for their risk of victimization and abusiveness within 72 hours over the previous twelve months. The auditor requested further clarification on this number as it did not equal 100% of those that stayed over 72 hours, however the auditor was not provided clarification. Interviews with 33 inmates received within the previous twelve months indicated that 27 remember being asked the risk screening questions. Most indicated they were asked the same day or within a couple days of their arrival. A review of documents for 35 inmates who arrived in the previous twelve months indicated that 33 had an initial risk assessment. The two other inmates may have had a risk screening but the documentation was not provided to the auditor to confirm. Of the 33, 31 were completed within the 72 hour timeframe. The interview with the staff responsible for the risk screening indicated that inmates are screened within 72 hours for their risk of victimization or abusiveness.</p> <p>115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. OP-21.04, pages 7 and 33 state that a trained designated staff member will use the automated PREA screening instrument to interview the inmate and complete the checklist. A review of the SCDC PREA Screening Checklist indicated that the worksheet consists of yes or no questions. The screening staff verify answers and complete a file review for topics such as violent criminal history, any previous sexual convictions, etc. The responses are scored and the score determines whether an inmate is at high risk of victimization or abusiveness.</p> <p>115.41 (d): A review of the SCDC PREA Screening Checklist indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability. Inmates at the facility are not held solely for civil immigration purposes and as such this portion of the screening is not included. Interviews with risk screening staff indicated that the risk screening is mainly yes or no questions and there is an area underneath or any notes for follow-up information. The staff stated that the initial risk screening includes questions</p>

related to perceived sexuality, prior victimization, physical and/or mental disabilities, stature, history of perpetrating sexual abuse, height, weight, gender identify and perceived vulnerability.

115.41 (e): A review of the SCDC PREA Screening Checklist confirms that the intake screening considers the following; prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews with risk screening staff indicated that the risk screening is mainly yes or no questions and there is an area underneath or any notes for follow-up information. The staff stated that the initial risk screening includes questions related to perceived sexuality, prior victimization, physical and/or mental disabilities, stature, history of perpetrating sexual abuse, height, weight, gender identify and perceived vulnerability.

115.41 (f): OP-21.04, pages 8 and 33, indicate within 30 days of transfer, the Classification Caseworker/CPS will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received since the inmate's transfer. The PAQ indicated that the facility requires inmates to be reassessed and that 119 inmates had a reassessment completed. The auditor requested further clarification on this number as it did not equal 100% of those that stayed over 30 days, however the auditor was not provided clarification. Interviews with staff responsible for the risk screening indicated that inmates are reassessed within 30 days, but typically they are reassessed between seven to 21 days after intake. Interviews with 33 inmates that arrived within the previous twelve months indicated that eight remember being asked the risk screening questions on more than one occasion. A review of documents for 35 inmates that arrived within the previous twelve months indicated that fourteen had a reassessment completed within 30 days. Nineteen inmates had a reassessment completed but it was past the 30 days and two did not have a reassessment documented at all.

115.41 (g): OP-21.04, page 8, indicates that within 30 days of transfer, the Classification Caseworker/CPS will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received since the inmate's transfer. If additional, relevant information has been received, the classification caseworker will assess the inmate's risk using the automated PREA screening instrument. The PAQ indicated that this practice is occurring. Interviews with the staff responsible for the risk screening indicated inmates are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with 33 inmates that arrived within the previous twelve months indicated that eight had been asked the risk screening questions on more than one occasion. A review of the sexual abuse investigations indicated there was one allegation that was substantiated. The inmate victim was not documented with a reassessment after the incident of sexual abuse.

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

115.41 (i): Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for the risk screening indicate that risk screening information is not disseminated and is only accessible to staff that have a need to know. The PC, PCM and staff responsible for risk screening indicated that medical, mental health, classification and the Associate Warden (PCM) have access to the information. During the tour the auditor observed that inmate classification records are electronic and paper. Paper files are located behind a locked door with limited access.

Based on a review of the PAQ, OP-21.04, SCDC PREA Screening Checklist, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates, this standard appears to require corrective action. While staff indicated during interviews that all inmates are reassessed within 30 days and inmates are reassessed when warranted due to incident of sexual abuse, documentation indicated otherwise. A review of documents for 35 inmates that arrived within the previous twelve months indicated that fourteen had a reassessment completed within 30 days. Nineteen inmates had a reassessment completed but it was past the 30 days and two did not have a reassessment documented at all. Additionally, a review of the sexual abuse investigations indicated there was one allegation that was substantiated. The inmate victim was not documented with a reassessment after the incident of sexual abuse. As such, provisions (f) and (g) require corrective action.

Corrective Action:

The facility will need to ensure that classification staff know their responsibilities on ensuring reassessments are completed within the 30-day time frame. Additionally, staff need to be trained related to reassessments due to request, referral, incident of sexual abuse and/or receipt of additional information. The facility will need to send the auditor the training documents. In addition, the auditor will require that the facility provide a list of inmates that arrive each month. From the lists the auditor will select inmates to review to determine if their reassessments were completed as required under this provision.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action

period relevant to the requirements in this standard.

Additional Documents:

1. Training Emails
2. List of Inmates that Arrived During the Corrective Action Period
3. Inmate Risk Assessments

On October 13, 2021 the facility provided the auditor documentation related to standard 115.41. On August 11, 2021 and September 9, 2021 the PCM provided information via email to staff related to their responsibilities under this standard. The facility provided the auditor with a list of inmates that arrived at the facility between May and October. The auditor selected 35 inmates from the list and requested their initial risk screening and reassessment. Of the 35 inmates, all 35 have an initial risk screening completed. Two of the 35 were over the 72 hour timeframe. 27 of the 35 had a reassessment completed within the 30 day timeframe. Base on the documentation provided, the facility has corrected this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 373 297">Documents:</p> <ol data-bbox="240 304 783 499" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.04 3. GA-06.11B 4. Sample of Risk Based Housing Documents 5. Sample of Transgender/Intersex Reassessments 6. Inmate Housing Assignments/Logs <p data-bbox="240 539 363 566">Interviews:</p> <ol data-bbox="240 573 804 734" style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with PREA Compliance Manager 4. Interview with Transgender/Intersex Inmates 5. Interview with Gay, Lesbian and Bisexual Inmates <p data-bbox="240 775 528 801">Site Review Observations:</p> <ol data-bbox="240 808 695 902" style="list-style-type: none"> 1. Location of Inmate Records 2. Housing Assignments of LGBTI Inmates 3. Shower Area in Housing Units <p data-bbox="240 943 504 969">Findings (By Provision):</p> <p data-bbox="240 1010 1489 1435">115.42 (a): OP-21.04, page 8 indicates that the screening interview will be individualized to ensure the safety of each inmate and will be conducted in a private area that is conducive to obtaining complete and accurate information. The PAQ as well as interviews with the PREA Compliance Manager and staff responsible for the risk screening indicate that risk screening information is utilized for housing assignments. The risk screening staff stated that they do not house a victim with a predator and that the information is utilized to determine which inmates can be housed together. They indicated that predators would not be housed with vulnerable inmates and that there is a color code system that is utilized to flag inmates so that they are housed appropriately. The PCM confirmed that the risk screening information is utilize to house inmates appropriately and that high risk victims are not placed with predators. A review of inmate files and of inmate housing assignments indicated that there were at least seven inmates identified as being at high risk for victimization that were housed in the same room or bunk as an inmate identified as high risk of being a perpetrator. Further review indicated that the lists may not have been updated when provided to the auditor as lists were showing two inmates in the same bed. Further documentation is needed related to housing assignments of these two inmate categories. Additionally, the auditor was unable to review work and programming assignments for inmates in these categories.</p> <p data-bbox="240 1469 1489 1664">115.42 (b): OP-21.04, page 8 indicates that the screening interview will be individualized to ensure the safety of each inmate and will be conducted in a private area that is conducive to obtaining complete and accurate information. The PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The risk screening staff stated that they do not house a victim with a predator and that the information is utilized to determine which inmates can be housed together. They indicated that predators would not be housed with vulnerable inmates and that there is a color code system that is utilized to flag inmates so that they are housed appropriately.</p> <p data-bbox="240 1697 1489 2161">115.42 (c): OP-21.04, page 7, states that on a case by case basis, the Gender Dysphoria Multi-Disciplinary Team will determine whether to assign a transgender or intersex inmate to an institution for male or female inmates. The placement decision will be based on the inmate's own views with respect to his or her health and safety, and whether such decision will present a management or security problem. The PAQ indicated that this practice is taking place. At the time of the audit, the facility had five transgender inmates. The agency as a whole has 29 inmates that identify as transgender or are intersex. Of the 29, seventeen are transgender female and twelve are transgender male. All seventeen transgender females are housed in a male facility and all twelve transgender males are housed in a female facility. The 29 identified transgender inmates have all been reviewed by the Gender Dysphoria Multi-Disciplinary Team (GDMDT) and have been assigned housing based on their safety and security recommendations. The team determines the best housing for inmates based upon safety, security and management of each individual inmate as well as the inmate population at that facility. A review of the Gender Dysphoria Multi-Disciplinary Team meeting minutes indicated that the team routinely discusses housing, safety, security and accommodations for transgender inmates. The auditor reviewed meeting minutes that discussed eight transgender inmates which confirmed that the inmates had been evaluated by the Gender Dysphoria Multi-Disciplinary Team. Additionally, the auditor reviewed five transgender inmate files at Ridgeland and determined that four were reviewed by the GDMDT. The one</p>

that was not reviewed had recently identified in 2021 and was going through the process. The interview with the PCM indicated that the facility does not make male/female housing determinations. He stated at the facility level they look at each transgender inmate's housing and determine what is most appropriate. He stated they would ensure the inmates are not housed with perpetrators and they would house them in the safest place, which is a lot of times the character based unit. Interviews with four transgender inmates confirmed that the facility asked three of them about how they felt about their safety. All four also stated that they did not feel like they were placed in a unit specifically for LGBTI inmates.

115.42 (d): GA-06.11B, page 4 states that in determining housing and programming for inmates who identify as transgender or intersex, assessment staff will complete the PREA Screening Application and will document the inmate's preferences in their assignment. Those identified as transgender, intersex or diagnosed with Gender Dysphoria will be provided an individualized accommodation plan. Ridgeland had five transgender inmates housed during the on-site portion of the audit. A review of documentation indicated that four of the five had biannual reviews documented through the GDMDT. One inmate had recently identified in 2021 and as such did not have biannual reviews completed. The auditor also previously reviewed documentation for five SCDC inmates who identify as transgender. All five had biannual assessments completed in 2019 and four had biannual assessments completed in 2020. Staff responsible for the risk screening confirmed that transgender inmates would be reassessed at least biannually. The interview with the PCM indicated that transgender inmates are reviewed every month at the facility level.

115.42 (e): OP-21.04, page 7, states that on a case by case basis, the Gender Dysphoria Multi-Disciplinary Team will determine whether to assign a transgender or intersex inmate to an institution for male or female inmates. The placement decision will be based on the inmate's own views with respect to his or her health and safety, and whether such decision will present a management or security problem. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views regarding their housing and safety would be given serious consideration. Interviews with four transgender inmates confirmed that the facility asked three of them about how they felt about their safety.

115.42 (f): GA-06.11B, page 4, states that transgender and intersex inmates will be given the opportunity to shower separately from other inmates. During the tour the auditor noted that while privacy was afforded to inmates when showering, the physical layout of the showers was not conducive to privacy for transgender inmates from other inmates. As such, the facility allows transgender inmates to shower at a different time than the rest of the inmate population. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are afforded the opportunity to shower separately. The PCM indicated that they have a schedule and that transgender inmates shower at a separate time. The interviews with the transgender inmates confirmed that all four have the opportunity to shower separately from the rest of the inmates.

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

Based on a review of the PAQ, OP-21.04, GA-06.11B, meeting minutes from the Gender Dysphoria Multi-Disciplinary Team, the transgender biannual assessments, a review of inmate housing assignment and information obtained from interviews with the PC, PCM, staff responsible for the risk screening and LGBTI inmates, this standard appears to require corrective action. While staff indicated that information from the risk screening is utilized to keep separate those inmates who are high risk of victimization from those at high risk of sexual abusiveness, the documents that were provided were not adequate in confirming this practice. A review of inmate files and of inmate housing assignments indicated that there were at least seven inmates identified as being at high risk for victimization that were housed in the same room or bunk as an inmate identified as high risk of being a perpetrator. Further review indicated that the lists may not have been updated when provided to the auditor as lists were showing two inmates in the same bed. Further documentation is needed related to housing assignments of these two inmate categories. As such, provision (a) requires corrective action.

Corrective Action:

The facility will need to send the auditor updated lists for those at high risk of victimization and high risk of abusiveness with updated and accurate housing assignments. Additionally, work and program assignments for the inmates will need to be provided as well.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. List of Inmates at Risk of Sexual Victimization
2. List of Inmates at Risk of Sexual Abusiveness
3. Housing Assignments

On August 11, 2021 the facility provided the auditor with documentation related to standard 115.42. The PCM provided the auditor with a list of inmates at high risk of victimization. On November 30, 2021 a list of inmates at high risk of abusiveness was provided. A review of the lists confirmed there were zero inmates at high risk of abusiveness and as such no inmates at high risk of victimization were housed with, worked with or had programs with inmates at high risk of abusiveness. Based on the information provided the facility has corrected this standard.

115.43	Protective Custody
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 304 536 398" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GA-06.11B 3. Housing Records <p data-bbox="242 439 363 468">Interviews:</p> <ol data-bbox="242 472 815 533" style="list-style-type: none"> 1. Interview with the Warden 2. Staff who Supervise Inmates in Segregated Housing <p data-bbox="242 571 504 600">Findings (By Provision):</p> <p data-bbox="242 638 1485 835">115.43 (a): GA-06.11B, page 3 indicates that consistent with SCDC Policy OP-21.04, inmates at risk for possible abuse may be placed in isolation only as a last resort, when less restrictive measures of protection are not available and then only until an alternative means of keeping all inmates safe can be arranged. The PAQ indicated that there were zero inmates placed in involuntary segregated housing due to their risk of victimization, for 24 hours or less. A review of housing assignments for inmates at high risk of victimization confirmed that none were placed in segregated housing due to their risk. The interview with the Warden indicated that the policy prohibits placing inmates at high risk of victimization in involuntary segregation.</p> <p data-bbox="242 864 1485 1061">115.43 (b): GA-06.11B, page 3, indicates that consistent with SCDC Policy OP-21.04, inmates at risk for possible abuse may be placed in isolation only as a last resort, when less restrictive measures of protection are not available and then only until an alternative means of keeping all inmates safe can be arranged. During the tour the auditor did not identify any high risk inmates that were involuntarily segregated. The interview with the staff member who supervises segregated housing indicated that inmates placed in the restrictive housing unit would have the same housing restrictions as someone in protective custody. The staff member stated that if any restrictions were required, it is policy that they are documented.</p> <p data-bbox="242 1095 1485 1395">115.43 (c): The PAQ indicated that there were zero inmate assigned to involuntary segregated housing longer than 30 days while awaiting alternative placement. The interview with the Warden indicated that the facility would only assign an inmate to involuntarily segregated housing until an alternative means of separation from the likely abuser could be arranged. He stated that they typically place the alleged perpetrator in the restrictive housing unit and they would place high risk inmate in the medical building. He further stated that the inmate would typically only remain in segregation for a few hours, just until they could verify who the alleged perpetrator may be. The staff member who supervises inmates in segregated housing confirmed that inmates would only remain in involuntary segregated housing until an alternative means of separation from likely abusers can be arranged. He stated that in his experience they have never placed an inmate at high risk in involuntary segregated housing.</p> <p data-bbox="242 1424 1465 1520">115.43 (d): The PAQ indicated that zero inmates were involuntarily segregated in the previous twelve months that required documentation of the basis for the facility's concern for the inmates' safety and the reason why no alternative means of separation could be arranged.</p> <p data-bbox="242 1547 1481 1677">115.43 (e): The PAQ indicated that every 30 calendar days, the facility shall afford the inmate a review to determine whether there is a continuing need for separation from the general population. The staff who supervise inmates in segregated housing indicated that all inmates in involuntary segregated housing would be reviewed in less than 30 day increments. There were no high risk inmates in involuntary segregated housing identified during the on-site portion of the audit.</p> <p data-bbox="242 1706 1445 1769">Based on a review of the PAQ, GA.06.11B, high risk inmate housing records and information from the interviews with the Warden and staff who supervise inmates in segregated housing, indicate that this standard appears to be compliant.</p>

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.12 3. SCDC Sexual Abuse Response Protocol 4. Let's Talk About Safety Brochure 5. Zero Tolerance PREA Poster <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Inmates 3. Interview with the PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of Posted PREA Reporting Information <p>Findings (By Provision):</p> <p>115.51 (a): OP-21.12, page 3, indicates that inmates incarcerated in a SCDC facility may report any act of sexual abuse by calling *22, and/or by written or verbal reports to any agency staff member, contract employee, volunteer, or the Division of Investigations or SLED. A review of the brochure and the PREA poster indicates that inmates can report to any staff, volunteer, contractor, medical or mental health staff, through a grievance, sick call or through investigations via the kiosk, directly to the PCM, through a third party such as a family member, friend or legal counsel. Additionally, the documents state that all reports can be made anonymously. The documents further state that inmates can write to SLED. During the tour, it was observed that information on how to report PREA allegations was outlined on the PREA posters throughout the facility and was found on the inmate kiosk and tablet. Interviews with inmates confirmed that all 40 inmates were aware of at least one method to report sexual abuse and sexual harassment. Inmates stated they can report through the hotline, through the kiosk or tablet, verbally to staff and through the PREA form. Interviews with twelve random staff confirmed that inmates can report verbally, in writing, anonymously and through a third party. Most staff stated inmates can report to staff or through the hotline. During the tour the auditor tested the PREA hotline to ensure access and was informed by the PC the same day that the call was received.</p> <p>115.51 (b): OP-21.12, page 3, indicates that inmates incarcerated in a SCDC facility may report any act of sexual abuse by calling *22, and/or by written or verbal reports to any agency staff member, contract employee, volunteer, or the Division of Investigations or SLED. The PAQ indicated that the agency provides at least one method for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. Inmates can report in writing to SLED (PO Box 21398, Columbia, SC 29221). A review of the brochure and poster indicated that inmates are provided information on how to report allegation to the outside law enforcement agency (SLED). Additionally, inmates are provided information related to the outside reporting mechanism during the PREA training at inmate orientation. The brochure and poster noted that all reports can be made anonymously. Inmates can request legal envelopes or can utilize their own envelopes. Postage is not required and a return address and inmate name/number are also not required. The auditor sent a letter to SLED to ensure that the third-party reporting mechanism was available. The auditor received an email from the PREA Coordinator eight calendar days later indicating the letter was received. This confirmed that the information was reported back to the PC and facility and as such the outside reporting mechanism was confirmed operational. The interview with the PCM indicated that inmates can report to an outside entity by writing SLED. He stated that SLED would provide the information to Police Services who would either initiate an investigation or forward it to the facility to handle. Interviews with 40 inmates indicated that nine were aware of an outside reporting mechanism. Most stated they could report to their family to report. None of the inmates specifically stated that SLED was the outside reporting mechanism. Additionally, 31 of the 40 inmates stated they were aware they could report anonymously. The facility does not detain inmates solely for civil immigration purposes so this section of the provision does not apply.</p> <p>115.51 (c): OP-21.12, page 3, indicates that inmates incarcerated in a SCDC facility may report any act of sexual abuse by call *22, and/or by written or verbal reports to any agency staff member, contract employee, volunteer, or the Division of Investigations or SLED. The SCDC Sexual Abuse Response Protocol, Section II, indicates that staff who receive a report (whether verbal, in writing, anonymously, from a third party, or in some other manner) or witness sexual abuse will report it and will take appropriate initial steps. The PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. A review of the brochure and the PREA poster indicates that inmates can report to any staff, volunteer, contractor, medical or mental health staff, through a grievance, sick call or through</p>

investigations via the kiosk, directly to the PCM, through a third party such as a family member, friend or legal counsel. Additionally, the documents state that all reports can be made anonymously. The documents further state that inmates can write to SLED. Interviews with inmates indicated that 38 knew they could report verbally or in writing to staff and 39 knew that a third party could report on their behalf. Interviews with twelve staff indicate that they accept all allegations of sexual abuse and sexual harassment and that they immediately report any allegation to their supervisor. Staff stated they would document verbal allegations immediately.

115.51 (d): The PAQ indicated that the agency has a procedure for staff to privately report sexual abuse and sexual harassment of inmates. Interviews with staff indicate that all twelve knew there was a method for staff to privately report sexual abuse of an inmate. Staff stated that they can report via phone or through the PREA form.

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

Recommendation:

While the facility complies with the standard the auditor highly recommends that the facility emphasize the outside reporting mechanism (SLED) during inmate PREA education and during other interactions. While the information is posted throughout the facility, is provided in the orientation packet and is available on the kiosk and tablet, only nine of the 40 inmates were aware they had an outside reporting mechanism and zero knew it was SLED.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GA-01.12
3. Sexual Abuse Grievances
4. Grievance Log & Sample Grievances

Findings (By Provision):

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

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

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

115.52 (d): GA-01.12 outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, page 8 indicates that the agency will provide an agency final response to any grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The 90 days will not include time consumed by the inmate preparing any administrative appeal. If the grievance cannot be addressed within 90 days, a one-time extension, up to 70 days, may be granted. However, the inmate must be notified in writing of the extension and the date by which the decision will be made. If the inmate does not receive a response in the time allotted for a reply the inmate may consider the absence of a response to be a denial at that level. The PAQ indicated that there were two grievance of sexual abuse filed in the previous twelve months. A review of the grievances indicated there was one grievance alleging sexual abuse. There were four other grievances from one inmate grieving how his sexual abuse allegation was handled. The one sexual abuse grievance was dated March 28, 2020 by the inmate, was received by facility staff on April 9, 2020 and responded to on April 14, 2020. The response stated that the allegation was forwarded for investigation and that the inmate would be notified of the investigative outcome once completed. An additional review of the grievance log and five sample grievances indicated there were no additional sexual abuse grievances.

115.52 (e): GA-01.12 outlines the grievance process for third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing grievances for administrative remedies relating to allegations of sexual abuse and shall be permitted to assist inmates in filing grievances for administrative remedies relating to allegations of sexual abuse and shall be permitted to file on behalf of the inmate. However, the inmate must agree in writing, that he/she wishes to have the grievance processed on his/her behalf. If the inmate declines, this decision will be documented on the grievance form. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months. A review of the grievance log and sample grievances confirmed there were zero third party sexual abuse grievances filed over the audit period.

115.52 (f): GA-01.12 outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, page 9 states that if the inmate files an emergency grievance showing substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to the Warden for response within 48 hours of receipt of the grievance and an agency final decision shall be provided within five calendar days. The PAQ indicated that there were two emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. The facility clarified that this was an error and there were no emergency grievances submitted. A review of the grievance log and sample grievances indicated that there were zero emergency grievances alleging substantial risk of imminent sexual abuse filed over the audit period.

115.52 (g): GA-01.12, page 9 indicates that the agency may discipline an inmate for filing a grievance related to the alleged sexual abuse if there is evidence that the inmate filed the grievance in bad faith. The PAQ indicated that zero inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, GA-01.12, sexual abuse grievances, the grievance log and a spot check of a sample of grievances indicates that this standard appears to be compliant.

115.53	Inmate access to outside confidential support services
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 376 300">Documents:</p> <ol data-bbox="240 304 911 499" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GA-06.11B 3. Memorandum of Understanding (MOU) with Hopeful Horizons 4. Let's Talk About Safety Brochure 5. PREA Posters 6. Zero Tolerance PREA Poster <p data-bbox="240 539 363 566">Interviews:</p> <ol data-bbox="240 571 608 598" style="list-style-type: none"> 1. Interview with Random Inmates <p data-bbox="240 638 528 665">Site Review Observations:</p> <ol data-bbox="240 672 743 698" style="list-style-type: none"> 1. Observations of Victim Advocacy Information <p data-bbox="240 739 504 766">Findings (By Provision):</p> <p data-bbox="240 806 1489 1234">115.53 (a): The PAQ indicated that inmates are provided access to outside victim emotional support services related to sexual abuse through a mailing address and a phone numbers and that the facility enables reasonable communication with these services in as confidential a manner as possible. A review of the PREA poster as well as the brochure indicated that inmates are provided a speed dial number (*63) as well as an address (PO Box 1775, Beaufort, SC 29901) to contact Hopeful Horizons for emotional support services. During the tour the auditor did not observe the advocacy information, however it was available via the inmate tablet and kiosk. Interviews with random inmates indicated that eleven of the 40 were provided a mailing address and phone number to a local victim advocacy service. The four inmates who reported sexual abuse indicated that none were offered contact with a victim advocate. During the audit, the auditor tested the advocacy line in three housing units. The calls did reach the victim advocacy center, however on all three occasion the auditor reached a voicemail that indicated to leave a message or call back at a later time. The auditor left a message, but never received confirmation that the message was received. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. After the on-site portion of the audit, the auditor received five photos confirming that the victim advocacy information was posted in the housing units.</p> <p data-bbox="240 1265 1485 1525">115.53 (b): The PAQ indicated that inmates were informed of the extent to which their communication would be monitored and the extent that reports of abuse would be forwarded to authorities, prior to giving them access. GA-06.11B indicates that any monitored communications of inmates, recording or live streaming of conversations with advocacy centers, will be expressed to inmates and/or others prior to authorization for use. A review of the posters and brochure confirm that inmates are informed that all calls to *63 are free and not recorded. Interviews with random inmates indicated that eleven of the 40 were provided a mailing address and phone number to a local victim advocacy service. Most of the eleven stated the calls were free and confidential and they could call anytime. Interviews with inmates who reported sexual abuse indicated that none of the four were offered contact with a victim advocate.</p> <p data-bbox="240 1556 1484 1720">115.53 (c): The agency has a MOU with Hopeful Horizons that indicates an agreement between the parties for access to outside confidential support services. A review of the MOU indicates it was signed and executed on October 30, 2020. The Hopeful Horizons staff member confirmed that they have a current Memorandum of Understanding with the facility and that they provide services to four counties in South Carolina. The staff member stated that they provide hospital accompaniment, crisis intervention counseling services via the crisis intervention line and a mailing address for correspondence.</p> <p data-bbox="240 1751 1484 1843">Based on a review of the PAQ, the brochure, the posters, the MOU with Hopeful Horizons, observations from the facility tour related to PREA signage and posted information and information from interviews with random inmates and the staff member from Hopeful Horizons, this standard appears to be compliant.</p> <p data-bbox="240 1883 440 1910">Recommendation:</p> <p data-bbox="240 1951 1473 2112">The auditor highly recommends that the facility contact Hopeful Horizons related to the calls made by the auditor to determine if they were received and how they would contact the inmate if they are required to leave a message for a call back. Additionally, while information is available through inmate orientation, the brochure, the inmate kiosk and inmate tablets, only eleven inmates were aware of the victim advocacy information. The auditor highly recommends that the facility emphasize Hopeful Horizon's information during orientation and other inmate contact.</p>

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the agency's website (http://www.doc.sc.gov/preaweb/prea_partnerships.html) confirms that third parties can report on behalf of an inmate by clicking on a link on the page titled "Report Sexual Abuse or Sexual Harassment".</p> <p>Based on a review of the PAQ and the agency's website this standard appears to be compliant.</p>

115.61	Staff and agency reporting duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 304 536 465" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.12 3. GA-06.11 4. GA-06.11B 5. Investigative Reports <p data-bbox="242 504 363 533">Interviews:</p> <ol data-bbox="242 537 758 667" style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Medical and Mental Health Staff 3. Interview with the Warden 4. Interview with the PREA Coordinator <p data-bbox="242 705 504 734">Findings (By Provision):</p> <p data-bbox="242 772 1493 1003">115.61 (a): OP-21.12, page 3 outlines that staff will be trained that they are required to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment. Additionally, page 4 states that any employee, volunteer, agent or contractor of the agency who observes or receives information concerning sexual abuse, including threats of sexual abuse or substantial risk of imminent sexual abuse, must report it immediately. The PAQ and interviews with twelve random staff confirm that staff are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, staff neglect and/or retaliation due to reporting such abuse. All twelve staff indicated they would document the allegation and immediately notify their supervisor.</p> <p data-bbox="242 1032 1477 1227">115.61 (b): GA.06.11, page 5, states that staff will only share information related to the incident with those people who need to know in order to ensure the alleged victim's safety, conduct the investigation, or provide treatment to the alleged victim or alleged perpetrator. The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management. Interviews with twelve staff confirm that they immediately report any allegations to their supervisor.</p> <p data-bbox="242 1256 1469 1352">115.61 (c): Interviews with medical and mental health care staff confirmed that they are required to report all allegations of sexual abuse that occurred within a confinement setting. All three staff interviewed stated that inmates had reported sexual abuse to them. All three confirmed they immediately notified security staff.</p> <p data-bbox="242 1391 1473 1518">115.61 (d): The interview with the PC confirmed that any allegation made by an inmate under the age of 18 or considered a vulnerable adult would be reported to the Director of the Youth Offender Program. The Director would report to the Department of Juvenile Justice. The information would also be reported to Police Services for investigation. The Warden stated that they do not house anyone under the age of eighteen or any vulnerable adults.</p> <p data-bbox="242 1556 1453 1751">115.61 (e): GA.06.11B, page 4, states that all employees are required to report immediately any knowledge, suspicion, information or allegation of sexual offenses. Additionally, it states that anyone who suspects, alleges or has knowledge of sexual abuse of an inmate may report the allegation on the SCDC PREA Tips website. The interview with the Warden confirmed that all allegations are reported to the appropriate investigators. A review of investigations indicated that all allegations were reported and forwarded for investigation, including the two third party reports. Four of the investigations were forwarded to Police Services for a criminal investigation.</p> <p data-bbox="242 1792 1453 1854">Based on a review of the PAQ, OP-21.12, GA-06.11B, investigative reports and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden this standard appears to be compliant.</p>

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.12 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.62 (a): OP-21.12, page 4 states that any employee, volunteer, agent or contractor of the agency who observes or receives information concerning sexual abuse, including threats of sexual abuse or a substantial risk of imminent sexual abuse, must immediately report it. The PAQ indicated there were zero inmates who were determined to be at risk of imminent sexual abuse in the previous twelve months. The Agency Head Designee interview confirmed that if there was a specific source of imminent sexual abuse, the abuser would be relocated so there would be no contact. She also stated that potential victimization or abusiveness would be used to consider all housing and work assignments and that as a last resort Protective Custody could be utilized for the victim. The Warden stated that if they determined an inmate was at risk of imminent sexual abuse they would first get the inmate out of the area and make sure he was taken care of. He further stated they would separate him from the potential abuser through a housing change or protective custody if needed. The interviews with random staff indicated that they would separate the inmate or remove him from the situation and contact their supervisor.</p> <p>Based on a review of the PAQ, OP-21.12 and interviews with the Agency Head Designee, Warden and random staff, this standard appears to be compliant.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.12 3. GA-06.11B 4. Warden to Warden PREA Notification Form 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Findings (By Provision):</p> <p>115.63 (a): GA-06.11B, page 5 states that any reports or allegations of sexual abuse that occurred while an inmate was housed at an institution outside the authority of SCDC will be reported to the Warden within 72 hours of receiving the allegation and will be documented utilizing SCDC Form 19-184, Warden to Warden PREA Notification. The PAQ indicated that during the previous twelve months, the facility had one instance where an inmate reported that he was abused while confined at another facility. The auditor requested documentation related to the notification, however the facility did not provide it.</p> <p>115.63 (b): GA-06.11B, page 5 states that any reports or allegations of sexual abuse that occurred while an inmate was housed at an institution outside the authority of SCDC will be reported to the Warden within 72 hours of receiving the allegation and will be documented utilizing SCDC Form 19-184, Warden to Warden PREA Notification. The PAQ indicated that during the previous twelve months, the facility had one instance where an inmate reported that he was abused while confined at another facility. The auditor requested documentation related to the notification, however the facility did not provide it.</p> <p>115.63 (c): GA-06.11B, page 5 states that any reports or allegations of sexual abuse that occurred while an inmate was housed at an institution outside the authority of SCDC will be reported to the Warden within 72 hours of receiving the allegation and will be documented utilizing SCDC Form 19-184, Warden to Warden PREA Notification. The PAQ indicated that during the previous twelve months, the facility had one instance where an inmate reported that he was abused while confined at another facility. The auditor requested documentation related to the notification, however the facility did not provide it.</p> <p>115.63 (d): OP-21.12 indicates that all allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The PAQ indicated that during the previous twelve months, the facility had zero reports from other facilities that an inmate reported that he was abused while confined at Ridgeland. A review of investigative reports indicated all allegations were reported either directly by the inmate victim at Ridgeland or through a third party to Ridgeland staff. The interview with the Agency Head Designee indicated that allegations received from another agency or facility are referred to the agency PC as the central point of contact. The PC then reviews the allegation and refers it either to the PCM for an administrative investigation or to Police Services for a criminal investigation. The interview with the Warden confirmed that the allegation would be forwarded to Police Services for investigation. The Warden stated they had one inmate report when he got to Ridgeland that he was sexually abused at a Detention Center and one that reported abuse in the community, but none that they received from other facilities.</p> <p>Based on a review of the PAQ, OP-21.12, GA-06.11B, Warden to Warden PREA Notification form, investigative reports and information from interviews with the Agency Head Designee and Warden, this standard appears to require corrective action. While the agency has a policy related to Warden to Warden notifications, the facility did not provide the auditor with the requested documentation. As such, the auditor was unable to determine if the one reported notification was completed and within the required timeframe. Thus, provisions (a), (b) and (c) of this standard require corrective action.</p> <p>Corrective Action:</p> <p>The facility will need to provide the auditor with the Warden to Warden notification that was requested. If it is unavailable, the facility will need to document the deficiency in a memo, indicate how it will be corrected, train appropriate staff on the requirements and provide completed examples during the corrective action period. All documents will need to be forwarded to the auditor for review.</p>

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Training Memorandum
2. Assurance Memorandum

On July 8, 2021 the auditor was provided documentation related to standard 115.63. The facility provided a training memo dated June 2, 2021 describing the requirements under this standard. On November 30, 2021 the facility provided a memo indicating that there were zero inmates who reported sexual abuse that occurred at another facility during the corrective action period and as such there were no examples. Based on the training provided the facility has corrected this standard.

115.64	Staff first responder duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 373 300">Documents:</p> <ol data-bbox="240 304 711 434" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.12 3. SCDC Sexual Abuse Response Checklist 4. Investigative Reports <p data-bbox="240 470 363 497">Interviews:</p> <ol data-bbox="240 501 983 568" style="list-style-type: none"> 1. Interview with Security Staff and Non-Security Staff First Responders 2. Interview with Inmates who Reported Sexual Abuse <p data-bbox="240 604 504 631">Findings (By Provision):</p> <p data-bbox="240 672 1493 1267">115.64 (a). OP-21.12, page 5 describes staff first responder duties. Specifically, it states that security staff first responders must take the following initial steps: identify and separate perpetrator and victim, immediately take the victim to medical, isolate any witnesses, secure the crime scene and document all incident promptly. Additionally, the SCDC Sexual Abuse Response Checklist indicates that security staff first at the scene shall separate survivor and alleged abuser(s), secure any crime scene(s) and preserve any evidence, and if the assault involved sexual contact, advise the survivor not to take any action to destroy evidence and place the perpetrator in a dry cell with restricted access to a toilet or water. The PAQ indicated that during the previous twelve months, there have been 27 allegations of sexual abuse. Further review indicated there were seventeen allegations of sexual abuse. The PAQ stated that all 27 of the allegations required the separation of victim and alleged abuser, one was within a timeframe that allowed for the collection of physical evidence and one required the staff to instruct inmates not to destroy evidence. A review of investigative reports for a sample of eleven sexual abuse allegations indicated that three occurred in a timeframe to allow for evidence collection and all three were transported to an outside hospital for a forensic examination. Based on the limited documentation provided related to investigations the auditor was unable to determine what actions were taken with regard to first responder duties. The auditor was unable to determine if inmates were separated or if any evidence was collected. The interviews with first responders indicated that inmates would be separated, the scene would be secured, they would contact their supervisor, they would ensure that the inmates did not shower, urinate, defecate, change clothes etc., and they would notify medical. The interviews with inmates who reported sexual abuse indicated that two inmates stated they reported an allegation but no one came to help them for a while. The other two inmates stated staff came to help the next day after they reported it through the tablet or through a third party.</p> <p data-bbox="240 1303 1493 1630">115.64 (b): The PAQ indicated that the agency policy requires that if the first staff responder is not a security staff member, that the responder shall be required to request that the alleged victim not take any action to destroy physical evidence and to notify security. The PAQ indicated that during the previous twelve months, there have been no allegations of sexual abuse where the first responder was a non-security staff member. A review of investigative reports indicated that three were reported to non-security staff members. Based on the limited information provided in the investigative reports the auditor was unable to determine if non-security first responders performed first responder duties. The interviews with the non-security first responder confirmed that they would take the matter seriously and would immediately report the information to their supervisor, the PCM and security. All twelve random staff interviewed were aware of their first responder duties. All staff stated they would separate the inmates and notify their supervisor. Most also stated they would secure the area where it occurred and not allow the inmates to destroy evidence by washing, changing clothes, etc.</p> <p data-bbox="240 1666 1493 1854">Based on a review of the PAQ, OP-21.12, the Sexual Abuse Response Checklist, the PREA Coordinated Response Protocol, a review of investigative reports and interviews with random staff, staff first responders and inmates who reported sexual abuse, this standard appears to require corrective action. While the agency has a policy and staff were very knowledgeable on first responder duties, the lack of information contained in the investigative reports did not provide the audit with enough information to determine if staff are performing first responder duties. Thus, provisions (a) and (b) of this standard require corrective action.</p> <p data-bbox="240 1890 440 1917">Corrective Action:</p> <p data-bbox="240 1953 1493 2123">If further documentation can be located related to the sexual abuse investigations (such as incident reports or other documents stating first responder duties), they will need to be forwarded to the auditor for review. If documents are unavailable, the facility will need to ensure they document first responder duties appropriately on incident reports or in investigative reports. A sample of sexual abuse investigations should then be forwarded to the auditor during the corrective action period to confirm correction of this standard.</p>

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Investigative Reports
2. Staff Training Documents

On October 25, 2021 the facility provided the auditor with documentation related to standard 115.64. The facility provided documentation for two sexual abuse allegations detailing first responder duties. One allegation stated that the inmate reported the allegation while in medical and was taken to mental health. The alleged perpetrator was separated through a housing change (placed in restrictive housing). The second example indicated that the alleged inmate perpetrator was separated from the alleged victim through a housing change. In addition to the two examples, the facility completed a refresher training with staff during roll call. The training covered first responder duties and documenting first responder duties.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Coordinated Response Protocol <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leaders. A review of the PREA Coordinated Response Protocol indicated that the document is extremely comprehensive and includes staff first responder duties, shift supervisor duties, facility leadership (PCM and Warden) duties, medical and mental health duties, SANE/SAFE duties, rape crisis advocate duties, and investigative duties. The plan includes the information and actions that each person and/or department is responsible for completing during seven different stages after an allegation of sexual abuse. The Warden confirmed that the facility has a coordinated response plan that outlines staff responsibilities.</p> <p>Based on a review of the PAQ, the PREA Coordinated Response Protocol and the interview with the Warden, this standard appears to be compliant.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency has not entered into or renewed a collective bargaining agreement since August 20, 2012. The interview with the Agency Head Designee confirmed that the agency does not have collective bargaining.</p> <p>115.66 (b): The PAQ indicated that the agency has not entered into or renewed a collective bargaining agreement since August 20, 2012. The interview with the Agency Head Designee confirmed that the agency does not have collective bargaining.</p> <p>Based on a review of the PAQ and the interview with the Agency Head Designee, this standard appears to be compliant.</p>

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

Documents:

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

Interviews:

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

Findings (By Provision):

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

115.67 (b): GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. Monitoring will be documented on SCDC Form 19-182. The interview with the Agency Head Designee indicated that the perpetrator is removed from the areas that might allow contact with the victim and that the PCM consults with and conducts wellness checks with the victim for at least 90 days. The interview with the Warden confirmed that protective actions would be taken. He stated that they would review housing and make appropriate changes for the inmate's safety, including unit changes and removal of the alleged perpetrator from general population. He further indicated that the inmate victim could have a housing change, unit change or that staff post assignments could be changed or they could be disciplined up to and including termination. The staff member charged with monitoring for retaliation stated that he would meet with the inmate and interview him to make sure there were no threats or coercion. He stated the inmate may request protective custody and if so he would go through the hearing process and could be transferred. Additionally, the staff member indicated that he would initiate contact with the inmate at least once a week and let him know that if he needs anything he can contact him at any time. Interviews with four inmates who reported sexual abuse indicated that two felt protected against retaliation. One inmate advised that he did not feel safe because the alleged perpetrator was still at the facility and the other inmate stated that he did not feel protected because staff at the facility have an inner circle and the gang members have friends all over.

115.67 (c): GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. A review of SCDC Form 19-182 shows that the form has check boxes to indicate the required components are reviewed and monitored by the staff. A review of seventeen investigative reports indicated that there were ten that required monitoring (eleven were sexual abuse and one was deemed unfounded). A review of the documentation indicated that none of the ten were documented with monitoring for retaliation. The interview with the Warden indicated that if he suspected retaliation they would forward it to Police Services for investigation and formal corrective action would be taken, if warranted. The interview with the staff charged with monitoring for retaliation indicated that he would monitor the inmate through changes in demeanor such as refusing to eat or refusing to come out of his cell, as well as his overall physical wellbeing. He indicated he would monitor for 90 days and that if there was a concern they would take the inmate off the yard and place him in protective custody so that nothing would happen to him.

115.67 (d): GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. A review of seventeen investigative reports indicated that there were ten that required monitoring (eleven were sexual abuse and one was deemed unfounded). A review of the documentation indicated that none of the ten were documented with monitoring for retaliation. The interview with the staff charged with monitoring for retaliation indicated that he would initiate contact at least once a week and let the inmate know that he can contact him at any time.

115.67 (e): GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. There were no documented instances where retaliation was reported. Interviews with the Agency Head Designee indicated that if he suspected retaliation that he would hold corrective action with those involved. The interview with the Warden confirmed that protective actions would be taken for anyone who fears retaliation or cooperates with the investigation. He stated that they would review housing and make appropriate changes for the inmate's safety, including unit changes, once they confirm what is going on they would move the alleged perpetrator from general population. He further indicated that the inmate victim could have a housing change, unit change or that staff post assignments could be changed or they could be disciplined up to and including termination. He indicated that if he suspected retaliation they would forward the information to Police Services for investigation and formal corrective action would be taken if warranted.

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

Based on a review of the PAQ, GA-06.11B, a review of investigative reports, SCDC Form 19-182 and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, this standard appears to require corrective action. While the agency has a policy on monitoring the interview with the monitoring staff and the lack of documentation indicate that monitoring is not being completed as required under this standard. A review of seventeen investigative reports indicated that there were ten that required monitoring (eleven were sexual abuse and one was deemed unfounded). A review of the documentation indicated that none of the ten were documented with monitoring for retaliation. There were no periodic status checks documented and the necessary elements under provision (c) were not checked. Additionally, while the monitoring staff stated that monitoring is completed, he did not state that he checks housing and program changes, disciplinary reports, staff performance reviews and reassignments. As such, provisions (b), (c), (d) and (e) require corrective action.

Corrective Action:

The facility will need to provide the auditor with a tracking log of all sexual abuse allegations during the corrective action period along with the necessary monitoring documents to show monitoring was completed. Monitoring documents should include the necessary checks required under provision (c) as well as confirmation of in-person status checks as required in provision (d).

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Training Memorandum/Documents
2. Sexual Abuse Tracking Log
3. Monitoring for Retaliation Forms

On October 14, 2021 the facility provided the auditor with documentation related to standard 115.67. A training memo was provided for staff indicating they were provided information on their duties under this standard. Additional training documents were provided on October 25, 2021 and November 9, 2021. Staff were trained by the PC and the PCM on their monitoring for retaliation duties and responsibilities. On October 26, 2021 the PC provided the updated Monitoring for Retaliation form, which clearly spells out the required checks and in-person status checks and includes checkboxes for the staff to indicate what they completed during the monitoring period. On December 2, 2021, the facility provided five monitoring documents for 2021 cases with the updated form. The five documents showed an in-person check was conducted on November 18, 2021 for each of the cases. While the agency has updated their form and the facility has switched over to the new form, the facility did not provide enough documentation for the auditor to determine correction. The auditor requested a list of sexual abuse and sexual harassment allegations during the interim report period. The facility log indicated there were five sexual abuse allegations and one sexual harassment allegation reported during the corrective action period. The five examples provided only had documentation of one in-person status check and did not have any documentation of the other checks required under provision (c). As such, this standard is still not compliant.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion

Documents:

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

Interviews:

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

Site Review Observations:

1. Observations of Segregation Unit

Findings (By Provision):

115.68 (a): GA-06.11B, page 3, indicates that consistent with SCDC Policy OP-21.04, inmates at risk for possible abuse may be placed in isolation only as a last resort, when less restrictive measures of protection are not available and then only until an alternative means of keeping all inmates safe can be arranged. The PAQ indicated that zero inmates who alleged sexual abuse that were involuntarily segregated for zero to 24 hours and that zero inmates were involuntarily segregated for longer than 30 days. The auditor requested housing logs for seventeen inmates (six were later determined to not be sexual abuse victims) who reported sexual abuse. The auditor was not provided the requested documents and as such was unable to determine if inmate victims of sexual abuse were involuntarily segregated. The interview with the Warden indicated that the agency has a policy prohibiting placing inmates who allege sexual abuse in involuntary segregation and that they typically place the alleged perpetrator in segregated housing. He stated that inmate victims would only be placed in involuntary segregated housing until an alternative means of separation could be achieved. He indicated that they typically would not keep an inmate victim in segregated housing for longer than a few hours, as they would be able to identify the alleged perpetrator in that time. The interview with the staff who supervise inmates in segregated housing indicated that inmates placed in the restrictive housing unit would have the same restrictions as those under protective custody. He stated that they are required by policy to document any restrictions while in the restrictive housing unit. The staff member confirmed that they would only keep the inmate involuntarily segregated until they could find alternatives means of separation as they do not want to punish the victim. He further stated that from his experience they have never involuntarily segregated a victim but if they did they would be reviewed well before the 30 days.

Based on a review of the PAQ, GA-06.11B, investigative reports, housing logs and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to require corrective action. While the agency has a policy prohibiting placement of inmates who allege sexual abuse in segregated housing and interviews confirmed the policy, the auditor was not provided any documentation to confirm this is the practice. As such, this standard requires corrective action.

Corrective Action:

The facility will need to provide the auditor with housing documentation for the eleven inmate victims reviewed during the on-site portion of the audit. The documentation should include any justifications and restrictions, if appropriate. If documentation is unavailable, the facility will need to send documentation of housing assignments for the inmates who report sexual abuse during the corrective action period and if any are involuntarily segregated, the corresponding documentation under this provision will also need to be provided (i.e. access or restriction of programs, privileges, work opportunities, etc., the basis for the concern and why no alternative means of separation is available and the continued 30-day placement review).

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Sexual Abuse Tracking Log

The facility did not provide the auditor with the documentation requested for the corrective action plan. The facility did not provide housing documentation for the eleven inmates requested nor did they provide housing documents for the five inmates who reported sexual abuse during the corrective action period. As such this standard has not been corrected and is not compliant.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 304 592 465" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. POL-23.01 3. OP-21.12 4. Investigative Reports 5. Investigator Training Records <p data-bbox="240 506 363 533">Interviews:</p> <ol data-bbox="240 539 810 602" style="list-style-type: none"> 1. Interview with Investigative Staff 2. Interview with Inmates who Reported Sexual Abuse <p data-bbox="240 640 507 667">Findings (By Provision):</p> <p data-bbox="240 707 1485 1570">115.71 (a): OP-21.12, page 5, states that all allegations of sexual abuse and sexual harassment, including threats and attempts, will immediately and aggressively be investigated. Additionally, POL-23.01, page 4, states that Police Services will be responsible for assigning investigative personnel to all reported criminal acts which are believed to have been committed by SCDC inmates, employees or others when the crime relates to the agency. Page 7 further indicates that for administrative cases Police Services will be responsible for assigning personnel to investigate incidents of serious violations of agency policies and procedures, rules, or regulations. A review of documentation indicated there were 37 allegations reported. Six of the sexual harassment allegations were not repeated, two of the abuse allegations were consensual, three of the sexual harassment allegations did not rise to the definition of a PREA allegation, two sexual abuse allegations were made by a third party and the alleged victim denied the incident occurred and one was reported at Ridgeland but occurred at a different SCDC facility. As such, there were 23 sexual abuse or sexual harassment allegations reported to have occurred at Ridgeland. All 23 had an investigation initiated, however two allegations were unable to be categorized as either sexual abuse or sexual harassment due to the limited information in the investigation and four investigations did not have an investigative outcome documented. A review of eight closed sexual abuse investigations indicated that the seven facility investigations did not have an investigative report and did not contain any information on what was done during the investigations. Many investigative files included copies of emails and an initial statement by the inmate victim, but nothing further. A few of the seven included initial statements from the alleged perpetrator and/or witnesses, however none included any information related to any victim, perpetrator or witness interviews. Additionally, there was not documentation indicating evidence collected or reviewed, whether there was a review of prior incidents, whether staff actions or failure to act contributed to the event or any other investigative facts or findings. The auditor was unable to determine how the investigator derived an outcome from any of the information included in the investigative files. Further review also revealed that four of the eight closed investigations were completed over 30 days, with two completed over a year after the initial allegation. The auditor reviewed one closed investigation from Police Services, which included the appropriate investigative elements. Thus the review yielded that investigation are not done promptly, thoroughly and objectively at the facility level. The interviews with the investigators indicated that an investigation is initiated immediately after an allegation is received and reviewed by Police Services. The interviews also confirmed that third party and anonymous allegations are handled the same as any other allegation.</p> <p data-bbox="240 1603 1485 1895">115.71 (b): OP-21.12, page 3 states that specialized training may be provided for staff members who will be charged with specific aspects of the agency response to abuse allegations. This training may include, but is not limited to crime scene management, elimination of contamination, evidence collection protocol and crisis intervention. The training is completed through the NIC's Investigating Sexual Abuse in a Confinement Setting. A review of the training curriculum confirms that it includes the following; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. Interviews with the investigators indicated that they both received the specialized training. Interviews indicated that the aforementioned topics were covered and that they remember training topics such as dealing with crime scene, evidence collection and interviewing victims.</p> <p data-bbox="240 1928 1485 2152">115.71 (c): POL-23.01, page 5, section 3.3 describes the crime scene and evidence protection process. Section 3.3.2 indicates that crime scene technicians will process the scene and if evidence is seized or discovered that it be collected using SCDC Form S-23, Evidence/Chain of Possession of Evidence. The section further describes the seizure of physical evidence to include clothing as well as electronic evidence. Section 5.3 and section 5.4 discuss the witness, suspect and employee interview process. A review of documentation indicated there were 37 allegations reported. Six of the sexual harassment allegations were not repeated, two of the abuse allegations were consensual, three of the sexual harassment allegations did not rise to the definition of a PREA allegation, two sexual abuse allegations were made by a third party and the alleged victim</p>

denied the incident occurred and one was reported at Ridgeland but occurred at a different SCDC facility. As such, there were 23 sexual abuse or sexual harassment allegations reported to have occurred at Ridgeland. All 23 had an investigation initiated, however two allegations were unable to be categorized as either sexual abuse or sexual harassment due to the limited information in the investigation and four investigations did not have an investigative outcome documented. A review of eight closed sexual abuse investigations indicated that the seven facility investigations did not have an investigative report and did not contain any information on what was done during the investigations. Many investigative files included copies of emails and an initial statement by the inmate victim, but nothing further. A few of the seven included initial statements from the alleged perpetrator and/or witnesses, however none included any information related to any victim, perpetrator or witness interviews. Additionally, there was not documentation indicating evidence collected or reviewed, whether there was a review of prior incidents, whether staff actions or failure to act contributed to the event or any other investigative facts or findings. The auditor was unable to determine how the investigator derived an outcome from any of the information included in the investigative files. The interviews with the investigators indicated that all cases are different but an investigation would normally begin with an interview of the victim. Then witnesses would be interviewed and evidence would be collected. The facility investigator stated that they would typically complete an investigation in a few days and that they would take direction from Police Services related to any crime scene or evidence collection. The investigators stated that they would review evidence such as video, phone calls and would collect physical, DNA and personal documents as evidence.

115.71 (d): A review of eight closed sexual abuse investigations indicated that one was substantiated but did not involve compelled interviews. The interviews with the investigators confirmed that Police Services agents are trained investigators and are not required to consult with prosecutors before conducting interviews. The investigators stated that the attorney would speak to any prosecutors if necessary.

115.71 (e): The interviews with investigators indicated that there are several ways to corroborate information; through an investigation, prior incidents, demeanor during interviews, information from other SCDC staff, etc. The investigators stated that they would not require an inmate to submit to a polygraph test as a condition to proceed with an investigation, however they may allow them to take one voluntarily for the possibility of revealing further investigative information. Interviews with four inmates who reported sexual abuse indicated that none were required to take a polygraph test.

115.71 (f): A review of documentation indicated there were 37 allegations reported. Six of the sexual harassment allegations were not repeated, two of the abuse allegations were consensual, three of the sexual harassment allegations did not rise to the definition of a PREA allegation, two sexual abuse allegations were made by a third party and the alleged victim denied the allegation occurred and one was reported at Ridgeland but occurred at a different SCDC facility. As such, there were 23 sexual abuse or sexual harassment allegations reported to have occurred at Ridgeland. All 23 had an investigation initiated, however two allegations were unable to be categorized as either sexual abuse or sexual harassment due to the limited information in the investigation and four investigations did not have an investigative outcome documented. A review of eight closed sexual abuse investigations indicated that the seven facility investigations did not have an investigative report and did not contain any information on what was done during the investigations. Many investigative files included copies of emails and an initial statement by the inmate victim, but nothing further. A few of the seven included initial statements from the alleged perpetrator and/or witnesses, however none included any information related to any victim, perpetrator or witness interviews. Additionally, there was not documentation indicating evidence collected or reviewed, whether there was a review of prior incidents, whether staff actions or failure to act contributed to the event or any other investigative facts or findings. The auditor was unable to determine how the investigator derived an outcome from any of the information included in the investigative files. The interviews with investigative staff indicated that all investigations are in written form and any and all information received is included in the report. The facility investigator stated that the facility report would include a summary of the allegation, interviews, evidence and what happened from beginning to end. He stated that Police Services would complete a criminal investigation and their report would contain similar elements. Interviews further indicated that investigators make an attempt to determine if staff actions or failure to act contributed to the alleged sexual abuse through review of evidence related to following policy and procedure.

115.71 (g): The agency is responsible for conducting criminal investigations. There was one criminal investigation completed within the previous twelve months by Police Services. A review of the investigative report confirmed that it included a summary of the allegation, a description of the evidence (including statements) as well as facts and findings. The interview with the Police Services investigator indicated that all investigations are in written form and any and all information received is included in the report. He stated that the reports include a description of evidence, a credibility assessment and investigative findings and facts. Interviews further indicated that during the investigation investigators determine whether staff actions or failure to act contributed to the abuse through determining if evidence supports that staff followed policy and procedure.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have been three allegations referred for prosecution since the last PREA audit. A review of the investigative reports indicated that one inmate-on-inmate allegation was substantiated and referred for prosecution. Documents showed that the inmate was arrested upon release from SCDC custody. Additionally, there were

three criminal investigations that were open. The PCM stated that these were referred for prosecution as well, however the auditor did not have a completed investigation to confirm this. Interviews with the investigators indicated that investigations are referred for prosecution when the allegation is found to be criminal under South Carolina Code of Laws.

115.71 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of historical sexual abuse and sexual harassment investigations from 2014 to present confirmed that the agency properly retains investigations.

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

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

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

Based on a review of the PAQ, POL-23.01, OP-23.12, GA-06.11B, a review of investigative reports, investigator training records and information from interviews with the investigative staff and inmates who reported sexual abuse this standard appears to require corrective action. A review of documentation indicated there were nineteen allegations reported in the previous twelve A review of documentation indicated there were 37 allegations reported. Six of the sexual harassment allegations were not repeated, two of the abuse allegations were consensual, three of the sexual harassment allegations did not rise to the definition of a PREA allegation, two sexual abuse allegations were made by a third party and the alleged victim denied the allegation occurred and one was reported at Ridgeland but occurred at a different SCDC facility. As such, there were 23 sexual abuse or sexual harassment allegations reported to have occurred at Ridgeland. All 23 had an investigation initiated, however two allegations were unable to be categorized as either sexual abuse or sexual harassment due to the limited information in the investigation and four investigations did not have an investigative outcome documented. A review of eight closed sexual abuse investigations indicated that the seven facility investigations did not have an investigative report and did not contain any information on what was done during the investigations. Many investigative files included copies of emails and an initial statement by the inmate victim, but nothing further. A few of the seven included initial statements from the alleged perpetrator and/or witnesses, however none included any information related to any victim, perpetrator or witness interviews. Additionally, there was not documentation indicating evidence collected or reviewed, whether there was a review of prior incidents, whether staff actions or failure to act contributed to the event or any other investigative facts or findings. The auditor was unable to determine how the investigator derived an outcome from any of the information included in the investigative files. Further review also revealed that four of the eight closed investigations were completed over 30 days, with two completed over a year after the initial allegation. Thus the review yielded that investigation are not done promptly, thoroughly and objectively at the facility level. Therefore, provisions (a), (c) and (f) require corrective action.

Corrective Action:

All sexual abuse allegations require a timely, complete and thorough investigation. The agency created an investigative template that outlines all the required elements under this standard. The facility investigators should utilize this template and be re-trained on how to conduct sexual abuse investigations. The training should include information on all the requirements under this provision. The facility will need to provide all sexual abuse investigations completed during the corrective action period so the auditor can confirm that they include a written investigative report with the required elements under this standard (to include a description of evidence, review of prior complaints, interview of victim, subject and witnesses, facts, findings and an investigative outcome).

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Training Documents
2. Sexual Abuse Tracking Log
3. Sexual Abuse Investigation

On August 8, 2021 the facility provided documentation related to standard 115.71. The PC provided investigation training to

the facility PCMs in June and July. A second training was also provided in October related to how to derive investigative outcomes. The PCM also completed the National Institute of Corrections - Investigating Sexual Abuse in a Confinement Setting training as a refresher. The facility provided the auditor with a list of allegations reported during the corrective action period. There were four sexual abuse allegations and one sexual harassment allegation reported from July to September. On December 10, 2021 the facility provided the auditor a facility investigation that was completed on July 21, 2021. The investigation was completed on the investigative template that was created by the PC. The investigation did not include an outcome or any summary of information related to how an outcome was derived. The investigation included a section for the alleged victim and alleged perpetrator that indicated to see the statement that was attached. In addition, the auditor was provided witness statements and inmate information sheets for two allegations of sexual abuse or sexual harassment. Nothing further was provided related to the allegations and the investigations. As such, based on the information provided, the facility has not provided appropriate documentation to confirm they have corrected this standard. It should be noted the PC provided a Police Services investigation that was reported prior to the corrective action period (March 2, 2021), however this was not during the corrective action period and the Police Services investigation component was not what was found not compliant during the audit.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="240 147 829 174">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 376 300">Documents:</p> <ol data-bbox="240 304 536 365" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Investigative Reports <p data-bbox="240 405 363 432">Interviews:</p> <ol data-bbox="240 436 617 463" style="list-style-type: none"> 1. Interview with Investigative Staff <p data-bbox="240 504 505 530">Findings (By Provision):</p> <p data-bbox="240 571 1490 1135">115.72 (a): The PAQ indicated that the agency poses a standard of a preponderance of evidence or lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. During the previous twelve months, there were 37 allegations reported. Six of the sexual harassment allegations were not repeated, two of the abuse allegations were consensual, three of the sexual harassment allegations did not rise to the definition of a PREA allegation, two sexual abuse allegations were made by a third party and the alleged victim denied the incident occurred and one was reported at Ridgeland but occurred at a different SCDC facility. As such, there were 23 sexual abuse or sexual harassment allegations reported to have occurred at Ridgeland. All 23 had an investigation initiated, however two allegations were unable to be categorized as either sexual abuse or sexual harassment due to the limited information in the investigation and four investigations did not have an investigative outcome documented. The auditor reviewed seventeen allegations (the review included five allegations that were determined not to be PREA including the two consensual, the two third party and the one that occurred at another facility) to ensure all components were included from the investigating authority. While all allegations were referred for investigation, the investigations were very minimal and did not include enough information, including information from interviews, what evidence was collected or reviewed and information on facts and findings in order to determine how the investigative outcomes were determined. The interview with the Police Services investigative staff indicated the standard of evidence required to substantiate an allegation of sexual abuse and sexual harassment is a preponderance of evidence. The facility investigator stated that he would utilize the information received such as evidence, witness statements and the who, what, where and when to determine whether to substantiate an allegation.</p> <p data-bbox="240 1176 1490 1570">Based on a review of the PAQ, investigative reports and information from the interviews with investigative staff it is determined that this standard appears to require corrective action. A review of 23 sexual abuse or sexual harassment allegations reported to have occurred at Ridgeland. All 23 had an investigation initiated, however two allegations were unable to be categorized as either sexual abuse or sexual harassment due to the limited information in the investigation and four investigations did not have an investigative outcome documented. The auditor reviewed seventeen allegations (the review included five allegations that were determined not to be PREA including the two consensual, the two third party and the one that occurred at another facility) to ensure all components were included from the investigating authority. While all allegations were referred for investigation, the investigations were very minimal and did not include enough information, including information from interviews, what evidence was collected or reviewed and information on facts and findings in order to determine how the investigative outcomes were determined. Additionally, the interview with the facility investigator indicated he was not familiar with the standard of evidence required to substantiate an administrative investigation. As such, this standard requires corrective action.</p> <p data-bbox="240 1610 440 1637">Corrective Action:</p> <p data-bbox="240 1677 1469 2004">The agency created an investigative template that outlines all the required elements under standard 115.71. The auditor highly recommends that the facility utilize the template for all sexual abuse and sexual harassment investigations. All investigations need to include the required investigative elements, such as interviews/statements, evidence collection and review, summary of the allegation, what steps/actions were taken during the investigation, fact and finding and an investigative outcome. In order for the auditor to determine if the appropriate standard of proof is utilized in administrative investigations the facility will need to report their monthly allegations to the auditor over the corrective action period and forward copies of the completed administrative investigations. Additionally, the auditor recommends that the facility investigator be re-trained on how to conduct sexual abuse investigations in a confinement setting in order to refresh his understanding on how to complete an investigation and the required elements for investigations, including how to derive an investigative outcome and standard of evidence to substantiate an investigation.</p> <p data-bbox="240 2045 919 2072">Verification of Corrective Action since the Interim Audit Report</p> <p data-bbox="240 2098 1430 2157">The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p>

Additional Documents:

1. Training Documents
2. Sexual Abuse Tracking Log
3. Sexual Abuse Investigation

On August 8, 2021 the facility provided documentation related to standard 115.71. The PC provided investigation training to the facility PCMs in June and July. A second training was also provided in October related to how to derive investigative outcomes. The PCM also completed the National Institute of Corrections - Investigating Sexual Abuse in a Confinement Setting training as a refresher. The facility provided the auditor with a list of allegations reported during the corrective action period. There were four sexual abuse allegations and one sexual harassment allegation reported from July to September. On December 10, 2021 the facility provided the auditor a facility investigation that was completed on July 21, 2021. The investigation was completed on the investigative template that was created by the PC. The investigation did not include an outcome or any summary of information related to how an outcome was derived. The investigation included a section for the alleged victim and alleged perpetrator that indicated to see the statement that was attached. There was no indication that interviews were completed after the initial statement. In addition, the auditor was provided witness statements and inmate information sheets for two allegations of sexual abuse or sexual harassment. Nothing further was provided related to the allegations and the investigations. As such, based on the information provided, the facility has not provided appropriate documentation to confirm they have corrected this standard. It should be noted the PC provided a Police Services investigation that was reported prior to the corrective action period (March 2, 2021), however this was not during the corrective action period and the Police Services investigation component was not what was found not compliant during the audit.

115.73	Reporting to inmates
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 304 935 434" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GA-06.11B 3. South Carolina Department of Corrections (SCDC) Form 19-165 4. Investigative Reports <p data-bbox="240 472 363 499">Interviews:</p> <ol data-bbox="240 506 810 600" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Investigative Staff 3. Interview with Inmates who Reported Sexual Abuse <p data-bbox="240 638 507 665">Findings (By Provision):</p> <p data-bbox="240 703 1490 1200">115.73 (a): GA-06.11B, page 5 states that following a report of sexual abuse/sexual harassment, the alleged victim is notified of the outcome of the investigation. SCDC Form 19-165 is utilized to inform inmates of investigative outcomes. The top of the form states that inmates are notified within ten day of the conclusion of the investigation and the form is maintained in the victim's file. A review of the form indicated a specific section that outlines the date the investigation was concluded as well as check boxes for the appropriate investigative outcome. The inmate is required to sign the bottom indicating that they received and understood the information. The PAQ indicated there were 30 sexual abuse investigation completed within the previous twelve months and all 30 included an investigative outcome notification. A review of eleven sexual abuse investigations indicated that three notifications were provided to inmate victims. It should be noted that six of the investigations involved an inmate victim who was not longer at the facility, however facility investigations were not completed timely and as such inmate victims would have been notified if completed within a timely manner. Of the six, only two of the inmate victims were transferred from the facility within 30 days. As such, four other inmate victims should have been notified after a timely and thorough investigation. The Warden and the investigative staff stated that the PCM notifies inmates related to the outcome of the investigations into their allegation. The interviews with inmates who reported sexual abuse indicated that all four were aware that they are to be notified of the outcome of the investigation. One stated he was notified the day before the audit and three stated they believed their investigation was still open and they had not yet been notified.</p> <p data-bbox="240 1234 1490 1294">115.73 (b): The agency is responsible for conducting administrative and criminal investigations. As such, this provision does not apply.</p> <p data-bbox="240 1328 1490 1697">115.73 (c): GA-06.11B, page 5 states that when the alleged perpetrator is a staff member, the CM will ensure the alleged victim is notified of the progress of the investigation as specified in PREA Standard 115.73. The PAQ indicated that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have not been any substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. A review of investigative reports confirmed there were no substantiated sexual abuse allegations against a staff member in the previous twelve months. The interviews with the inmates who reported sexual abuse indicated that none of the four had an allegation that involved a staff member and as such no notification were required under this provision.</p> <p data-bbox="240 1731 1490 1989">115.73 (d): The PAQ indicated that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative reports indicated there was one inmate-on-inmate substantiated allegation. The inmate perpetrator was arrested and charged upon release from SCDC custody. The inmate victim was no longer in SCDC custody and as such was unable to be notified under this provision. Interviews with four inmates who reported sexual abuse confirmed that all four allegations involved another inmate. None of the four indicated they were informed of any requirement under this provision. Two stated they had no idea what happened to the inmate and two indicated the alleged perpetrator was still at Ridgeland.</p> <p data-bbox="240 2022 1490 2145">115.73 (e): GA-06.11B, page 5 states that following a report of sexual abuse/sexual harassment, the alleged victim is notified of the outcome of the investigation. SCDC Form 19-165 is utilized to make all required notifications under this standard. The PAQ indicated there were zero sexual abuse investigation completed within the previous twelve months and the PAQ did not a number related to how many had an investigative outcome notification. A review of eleven sexual abuse investigations</p>

indicated that three notifications were provided to inmate victims. It should be noted that six of the investigations involved an inmate victim who was not longer at the facility, however facility investigations were not completed timely and as such inmate victims would have been notified if completed within a timely manner. Of the six, only two of the inmate victims were transferred from the facility within 30 days. As such, four other inmate victims should have been notified after a timely and thorough investigation. Additionally, there was one substantiated sexual abuse allegations against another inmate, however the victim was released from SCDC custody prior to the arrest/charge.

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

Based on a review of the PAQ, GA-06.11B, SCDC Form 19-165, investigative reports and information from interviews with the Warden, investigative staff and inmates who reported sexual abuse, this standard requires corrective action. A review of eleven sexual abuse investigations indicated that three notifications were provided to inmate victims. It should be noted that six of the investigations involved an inmate victim who was not longer at the facility, however facility investigations were not completed timely and as such inmate victims would have been notified if completed within a timely manner. Of the six, only two of the inmate victims were transferred from the facility within 30 days. As such, four other inmate victims should have been notified after a timely and thorough investigation. Thus provisions (a) and (e) require corrective action.

Corrective Action:

All allegations of sexual abuse require an investigative outcome notification to the inmate victim. The facility will need to go back and notify the one inmate identified without a notification that was still at the facility as well as any additional that have not received notification that were not reviewed by the auditor. Additionally, the facility will need to forward the auditor a tracking log with reported sexual abuse allegations as well as copies of all corresponding sexual abuse inmate notifications during the corrective action period. The facility will need to ensure they complete timely and thorough investigations as outlined in 115.71 as it relates to the requirements under this standard as well.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Inmate Victim Notifications
2. Sexual Abuse Investigation

On September 9, 2021 the facility provided the auditor with documentation related to standard 115.73. The facility provided three inmate victim notifications in September 2021, however the documentation provided did not allow the auditor to link the notifications to any of previously reviewed investigations or the one provided investigation completed during the corrective action period. Additional information was requested in order to determine compliance with the standard. On December 10, 2021 the facility provided the auditor with a victim notification corresponding to one investigation that was provided for standard 115.71. The inmate was notified that the allegation was unsubstantiated a few weeks after the conclusion of the investigation. While one victim notification was documented related to the investigation provided, the other notifications were not able to be verified and the facility did not provide the requested list of sexual abuse and sexual harassment allegations reported during the corrective action period. As such, the auditor did not receive adequate documentation to confirm that this standard has been corrected.

115.76	<p data-bbox="231 71 1508 1279">Disciplinary sanctions for staff</p> <p data-bbox="231 1279 1508 1310">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 1310 1508 1341">Auditor Discussion</p> <p data-bbox="231 1341 1508 1373">Documents:</p> <ol data-bbox="231 1373 1508 1556" style="list-style-type: none"> <li data-bbox="231 1373 1508 1404">1. Pre-Audit Questionnaire <li data-bbox="231 1404 1508 1435">2. OP-21.12 <li data-bbox="231 1435 1508 1467">3. GA.06.11B <li data-bbox="231 1467 1508 1556">4. Investigative Reports <p data-bbox="231 1556 1508 1588">Findings (By Provision):</p> <p data-bbox="231 1588 1508 1749">115.76 (a): OP-21.12, page 5, states that if allegations of conduct that appear to be criminal are substantiated, referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to agency corrective action up to and including termination.</p> <p data-bbox="231 1749 1508 1910">115.76 (b): GA-06.11B, page 5, states that the presumptive disciplinary sanction for staff who have engaged in sexual relations with an inmate is termination. The PAQ indicated that there were not any staff members who violated the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports confirmed there were zero substantiated staff-on-inmate sexual abuse allegations.</p> <p data-bbox="231 1910 1508 2072">115.76 (c): The PAQ indicated that disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by staff with similar histories. The PAQ also indicated that there have been no staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports confirmed there were zero substantiated staff-on-inmate sexual abuse allegations.</p> <p data-bbox="231 2072 1508 2233">115.76 (d): GA-06.11B, page 5, states that any employee, contractor, volunteer, intern or visitor investigated and substantiated for sexual abuse/sexual harassment of an inmate will be reported to the appropriate licensing authority. The PAQ indicated that there have been zero staff members that were reported to law enforcement or licensing agencies for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports confirmed there were zero substantiated staff-on-inmate sexual abuse allegations.</p> <p data-bbox="231 2233 1508 2240">Based on a review of the PAQ, OP-21.12, GA-06.11B and investigative reports, this standard appears to be compliant.</p>
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115.77	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.12 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.77 (a): OP-21.12, page 5, states that all allegations of sexual abuse and sexual harassment, including threats and attempts, will immediately and aggressively investigated. The Division of Investigations shall initiate the investigation, will notify SLED and the Inspector General's office when sexual misconduct by staff, contractors or volunteers is alleged, and will conduct an internal investigation in accordance with SCDC policy GA-05.01. The PAQ indicated that the agency requires any contractor or volunteer who engages in sexual abuse be reported to local law enforcement agencies and relevant licensing bodies. The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates. A review of investigative reports confirmed that there have not been any substantiated allegations of sexual abuse or sexual harassment against contractors or volunteers during the audit period.</p> <p>115.77 (b): The PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being suspended from providing services until the investigation is completed. He confirmed they have not had any instances of volunteers or contractors violating the sexual abuse and sexual harassment policies.</p> <p>Based on a review of the PAQ, OP-21.12, a review of investigative reports and information from the interview with the Warden, this standard appears to be compliant.</p>
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115.78	Disciplinary sanctions for inmates
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 304 536 434" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-22.14 3. GA-06.11B 4. Investigative Reports <p data-bbox="242 472 363 501">Interviews:</p> <ol data-bbox="242 506 758 566" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Medical and Mental Health Staff <p data-bbox="242 604 505 633">Findings (By Provision):</p> <p data-bbox="242 672 1477 801">115.78 (a): OP-22.14, page 32, indicates that engaging in consensual or non-consensual sexual acts or intimate physical contact of a sexual nature with other inmates; or soliciting sexual acts from other inmates, or engaging in any form of sexual harassment will be forwarded for a Disciplinary Hearing. The PAQ indicated that there have been no administrative or criminal investigative findings of guilt for inmate-on-inmate sexual abuse within the previous twelve months.</p> <p data-bbox="242 831 1485 1126">115.78 (b): OP-22.14, page 32, indicates that engaging in consensual or non-consensual sexual acts or intimate physical contact of a sexual nature with other inmates; or soliciting sexual acts from other inmates, or engaging in any form of sexual harassment will be forwarded for a Disciplinary Hearing. The interview with the Warden indicated that the inmate would be charged and he would go through the disciplinary hearing process. He stated that if found guilty the inmate could receive segregated housing time, loss of privileges such as canteen and visitation or could be transferred. The Warden confirmed that sanctions would commensurate with the nature and circumstances of the abuse committed and would be comparable to other offenses by other inmates with similar histories. A review of investigative reports indicated there was one substantiated inmate-on-inmate sexual abuse investigations and the inmate perpetrator was arrested upon release and transported to the local jail.</p> <p data-bbox="242 1164 1477 1294">115.78 (c): OP-22.14, page 32, indicates that engaging in consensual or non-consensual sexual acts or intimate physical contact of a sexual nature with other inmates; or soliciting sexual acts from other inmates, or engaging in any form of sexual harassment will be forwarded for a Disciplinary Hearing. The interview with the Warden indicated that the inmate's mental health would be taken into consideration in the disciplinary hearing process.</p> <p data-bbox="242 1332 1469 1496">115.78 (d): The PAQ indicated that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Additionally, the PAQ indicated that it considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The interview with mental health indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues, but that it is voluntary and they do not require inmates to participate.</p> <p data-bbox="242 1525 1469 1655">115.78 (e): OP-22.14, page 32 states that inmates that engage in any non-consensual sex act with an employee, visitor, vendor, or volunteer, to include intimate physical contact or solicitation of sexual acts will be forwarded for a Disciplinary Hearing. The PAQ indicated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p> <p data-bbox="242 1684 1485 1778">115.78 (f): GA-06.11B, page 5, states that inmates who willingly submit a false report will be subject to disciplinary sanctions. The PAQ indicated that inmates will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred.</p> <p data-bbox="242 1816 1477 1980">115.78 (g): OP-22.14, page 32, indicates that engaging in consensual or non-consensual sexual acts or intimate physical contact of a sexual nature with other inmates; or soliciting sexual acts from other inmates, or engaging in any form of sexual harassment will be forwarded for a Disciplinary Hearing. The PAQ indicated that the agency prohibits all sexual activity between inmates and that it only deems such activity to constitute sexual abuse if it is determined that the activity was coerced.</p> <p data-bbox="242 2018 1477 2078">Based on a review of the PAQ, OP-22.14, GA-06.11B, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.</p>

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Does Not Meet Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.04 3. Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Inmate who Disclose Victimization at Risk Screening 3. Interview with Medical and Mental Health Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area <p>Findings (By Provision):</p> <p>115.81 (a): OP-21.04, page 7, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who have experienced prior sexual victimization or perpetrated sexual abuse on others whether it occurred in an institutional setting or in the community will be offered a follow-up meeting with a qualified medical/mental health staff within fourteen calendar days of the initial screening. The PAQ indicated that inmates who disclosed prior sexual victimization are offered a follow-up with medical or mental health within fourteen days. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. The auditor reviewed documents for nine inmates who reported prior victimization during the risk screening. Two were completed within the required fourteen days, two were completed past the fourteen days and six did not have documentation indicating they were seen by or offered a follow-up with mental health. Interviews with staff responsible for the risk screening indicated that if an inmate discloses prior victimization he would be offered a follow-up with mental health. One staff member stated that she was not sure of the timeframe that mental health would see the inmate in and the other stated that the inmate would be seen within 60 days. Interviews with six inmates who reported victimization during the risk screening indicated that all six were offered a follow-up with mental health staff. Three stated they were seen within a week and three stated they were seen within 30 days.</p> <p>115.81 (b): OP-21.04, page 7, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who have experienced prior sexual victimization or perpetrated sexual abuse on others whether it occurred in an institutional setting or in the community will be offered a follow-up meeting with a qualified medical/mental health staff within fourteen calendar days of the initial screening. The PAQ indicated that 100% of inmates who had prior instances of sexual abusiveness were offered a follow-up with mental health within fourteen days. The auditor identified three inmates with prior sexual abusiveness. The facility did not provide any mental health documentation indicating whether the inmates were provided a mental health follow-up. As such the auditor was unable to determine if they were provided the requirements under this provision. Interviews with staff responsible for the risk screening indicated that if an inmate has prior sexual abusiveness they would be referred to mental health. One staff member stated that she was not sure of the timeframe that mental health would see the inmate in and the other stated that the inmate would be seen within 60 days.</p> <p>115.81 (c): OP-21.04, page 7, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who have experienced prior sexual victimization or perpetrated sexual abuse on others whether it occurred in an institutional setting or in the community will be offered a follow-up meeting with a qualified medical/mental health staff within fourteen calendar days of the initial screening. The PAQ indicated that inmates who disclosed prior sexual victimization are offered a follow-up with medical or mental health within fourteen days. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. The auditor reviewed documents for nine inmates who reported prior victimization during the risk screening. Two were completed within the required fourteen days, two were completed past the fourteen days and six did not have documentation indicating they were seen by or offered a follow-up with mental health. Interviews with staff responsible for the risk screening indicated that if an inmate discloses prior victimization he would be offered a follow-up with mental health. One staff member stated that she was not sure of the timeframe that mental health would see the inmate in and the other stated that the inmate would be seen within 60 days. Interviews with six inmates who reported victimization during the risk screening indicated that all six were offered a follow-up with mental health staff. Three stated they were seen within a week and three stated they were seen within 30 days.</p> <p>115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional</p>

setting is not limited to medical and mental health staff. The PAQ did indicate though that the information is only shared with other staff as necessary, to inform treatment plans and security and management decision. During the tour, the auditor observed the areas where the risk screenings are conducted. The screenings are conducted in private office settings to allow for confidentiality. The auditor observed that the paper inmate classification records as well as the paper medical and mental health records are behind a locked door with limited accessibility.

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

Based on a review of the PAQ, OP-21.14, medical and mental health documents, observations made during the tour and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening indicate that this standard requires corrective action. The auditor reviewed documents for nine inmates who reported prior victimization during the risk screening. Two were completed within the required fourteen days, two were completed past the fourteen days and six did not have documentation indicating they were seen by or offered a follow-up with mental health. The auditor identified three inmates with prior sexual abusiveness. The facility did not provide any mental health documentation indicating whether the inmates were provided a mental health follow-up. Additionally, the two staff who perform the risk screening were unfamiliar with the timeframe that inmates were to be seen by or offered a follow-up with mental health. Thus provisions (a), (b) and (c) of this standard requires corrective action.

Corrective Action:

The facility will need to provide documentation for the six inmates that were not documented with a mental health follow-ups. Additionally, the facility will need to ensure any other current inmates who disclosed prior victimization and/or abusiveness have been offered a follow-up with mental health. The facility will need to track inmates who disclose prior victimization during the risk screening and any inmates who have a history of sexual abusiveness identified during the risk screening. The facility will need to provide the auditor with a list of these inmates monthly. From the list the auditor will select a sample to review to ensure mental health follow-ups are offered. The facility should also train staff on the timeframe required under this provision and ensure all staff involved in the process know and understand their roles and the timeframe. The facility should provide the auditor with a training memo with signatures related to this information.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. List of Inmates that Arrived During the Corrective Action Period who Reported Prior Sexual Victimization
2. Inmate Risk Screening
3. Mental Health Documentation

On October 11, 2021 the auditor was provided documentation related to standard 115.81. The facility provided a list of inmates during the corrective action period who reported prior victimization during the risk screening. The auditor selected fifteen of the inmates to review. The facility provided mental health follow-up documentation on December 2, 2021, however the facility did not provide the auditor with the risk screening documents in order to determine the timeframe that the mental health follow-ups were completed. The auditor requested additional documentation to determine compliance with this standard. On December 10, 2021 the auditor was provided risk screening information for the requested inmates. Of the fifteen, four did not have documentation that correlated with the mental health documentation that was provided, nine had a mental health follow-up completed but they were not completed within the fourteen day timeframe and three were completed as required under the standard. Based on the documentation provided, the facility did not correct this standard and as such it is still not compliant.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Does Not Meet Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.12 3. GA-06.11B 4. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with Inmates who Reported Sexual Abuse 3. Interview with Security Staff and Non-Security Staff First Responders <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical and Mental Health Areas <p>Findings (By Provision):</p> <p>115.82 (a): OP-21.12, page 6, states that all alleged inmate victims will be taken to the Medical Services Area for an initial medical assessment. Additionally, an individual treatment plan shall be developed and initiated for each victim and the plan shall include, at a minimum, mental health counseling and medical follow up. The PAQ indicated that inmates receive timely unimpeded access to emergency medical treatment and crisis interventions and that the nature and scope are determined by medical and mental health staff based on their professional judgement. The PAQ also indicated that medical and mental health maintain secondary materials documenting the timeliness of services. The auditor reviewed seventeen investigations, eleven were sexual abuse allegations. The auditor requested medical and mental health documents related to the eleven allegations. Medical documentation was provided for three of the inmates requested, however no mental health documents was provided. Additionally, there were no medical or mental health documents provided for the remaining eight inmate victims. During the tour, the auditor noted that there were numerous medical exam rooms and mental health rooms for treatment of inmates. All of the rooms were private and allowed for confidentiality via solid doors with windows. Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Staff stated they would see inmates as soon as they become aware of the allegation, and typically immediately. Interviews with four inmates who reported sexual abuse indicated that two were offered medical and/or mental health services.</p> <p>115.82 (b): OP-21.12, page 6, indicates that if medical personnel determine that a sexual assault may have occurred, the inmate will be taken to an outside medical facility. The outside medical facility will perform a medical forensic exam, as appropriate. The interviews with first responders indicated that inmates would be separated, the scene would be secured, they would contact their supervisor, they would ensure that the inmates did not shower, urinate, defecate, change clothes etc. and they would notify medical. The auditor reviewed seventeen investigations, eleven that were sexual abuse allegations. The auditor requested medical and mental health documents related to the eleven allegations. Medical documentation was provided for three of the inmates requested and indicated they were transported to the local hospital for a forensic medical examination. There were no medical or mental health documents provided for the remaining eight inmate victims.</p> <p>115.82 (c): OP-21.12, page 6, states that all alleged inmate victims will be taken to the Medical Services Area for an initial medical assessment. Additionally, an individual treatment plan shall be developed and initiated for each victim and the plan shall include, at a minimum, mental health counseling and medical follow up, including baseline testing for infectious diseases, etc. The PAQ indicated that inmate victims of sexual abuse are offered timely information and timely access to emergency contraception and sexually transmitted infection prophylaxis. The auditor identified six allegations of sexual abuse involving penetration. The auditor was not provided any documentation indicating that the inmate victims were provided information and access to sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirm that inmate victims of sexual abuse receive timely information and access to emergency contraception and sexual transmitted infection prophylaxis. Interviews with four inmates who reported sexual abuse indicated that three were provided information and access to sexually transmitted infection prophylaxis.</p> <p>115.82 (d): GA-06.11B, page 6 states that all inmates who are victims of sexual abuse will have unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception and sexually transmitted infection prophylaxis without financial cost to the inmate.</p> <p>Based on a review of the PAQ, OP-21.12, GA-06.11B, medical and mental health documents and information from interviews</p>

with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to require corrective action. While the agency has a policy related to medical and mental health services and interviews with staff indicate that services are offered, the auditor was not provided enough documentation to determine if inmate victims were offered/provided access to medical and mental health services, including sexually transmitted infection prophylaxis. The auditor requested eleven inmate victim's medical and mental health records. The auditor was only provided documentation for three inmate victims medical services. Additionally, the auditor was not provided any documentation indicating the six inmates that reported penetration were offered sexually transmitted infection prophylaxis. As such, provisions (a), (b) and (c) require corrective action.

Corrective Action:

Inmate victims of sexual abuse are required to be provided access to medical and mental health services. The facility will need to provide medical and/or mental health documentation for the eight inmate victims who reported sexual abuse that were originally requested. If these documents are unavailable the facility will need to review their current process and document the deficiencies and why the documentation was not available. The facility will then need to provide the auditor with a tracking log of the sexual abuse allegations during the corrective action period and the corresponding medical and mental health documents for the inmate victims (including information and access to sexually transmitted infection prophylaxis for any allegations of oral and/or anal penetration).

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Medical and Mental Health Documents

The auditor requested medical and/or mental health documentation related to the inmate victims of sexual abuse reviewed on-site. The facility provided medical and mental health documentation for one inmate victim who reported sexual abuse in March 2021. The facility provided an allegation spreadsheet that indicated there were four additional sexual abuse allegations reported during the corrective action period. The auditor did not receive any medical or mental health documentation relate to these allegations. Thus, the auditor was unable to determine corrective action and compliance.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Does Not Meet Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.12 3. GA-06.11B 4. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with Inmates who Reported Sexual Abuse 3. Interview with Security Staff and Non-Security Staff First Responders <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical Treatment Areas <p>Findings (By Provision):</p> <p>115.83 (a): OP-21.12, page 6, states that an individual treatment plan shall be developed and initiated for each victim of sexual abuse to address post-traumatic stress resulting from the sexual abuse. The treatment plan shall include, at a minimum, mental health counseling, medical follow up etc. The PAQ indicated that the agency offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that there were numerous medical areas for treatment of inmates. All of the rooms were private and allowed for confidentiality via solid doors with windows. The auditor reviewed seventeen investigations, eleven that were sexual abuse allegations. The auditor requested medical and mental health documents related to the eleven allegations. Medical documentation was provided for three inmates and indicated they were transported to the local hospital for a forensic medical examination. There were no medical or mental health documents provided for the remaining eight inmate victims.</p> <p>115.83 (b): OP-21.12, page 6, states that an individual treatment plan shall be developed and initiated for each victim of sexual abuse to address post-traumatic stress resulting from the sexual abuse. The treatment plan shall include, at a minimum, mental health counseling, medical follow up etc. The auditor reviewed seventeen investigations, eleven that were sexual abuse allegations. The auditor requested medical and mental health documents related to the eleven allegations. Medical documentation was provided for three inmates and indicated they were transported to the local hospital for a forensic medical examination. There were no medical or mental health documents provided for the remaining eight inmate victims. Additionally, there were six inmates that had reported prior victimization during the risk screening that did not have documentation related to their mental health follow-ups. Mental health staff stated that they provide follow-up services including education and information related to outside counseling, general counseling sessions, assessment and referrals to psychiatry for medication. Interviews with medical staff confirmed that they would also provide follow-up services including an assessment for injuries, an outside forensic medical examination and laboratory work including exposure panels. Interviews with inmates who reported sexual abuse indicate that one of the four was provided follow-up services with medical and/or mental health.</p> <p>115.83 (c): All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes a local hospital for forensic medical examinations. The auditor requested medical and mental health documents for eleven inmates who reported sexual abuse during the audit period. The facility only provided the auditor with three of the inmate's medical and mental health documents. All three were transported to the local hospital for services and as such no documentation was provided related to the facilities medical and mental health services. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.</p> <p>115.83 (d): This provision does not apply as the facility does not house female inmates.</p> <p>115.83 (e): This provision does not apply as the facility does not house female inmates.</p> <p>115.83 (f): OP-21.12, page 6, states that an individual treatment plan shall be developed and initiated for each victim of sexual abuse to address post-traumatic stress resulting from the sexual abuse. The treatment plan shall include, at a minimum, mental health counseling, medical follow up (i.e. baseline testing for infectious diseases, etc.). The auditor identified six allegations of sexual abuse involving penetration. The auditor was not provided any documentation indicating that the inmate victims were provided information and access to HIV/STI testing. Interviews with medical and mental health</p>

care staff confirm that inmate victims of sexual abuse receive timely information about access to HIV/STI testing. Interviews with four inmates who reported sexual abuse indicated that three were provided labs for HIV/STIs.

115.83 (g): GA-06.11B, page 6 states that all inmates who are victims of sexual abuse will have unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception and sexually transmitted infection prophylaxis without financial cost to the inmate. Interviews with four inmates who reported sexual abuse indicated that none of the four were required to pay for their medical and/or mental health services.

115.83 (h): The PAQ indicates that the facility attempts to conduct a mental health evaluation of all known inmate on inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. There was one substantiated inmate-on-inmate sexual abuse allegation within the previous twelve months. The auditor was not provided mental health documentation for the known inmate perpetrator. However, the perpetrator was released and arrested soon after the allegation was determined to be substantiated. The interview with the mental health staff member indicated that she was not sure if evaluations are conducted on inmate-on-inmate perpetrators.

Based on a review of the PAQ, OP-21.12, GA-06.11B, medical and mental health documents and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to require corrective action. While policy and interviews indicate that medical and mental health services are provided at Ridgeland, the lack of documentation to corroborate does not allow the auditor to determine compliance. The auditor requested medical and mental health documents for eleven inmates who reported sexual abuse during the audit period. The facility provided three inmate victim's medical and mental health documents. The facility also did not provide the auditor with mental health records for six inmates who reported prior victimization during the risk screening. Additionally, the mental health staff member stated she was unsure if inmate-on-inmate abusers were provided mental health evaluations. Thus, provision (a), (b), (c), (f) and (h) require corrective action.

Corrective Action:

Inmate victims of sexual abuse should be provided access to medical and mental health services and follow-up care. The facility will need to provide medical and/or mental health documentation for the eight inmate victims who reported sexual abuse whose records were not provided. If these documents are unavailable the facility will need to review their current process and document the deficiencies and why the documentation was not available. The facility will then need to provide the auditor with a tracking log of the sexual abuse allegations during the corrective action period and the corresponding medical and mental health documents for the inmate victims (including information and access to HIV and STI testing for any allegations of oral and/or anal penetration). Additionally, the facility will need to provide documentation for the six inmates who disclosed prior victimization during the risk screening that were not received. The facility will need to ensure all current inmates who disclosed prior victimization have been offered a follow-up with mental health. The facility will need to track inmates who disclose prior victimization during the risk screening and any inmates who have a history of sexual abusiveness identified during the risk screening. The facility will need to provide the auditor with a list of these inmates monthly. From the list the auditor will select a sample to review their mental health follow-up documentation to confirm they are receiving the services required under this provision. Lastly, medical and mental health staff should be educated on the policy related to required services for inmate victims of sexual abuse and known inmate perpetrators. Documentation related to the training will need to be provided to the auditor.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. List of Inmates that Arrived During the Corrective Action Period who Reported Prior Sexual Victimization
2. Inmate Risk Screening
3. Medical and Mental Health Documentation

The auditor requested medical and/or mental health documentation related to the inmate victims of sexual abuse reviewed on-site. The facility provided medical and mental health documentation for one inmate victim who reported sexual abuse in March 2021. The facility provided an allegation spreadsheet that indicated there were four additional sexual abuse allegations reported during the corrective action period. The auditor did not receive any medical or mental health documentation relate to these allegations. Additionally, the facility provided a list of inmates during the corrective action period who reported prior victimization during the risk screening. The auditor selected fifteen of the inmates to review. The facility provided mental health follow-up documentation on December 2, 2021, however the facility did not provide the auditor with the risk screening documents in order to determine the timeframe that the mental health follow-ups were completed. The auditor requested additional documentation to determine compliance with this standard. On December 10, 2021 the auditor

was provided risk screening information for the requested inmates. Of the fifteen, four did not have documentation that correlated with the mental health documentation that was provided, nine had a mental health follow-up completed but they were not completed within the fourteen day timeframe and three were completed as required under the standard. Based on the documentation provided, the facility did not correct this standard and as such it is still not compliant.

115.86	Sexual abuse incident reviews
	<p data-bbox="240 147 828 174">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 376 300">Documents:</p> <ol data-bbox="240 304 746 434" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GA-06.11B 3. Investigative Reports 4. PREA Incident Review – SCDC Form 19-183 <p data-bbox="240 470 363 497">Interviews:</p> <ol data-bbox="240 501 756 600" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team <p data-bbox="240 636 504 663">Findings (By Provision):</p> <p data-bbox="240 698 1485 1169">115.86 (a): GA-06.11B, page 6, states that all SCDC institutional Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review within 30 days of receiving a substantiated or unsubstantiated investigative report of an allegation of sexual abuse or sexual harassment to determine if changes are necessary and determine the possible cause of the incident. The incident review, and its findings, will be documented on SCDC Form 19-183, and filed with the institutions PCM and PC. The PAQ indicated that there have been 28 sexual abuse investigations completed within the previous twelve months and there have been zero sexual abuse reviews completed within the previous twelve months. A review of investigations indicated there were 37 allegations reported. Six of the sexual harassment allegations were not repeated, two of the abuse allegations were consensual, three of the sexual harassment allegations did not rise to the definition of a PREA allegation, two sexual abuse allegations were made by a third party and the alleged victim denied the incident occurred and one was reported at Ridgeland but occurred at a different SCDC facility. As such, there were 23 sexual abuse or sexual harassment allegations reported to have occurred at Ridgeland. Of the 23, thirteen were confirmed sexual abuse allegations (two were unknown allegations types). Nine of the allegations had an outcome other than unfounded (three were still open investigations). The auditor reviewed seventeen investigations, of the seventeen, six required reviews. Of the six, five had a completed sexual abuse incident review.</p> <p data-bbox="240 1205 1485 1809">115.86 (b): GA-06.11B, page 6, states that all SCDC institutional Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review within 30 days of receiving a substantiated or unsubstantiated investigative report of an allegation of sexual abuse or sexual harassment to determine if changes are necessary and determine the possible cause of the incident. The incident review, and its findings, will be documented on SCDC Form 19-183, and filed with the institutions PCM and PC. The PAQ indicated that there have been 28 sexual abuse investigations completed within the previous twelve months and there have been zero sexual abuse reviews completed within the previous twelve months. A review of investigations indicated there were 37 allegations reported. Six of the sexual harassment allegations were not repeated, two of the abuse allegations were consensual, three of the sexual harassment allegations did not rise to the definition of a PREA allegation, two sexual abuse allegations were made by a third party and the alleged victim denied the incident occurred and one was reported at Ridgeland but occurred at a different SCDC facility. As such, there were 23 sexual abuse or sexual harassment allegations reported to have occurred at Ridgeland. Of the 23, thirteen were confirmed sexual abuse allegations (two were unknown allegations types). Nine of the allegations had an outcome other than unfounded (three were still open investigations). The auditor reviewed seventeen investigations, of the seventeen, six required reviews. Of the six, five had a completed sexual abuse incident review. While all five reviews were completed within 30 days of the completion of the investigation, the investigations were not originally completed via an investigative report with an outcome. The current PCM went back through the allegations and completed and the investigations template for each of the allegation and dated the investigation completion date as the day he completed the form. He subsequently completed the sexual abuse incident reviews. All reviews were completed on May 12, 2021.</p> <p data-bbox="240 1845 1485 2078">115.86 (c): The PAQ indicated that the sexual abuse team includes upper-level management officials and allows for input from line supervisors, investigators and medical or mental health practitioners. A review of SCDC Form 19-183 indicates that meeting attendees include; the Warden, the PCM, a member of security and a supervisor from the area where the alleged incident occurred A review of the five completed sexual abuse incident reviews indicated that they were completed by the PCM with input from the Warden, investigator, medical, mental health and line supervisors. The interview with the Warden confirmed that reviews include upper-level management officials, supervisors, investigators and medical and mental health practitioners.</p> <p data-bbox="240 2114 1417 2141">115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews and</p>

considers: whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. A review of SCDC Form 19-183 indicates that the form includes a section for all of the requirements of this provision. A review of the five completed sexual abuse incident reviews indicated that all had the appropriate areas reviewed, including recommendations. The Warden stated that they utilize the reviews to look at what could have been done to prevent the incident from occurring. He stated that would include whether additional supervision is required, if mirrors need added, if there were any barriers, etc. The PCM stated that he reviews all the reports and has not noticed any trends. He indicated that they utilize the reviews to determine if there are any issues that need corrected and that once the report is submitted he ensures that the appropriate staff correct the issues based on the recommendations. The interview with the sexual abuse incident review team member indicated the required components under this provision are discussed during the review.

115.86 (e): The PAQ indicates that the facility implements the recommendations for improvement or documents its reasons for not doing so. A review of SCDC Form 19-183 indicates that a section exists for recommendations for improvement. A review of the five completed sexual abuse incident reviews indicated there is a section on the form for recommendations, however none of the reviews had any recommendations noted.

Based on a review of the PAQ, GA-06.11B, investigative reports, SCDC Form 19-183 and information from interviews with the Warden, PC, PCM and a member of the sexual abuse incident review team this standard appears to be require corrective action. While policy and interviews indicate these reviews are being completed and the necessary elements are reviewed, the documentation indicates otherwise. A review of investigations indicated there were 37 allegations reported. Six of the sexual harassment allegations were not repeated, two of the abuse allegations were consensual, three of the sexual harassment allegations did not rise to the definition of a PREA allegation, two sexual abuse allegations were made by a third party and the alleged victim denied the incident occurred and one was reported at Ridgeland but occurred at a different SCDC facility. As such, there were 23 sexual abuse or sexual harassment allegations reported to have occurred at Ridgeland. Of the 23, thirteen were confirmed sexual abuse allegations (two were unknown allegations types). Nine of the allegations had an outcome other than unfounded (three were still open investigations). The auditor reviewed seventeen investigations, of the seventeen, six required reviews. Of the six, five had a completed sexual abuse incident review. While all five reviews were completed within 30 days of the completion of the investigation, the investigations were not originally completed via an investigative report with an outcome. The current PCM went back through the allegations and completed and the investigations template for each of the allegation and dated the investigation completion date as the day he completed the form. He subsequently completed the sexual abuse incident reviews. All reviews were completed on May 12, 2021. Thus provisions (a) and (b) require corrective action. Additionally, the auditor recommends that the sexual abuse incident reviews be more detailed and complete, to include more than just checked boxes and a yes or no response.

Corrective Action:

The facility will need to complete a sexual abuse incident review for the one investigation that was missing a review. Additionally, after the facility corrects is current facility investigative process they will need to provide the auditor with sexual abuse incident reviews that are completed for all allegations of sexual abuse that are substantiated or unsubstantiated within the 30 day timeframe.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Sexual Abuse Allegation Tracking Log
2. Sexual Abuse Investigation

The facility provided an allegation spreadsheet that indicated there were four sexual abuse allegations reported during the corrective action period. The facility did not provide any information or sexual abuse incident reviews related to the four allegations of sexual abuse. The facility provided an investigation for one sexual abuse allegation reported in September 2021 (not included on the allegation spreadsheet provided to the auditor) which was unsubstantiated. The facility did not provide a sexual abuse incident review related to the investigation. As such, this standard was not corrected.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GA-06.11B
3. Prison Rape Elimination Act Annual Reports
4. Survey of Sexual Victimization (SSV)

Findings (By Provision):

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

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

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

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

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

115.87 (f): GA-06.11B, page 6 outlines the data collection process. It states that the SCDC will report to the US Department of Justice, US Bureau of Justice Statistics, SLED and any other federal and/or state authority that requires sexual abuse data and information annually, all acts of sexual abuse, sexual harassment and staff sexual misconduct with inmates, for all its institutions and contracted institutions.

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

115.88	Data review for corrective action
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 304 735 365" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Prison Rape Elimination Act Annual Reports <p data-bbox="242 405 363 434">Interviews:</p> <ol data-bbox="242 439 756 533" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the PREA Coordinator 3. Interview with the PREA Compliance Manager <p data-bbox="242 571 504 600">Findings (By Provision):</p> <p data-bbox="242 638 1490 999">115.88 (a): The PAQ indicates that the agency reviews data annually in order to asses and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of the agency's annual reports indicate that the reports contain information on the SCDC's PREA efforts to include notable successes, areas of concern, aggregated data by agency as well as broken down by facility, comparison of data from the previous two years and corrective actions. The interview with the Agency Head Designee indicated that incident-based information is reviewed to analyze locations of abuse, the frequency with which inmates may be identified as perpetrators or victims, patterns within certain institutions, and the times and days of abuse. The information is then used to determine locations for electronic surveillance equipment, facility renovations, staffing allocations, institutional training and the need for protective measures for specific inmates. The PCM stated that the facility collects data and that the data utilized to determine any overall trends and issues.</p> <p data-bbox="242 1039 1442 1200">115.88 (b): The PAQ indicated that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress. A review of 2018 and 2019 Annual Reports indicates that the report contains information on the SCDC's PREA efforts to include notable successes, areas of concern and corrective actions. The reports also contain a comparison of collected data from the previous two years.</p> <p data-bbox="242 1240 1490 1368">115.88 (c): The PAQ indicated that the agency's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head Designee confirmed that the Deputy Director of Legal and Compliance and the Director of SCDC review and approve the annual report and that is available on the website. A review of the website confirmed that current and previous annual reports are available to the public online.</p> <p data-bbox="242 1408 1490 1536">115.88 (d): The PAQ indicated that the agency may redact specific material from the report when it would present a clear and specific threat to the safety and security of the facility. A review of annual reports confirmed that no information was required to be redacted. The interview with the PC indicated that all personally identifiable information is redacted and only raw data is contained in the report.</p> <p data-bbox="242 1576 1453 1637">Based on a review of the PAQ, annual reports, the agency website and information from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.</p>

115.89	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. ADM-15.05 3. Prison Rape Elimination Act Annual Reports 4. Survey of Sexual Victimization (SSV) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.89 (a): ADM-15.05, section 3.6, states that files containing confidential data will not be stored on local hard drives, removable media, on any type of internet cloud storage and will not be sent via email unencrypted. The PAQ as well as the interview with the PREA Coordinator confirmed that data is securely retained. He stated that he retains the data and that it is in a shared folder within their secure cloud-based system.</p> <p>115.89 (b): The PAQ states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website confirmed that the most current (2018) Survey of Sexual Victimization as well as previous annual reports (aggregated data) are available to the public online.</p> <p>115.89 (c): The agency does not include any identifiable information or sensitive information on the Annual Report and as such does not require any information to be redacted. A review of historical annual reports confirmed that no personal identifiers were publicly available.</p> <p>115.89 (d): The PAQ indicates that the agency maintains sexual abuse data collected pursuant to 115.87 for at least ten years after the date of the initial collection. A review of the agency's website confirmed that data is available from 2006 to present.</p> <p>Based on a review of the PAQ, ADM-15.05, annual reports, the SSVs, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is part of the South Carolina Department of Corrections. The agency began PREA certification audits in 2018 and thus all facilities were not audited during the August 2016-August 2019 cycle.</p> <p>115.401 (b): The facility is part of the South Carolina Department of Corrections. The SCDC has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.</p> <p>115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): This is the initial certification audit for the Ridgeland Correctional Institution. The South Carolina Department of Corrections began the PREA certification process for their facilities in 2018. All completed audit reports for the previous audit period are available online at http://www.doc.sc.gov/preaweb/prea_audits.html.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	no
	Is this policy and practice implemented for night shifts as well as day shifts?	no
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	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.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	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.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	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

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	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
	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
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	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
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	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?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	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?	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?	no
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	no
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	no
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	no
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	no

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	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?	no
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

115.72 (a)	Evidentiary standard for administrative investigations	
	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?	no
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	no
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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
	Following an inmate'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
	Following an inmate'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
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	no
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	no
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	no
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	no
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	no
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	no

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	no
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	no
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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?	no
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	no
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	no
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	no
115.86 (a)	Sexual abuse incident reviews	
	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?	no

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	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

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	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.)	no

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes