

PREA Facility Audit Report: Final

Name of Facility: Tyger River Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 06/21/2021

Date Final Report Submitted: 12/05/2021

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: 12/05/2021

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	klp206@gmail.com
Start Date of On-Site Audit:	05/11/2021
End Date of On-Site Audit:	05/12/2021

FACILITY INFORMATION	
Facility name:	Tyger River Correctional Institution
Facility physical address:	200 Prison Rd, Enoree, South Carolina - 29335
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Jonathan Nance
Email Address:	Nance.Jonathan@doc.sc.gov
Telephone Number:	803-896-3500

Warden/Jail Administrator/Sheriff/Director	
Name:	Jonathan Nance
Email Address:	nance.jonathan@doc.sc.gov
Telephone Number:	(803)-896-3502

Facility PREA Compliance Manager	
Name:	Cathy Duncan
Email Address:	Duncan.Cathy@doc.sc.gov
Telephone Number:	
Name:	Sia Xiong
Email Address:	Xiong.Sia@doc.sc.gov
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	958
Current population of facility:	837
Average daily population for the past 12 months:	932
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:	20-79
Facility security levels/inmate custody levels:	All levels
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	174
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	271
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	271

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

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) certification audit for Tyger River Correctional Institution (Tyger River), South Carolina Department of Corrections in Enoree, South Carolina was conducted on May 11, 2021 and May 12, 2021 to determine initial compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The agency[i] contract was secured through a third-party entity, PREA Auditors of America, LLC. The contract described the specific work required according to the DOJ standards and PREA audit handbook.

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

The audit for Tyger River Correctional Institution was originally scheduled for March 30, 2020 and April 1, 2020. On March 14, 2020 the auditor was notified by the third-party entity that the South Carolina Department of Corrections (SCDC) had postponed the audit due to COVID-19. The audit was rescheduled for July 20, 2020 through July 22, 2020. The audit was again postponed due to COVID-19 and was rescheduled for February 22, 2021 through February 24, 2021. The audit was postponed for a third time due to COVID-19 and was rescheduled for May 11, 2021 and May 12, 2021.

Pre-Audit

The auditor provided the facility with audit announcements for the original audit date in March 2020 and then sent updated audit announcements for the February 2021 audit. The facility utilized the February 2021 audit announcements and updated the date for the postings. In February the facility submitted the Pre-Audit Questionnaire (PAQ) via email. The auditor emailed an issue log related to the PAQ to the facility on February 17, 2021. On March 4, 2021 the facility submitted the PAQ via the PREA Online Audit System (OAS). On May 3, 2021 the facility provided updated PAQ information to the auditor via email. Due to the numerous rescheduled dates of the audit due to COVID-19, the auditor conducted telephone interviews for the specialized staff. On March 4, 2021 the facility provided a telephone interview schedule for Friday, March 12, 2021. With the exception of the Warden, the auditor completed all specialized staff interviews on March 12, 2021. On February 17, 2021 and March 5, 2021 the auditor provided the facility with information on the listings that would be needed on the first day of the audit, as well as some of the supplemental documentation that would need to be reviewed on-site. Facility staff ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received an assurance memo from the Warden indicating the announcement was placed throughout the facility at least 30 days prior to the on-site portion of the audit. The auditor did not receive any correspondence from staff or inmates at Tyger River Correctional Institution.

The auditor contacted Spartanburg Regional Hospital related to forensic medical examinations. The staff member confirmed that they do provide forensic medical examinations in the emergency department and that exams are conducted by Sexual Assault Nurse Examiners (SANE). The auditor contacted Safe Homes Rape Crisis Coalition (SHRCC) related to victim advocacy services. The staff member confirmed that they have a current Memorandum of Understanding (MOU) with the facility and that they provide crisis counseling, hospital accompaniment and teletherapy or in-person services. The staff member stated that they have provided services in 2019 for hospital accompaniment and that they have had a few crisis counseling calls. The staff member further stated that she did have some concern about a call she received from an inmate related to suicidal ideations, sexual harassing behavior by staff, sexual harassing behavior by inmates and the inmate reporting that he did not receive staff assistance when reported. She indicated she reported this information to the PCM who stated that the information would be investigated and that mental health would be contacted for the inmate. The auditor also contacted Just Detention International (JDI) and Rape, Abuse & Incest National Network (RAINN), two national anti-sexual violence organizations. JDI indicated that they did not have any correspondence with inmates at Tyger River and RAINN advised they could not provide any information to me due to confidentiality.

The auditor conducted a web-based search related to Tyger River. The auditor located news articles and other results, however none pertained to sexual abuse or sexual harassment. The auditor confirmed that the agency website has the PREA policy, annual reports, audit reports, the PREA brochure, information on statewide partnerships with sexual assault centers and information on how to report sexual abuse and sexual harassment.

On-Site

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (700) the PREA auditor handbook indicated that at least 30 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least one inmate was selected from each of the housing units with the exception of the one unit that was under quarantine (due to COVID-19). Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the Inmate Interview Questionnaire supplemented by the Targeted Inmate Questionnaire. The table following the inmate listings depicts the breakdown of inmate interviews.

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

Category of Inmates	Number of Interviews
Random Inmates	15
Target Inmates	16
Total Inmates Interviewed	31

Targeted Inmate Interviews	Number of Interviews
Youthful Inmates	0
Inmates with a Disability	3
Inmates who are LEP	2
Inmates with a Cognitive Disability	2
Inmates who Identify as Lesbian, Gay or Bisexual	2
Inmates who Identify as Transgender	1
Inmates in Segregated Housing for Risk of Victimization	0
Inmates who Reported Sexual Abuse	4
Inmates who Reported Sexual Victimization During Screening	2

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

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment

- Line staff who supervise youthful inmates, if any
- Education staff who work with youthful inmates, if any
- Program staff who work with youthful inmates, if any
- Medical staff
- Mental health staff
- Non-medical staff involved in cross gender strip or visual searches
- Administrative (Human Resource) staff
- SAFE and/or SANE staff
- Volunteers who have contact with inmates
- Contractors who have contact with inmates
- Criminal investigative staff
- Administrative investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders
- Intake staff

Category of Staff	Number of Interviews
Random Staff	14
Specialized Staff	22
Total Staff Interviews	36

Specialized Staff Interviews	Number of Interviews
Agency Contract Administrator	1
Intermediate or Higher Level Facility Staff	2
Line Staff who Supervise Youthful Inmates	0
Education and Program Staff who Work with Youthful Inmates	0
Medical and Mental Health Staff	3
Human Resource Staff	1
Volunteers and Contractors	2
Investigative Staff	2
Staff who Perform Screening for Risk of Victimization	2
Staff who Supervise Inmates in Segregated Housing	2
Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
First Responders	4
Intake Staff	1

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

- Ms. Salley W. Elliott (Agency Head Designee)
- Mr. Jonathan Nance (Warden)
- Mr. Kenneth James (PREA Coordinator "PC")

Ms. Cathy Duncan (PREA Compliance Manager "PCM") *It should be noted that Ms. Duncan was the PCM at the time of the on-site portion of the audit as Mr. Nance was promoted to Warden during the time it took to reschedule the audit.

The on-site portion of the audit was conducted on May 11, 2021 and May 12, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interviews as well as documents to review. The auditor conducted a tour of the facility on May 11, 2021. The tour included all areas associated with Tyger River, including the upper yard and lower yard. This tour encompassed housing units, visitation, chapel, medical, education, vocation, prison industries, commissary, laundry, canteen, food service, recreation and maintenance. 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.

Interviews were conducted on May 11, 2021 and May 12, 2021. Evening shift staff were interviewed on May 11, 2021 while day shift staff were interviewed on May 12, 2021. All interviews were conducted in a private confidential setting.

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:

Personnel and Training Files. The facility has 174 staff assigned. The auditor reviewed a random sample of fifteen personnel and/or training records that included five 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 eight volunteers, eight contractors and nine medical and mental health care staff were reviewed. Most 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.

Inmate Files. A total of 33 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing. Sixteen inmate files were of those that arrived within the previous twelve months, five were disabled inmates, three were LEP inmates, one was a transgender inmate and eleven were inmates who reported prior victimization during the risk screening or had a history or prior sexual abusiveness. Most inmate files reviewed were of those selected for interviews.

Medical and Mental Health Records. During the past year, there were eleven inmates that reported sexual abuse or sexual harassment at the facility. The auditor reviewed medical and mental health records of eleven inmate victims, as well as mental health documents for eleven inmates who disclosed victimization during the risk screening or were identified by the risk screening of having prior sexual abusiveness.

Grievances. In the past year, the facility reported one grievance related to sexual abuse. The auditor reviewed the grievance. Additionally, the auditor reviewed the grievance log and sample grievances to confirm whether there were any other sexual abuse allegations reported.

Hotline Calls. The auditor requested the number of calls to the PREA hotline, but was not provided the information. Three of the documented sexual abuse and/or sexual harassment allegations were reported via the hotline. The auditor also tested the hotline in three housing units to confirm functionality.

Incident Reports. The auditor reviewed the incident reports for the eleven investigations. The auditor also reviewed the incident report log to spot check reported incidents.

Investigation Files. During the previous twelve months, there were nineteen allegations reported. Five of the allegations did not rise to the level of PREA, two did not occur at Tyger River and one was previously investigated in 2019. As such, there were only eleven new sexual abuse or sexual harassment allegations reported at Tyger River. All eleven had a completed administrative investigation and four were referred to Police Services for a criminal investigation. The auditor reviewed the eleven closed administrative investigations and the four closed criminal investigations to ensure all components were included from the investigating authority. It should be noted that five of the administrative investigations reviewed did not have an investigative outcome indicated.

Outcome	Inmate on Inmate Sexual Abuse	Staff on Inmate Sexual Abuse	Inmate on Inmate Sexual Harassment	Staff on Inmate Sexual Harassment
Substantiated	0	1	0	0
Unsubstantiated	2	0	0	1
Unfounded	1	0	1	0
Ongoing	0	0	0	0
Total	3	1	1	1

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 and reached Safe Homes Rape Crisis Coalition each time. The auditor observed that PREA reporting information and victim advocacy contact information was posted in each of the housing units.

Post-Audit

At the completion of the on-site portion of the audit, the auditor provided the PC and the facility staff with a spreadsheet indicating documentation that was still needed to determine compliance with standards. Additionally, the spreadsheet addressed deficiencies and corrective action. The PC and facility staff provided the auditor with additional audit documents via email and the OAS.

On September 20, 2021 the auditor received documents related to standard 115.32. The facility provided documentation for the four originally requested volunteers. Three of the four volunteers had documented PREA training. The one volunteer was no longer active and had not been active in some time and as such did not have training.

On May 26, 2021 the auditor received documents related to standard 115.33. The PREA Coordinator created a Spanish PREA Acknowledgment form (Form 18-78) and distributed the form to all SDCD facilities to utilize for LEP inmates. Additionally, the PC provided the auditor a copy of the email sent to all facilities instructing them to utilize the Spanish version of the "PREA What You Need to Know" video. On September 13, 2021 the auditor was provided six LEP inmate education documents confirming all six received the education in a format they could understand. All six signed the Spanish PREA Acknowledgment form. On November 17, 2021 the facility provided the four originally requested LEP and disabled education documents confirming they had been educated in a format they could understand (the two LEP signed the Spanish PREA Acknowledgment form). In addition, the facility provided the auditor with a list of inmates that arrived during the corrective action period. The auditor selected sixteen of the inmates to confirm that they received comprehensive PREA education, or education upon transfer that differed. Fifteen of the sixteen inmates were documented with comprehensive PREA education upon arrival at Tyger River.

On October 13, 2021 the auditor received documentation related to standard 115.41. The facility provided the auditor with documentation confirming that staff received training on October 12, 2021 on the requirements under this standard. On the same date the facility provided a list of inmates that arrived during the corrective action period. The facility provided 20 examples from the list of initial risk screenings and reassessments. Fourteen of the 20 inmates had an initial risk screening completed within 72 hours and fifteen of the 20 inmates had a reassessment completed within 30 days. Upon further review the auditor determined that of the 20 inmates selected fourteen had arrived on the same day (July 1, 2021) and all fourteen of these inmates had an initial and reassessment completed as required by the standard. Those arriving on different dates were not completed as required by the standard. As such, the auditor selected an additional sample from the list of inmates that arrived in the previous twelve months to review. Ten additional documents were reviewed for inmates that arrived on dates other than July 1, 2021. Three of the ten had an initial risk screening within the 72 hours and two had a reassessment within 30 days. Based on the documentation, the auditor determined that while all inmates that arrived on July 1, 2021 had received an initial and reassessment under the timeframes as outlined under this standard; those inmates arriving on different dates were not being assessed as required under this standard.

On August 4, 2021 the auditor received documentation related to standard 115.42. The PREA Coordinator provided the auditor with a mental health assessment completed on June 23, 2021 related to one transgender inmate at Tyger River. It addressed housing and safety concerns related to the inmate. Additionally, the PC provided two biannual assessments, one completed in April 2021 and the other completed in November 2021.

On September 15, 2021 the auditor received documentation related to standard 115.67. The facility provided the auditor with a log related to monitoring for retaliation. A review of the log indicated that there was only one instance of monitoring for retaliation for all of the reported allegations and there was no in-person status checks documented. Additionally, the monitoring documents only showed that checks were completed for one component as required under provision (c). As such the auditor advised the facility that the documentation was inadequate to show corrective action. The auditor and PC communicated related to this standard and the PC developed a new monitoring for retaliation form based on the concerns and issues. 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 3, 2021 the facility provided the auditor with training documents confirming that monitoring staff were provided information related to what is required under this standard. Additionally, the facility provided the auditor with an example of the new monitoring form being utilized for an allegation that was reported in September 2021. The facility utilized the new form to document the 90 day monitoring on November 5, 2021, which included checks and an in-person status check. A review of the list of reported sexual abuse allegations during the corrective action period indicated there were four reported allegations, however all four did not meet the definition of sexual abuse and were deemed to not rise to the level of PREA under the definition. As such, monitoring for retaliation was not required for any allegations reported during the corrective action period. It should be noted the one example provided was from a sexual harassment allegation. The facility completed monitoring on the case in order to provide the auditor with evidence of corrective action.

On September 15, 2021 the auditor received documentation related to standard 115.68. The facility provided the auditor with the required four inmate housing assignments post sexual abuse allegation. Two of the inmates were placed in segregated housing due to an unrelated disciplinary infraction, one inmate was initially placed in segregation but was released immediately back to his general population housing assignment and one inmate was placed in involuntary segregated housing for two days while they determined alternative housing. Additionally, housing documents were provided for four additional allegations reported during the corrective action period. There were zero sexual abuse allegations reported, however there were four allegations that were reported and deemed to not meet the definition of sexual abuse or sexual harassment. Housing documentation was provided for the four inmate victims in the cases. All four remained in general population housing, with one inmate being moved to a different general population housing unit and three remaining in their current general population housing unit.

On August 4, 2021 the auditor received documentation related to standard 115.71. The PC provided the auditor with training records for the facility investigators at Tyger River. The PC provided a training in June and in July for all PREA Compliance Managers and facility investigators required to conducting timely, thorough and complete sexual abuse investigations. Additionally, on October 26, 2021 the PC provided the auditor with training records for a training that was completed related to determining appropriate case outcomes. An investigative report template was created and provided to the auditor as well. The template was distributed to all facility PCMs, including Tyger River. On October 11, 2021 the facility provided the auditor with a list of sexual abuse allegations reported during the corrective action period. There were four allegations reported, however none met the definition of sexual abuse. While none of the four allegations were sexual abuse allegations, the facility investigator completed an investigation for each allegations. All four investigations were completed on the newly created investigative report template and included an interview of the alleged victim and alleged abuser, if applicable. All four investigations were completed within 60 days, had a review or prior complaints and contained a description in each section of the template of interviews, evidence and other applicable actions. All investigations were determined to be not PREA related as two were not repeated sexual harassment allegations and two did not meet the definition of sexual abuse or sexual harassment.

On August 4, 2021 the auditor received documentation related to standard 115.72. The PC provided the auditor with training records for the facility investigators at Tyger River. The PC provided a training in June and in July for all PREA Compliance Managers and facility investigators required to conducting timely, thorough and complete sexual abuse investigations. Additionally, on October 26, 2021 the PC provided the auditor with training records for a training that was completed related to determining appropriate case outcomes. An investigative report template was created and provided to the auditor as well. The template was distributed to all facility PCMs, including Tyger River. On October 11, 2021 the facility provided the auditor with a list of sexual abuse allegations reported during the corrective action period. There were four allegations reported, however none met the definition of sexual abuse. While none of the four allegations were sexual abuse allegations, the facility investigator completed an investigation for each allegation. All four investigations were completed on the newly created investigative report template. The auditor determined that the facility investigator deemed the investigations unfounded due to not meeting the definition of PREA and based on the evidence, none were at the level of a preponderance of evidence to substantiate.

On September 15, 2021 the auditor received documentation related to standard 115.73. The facility provided the auditor with documents confirming that staff were provided training on August 5, 2021 on the requirements under this standard. On October 10, 2021 the auditor received the list of sexual abuse allegations reported during the corrective action period. There were four allegations reported, however all four were determined to not meet the definition of sexual abuse. While none of the four were sexual abuse allegations, all four included a facility investigation. The auditor was provided documentation confirming that all four inmate victims were provided an investigative outcome notification.

On September 27, 2021 the auditor received documentation related to standard 115.81. The facility provided the auditor with a list of inmates who reported prior victimization during the risk screening. The auditor requested a copy of the risk screening as well as the mental health documentation to confirm the appropriate follow-up. The facility did not provide the requested information. On October 11, 2021 the facility provided a second list of inmates who reported prior sexual victimization during the risk screening. The auditor selected nineteen inmates to review. On November 3, 2021 and December 2, 2021 the facility provided the auditor with nineteen inmates who reported prior sexual victimization during the risk screening. A review of the documentation indicated that six did not report prior victimization and one was identified with prior sexual abusiveness. The one with prior sexual abusiveness was provided a mental health follow-up, but it was not within the fourteen day timeframe. The remaining twelve that reported prior victimization were all documented with a mental health follow-up, however most of the follow-ups were eight months after they disclosed the victimization. None of the twelve had a follow-up documented within the fourteen day timeframe.

On October 11, 2021 the auditor received documentation related to standard 115.82. The PC provided further documentation related to the

sexual abuse allegations reviewed on-site. Only one allegation involved oral/anal penetration and the inmate victim was documented with HIV/STI testing and necessary medication in June 2021. The remainder of allegations did not require emergency medical treatment and crisis intervention services. The PC advised all inmates have access to medical and mental health treatment at Tyger River, when appropriate. On December 3, 2021 the facility provided the auditor with documentation confirming that medical and mental health staff were provided training on December 2, 2021 on the requirements under this standard. A review of the list of sexual abuse allegations reported during the corrective action period confirmed there were zero sexual abuse allegations reported and the four allegations that were reported did not require emergency medical treatment and/or crisis intervention services.

On October 11, 2021 the auditor received documentation related to standard 115.83. The PC provided further documentation related to the sexual abuse allegations reviewed on-site. Only one allegation involved oral/anal penetration and the inmate victim was documented with HIV/STI testing and necessary medication in June 2021. The remainder of allegations did not require emergency medical treatment and crisis intervention services. The PC advised all inmates have access to medical and mental health treatment at Tyger River, when appropriate. On December 3, 2021 the facility provided the auditor with documentation confirming that medical and mental health staff were provided training on December 2, 2021 on the requirements under this standard. A review of the list of sexual abuse allegations reported during the corrective action period confirmed there were zero sexual abuse allegations reported and the four allegations that were reported did not require emergency medical treatment and/or crisis intervention services. On November 3, 2021 and December 2, 2021 the facility provided the auditor with nineteen inmates who reported prior sexual victimization during the risk screening. A review of the documentation indicated that six did not report prior victimization and one was identified with prior sexual abusiveness not victimization. The remaining twelve that reported prior victimization were all documented with a mental health follow-up (most were outside the required timeframe required under 115.81).

On October 11, 2021 the auditor received documentation related to standard 115.86. The facility provided the auditor a list of sexual abuse allegation that were reported during the corrective action period. There were zero sexual abuse allegations reported and as such there were not sexual abuse incident reviews required to be completed. On December 3, 2021 the facility provided the auditor with documentation confirming staff were provided training on December 2, 2021 related to the requirements under this provision.

[i] Agency and Department are utilized interchangeably in this document. Additionally, facility and institution are used interchangeably in this document.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Tyger River Correctional Institution is a state prison under the authority of the South Carolina Department of Corrections, located at 200 Prison Road in Enoree, South Carolina. Tyger River opened in 1980 and is located in Spartanburg County. The facility is located approximately 38 miles southeast of Greenville, South Carolina. Tyger River is a medium custody male institution. The facility has a total capacity of 958 inmates. The average daily population over the previous twelve months was 932. On the first day of the on-site portion of the audit the population at the facility was 700. The age range of the facility's population is 20 to 79 years of age. The average length of time under supervision for inmates at the facility is approximately 7517 days.

The facility employs 174 staff. Security staff mainly make up two shifts, day shift works from 6:00am-6:00pm and evening shift works from 6:00pm-6:00am. A review of the 2020 staffing plan indicates that each shift has a shift supervisor and an assistant shift supervisor. Housing units have at least one correctional officer. Additional officers are assigned to other areas to include visitation, education, cafeteria, prison industries, recreation and rover to assist with monitoring. The facility employs 211 contractors and has 131 active volunteers.

The facility comprises 28 building, nineteen on the upper yard and nine on the lower yard. The facility is home to three prison industry plants that together produce hardwood flooring. The upper yard contains four smaller sheds for storage. The facility is equipped with reflective mirrors and video monitoring to alleviate blind spots and assist with monitoring. PREA posters and painted information (including reporting information, victim advocacy information and the opposite gender announcement) was observed throughout the facility. The below describes the basics of the facility.

Upper Yard

Administration – This area contains numerous offices and central control.

Canteen – There is a supply room, a store style room with goods and a staff office. The inmate restroom has a solid door for privacy.

Chapel – Includes open sanctuaries and offices. The inmate restroom has a solid door and fully enclosed public style toilets.

Commissary – Area where inmate clothing and linen is stored and distributed.

Education – The space contains the library, law library and classrooms. The inmate restroom has a solid door for privacy.

Food Services – The dining area has a storage room, dish room, tables, stools and a serving line. The kitchen is equipped with ovens, kettles, grills, a food preparation area, a dish room, coolers, freezers, dry storage and an officer's station. The inmate restroom has a solid door for privacy.

Health Services – Includes medical, mental health and dental. There is a waiting area with benches, numerous staff offices with doors for privacy, a pharmacy, exam rooms and medical records. Records are mainly electronic but any paper records are maintained behind a locked door. Exam rooms provide confidentiality through doors. The inmate restroom is equipped with a solid door for privacy.

Laundry – Encompasses an enclosed storage area, washers and dryers. The inmate restroom has a solid door for privacy.

Maintenance – Open area with space for each trade, including materials and equipment.

Prison Industries – There are two different plants on the upper yard. Both are warehouse style with appropriate machines and materials. One warehouse is extremely large and also contains a second building that is utilized as a dining area for the inmate workers. The dining area is open with tables and chairs. The inmate restroom in the smaller warehouse is public style with fully enclosed toilets. The inmate restroom in the larger warehouse provides privacy via a wall and enclave.

Recreation – Outdoor recreation includes a basketball court, handball court and covered picnic table area.

Visitation – Open area with chairs, vending machines and offices. The inmate restroom has a door with a security window. The strip search area is behind a door with a curtain and half wall barrier.

Vocation – This area contains open bays for HVAC and masonry. The inmate restrooms have solid doors.

All housing units in the upper yard are identical. Each building has an officer's station in the middle with a housing unit on each side. Each housing unit is mezzanine style with three tiers. The second tier includes the dayroom area with benches, televisions and telephones. Cells are double bunked with desks, chairs and lockers. The shared restroom contains curtains for privacy when using the single person showers and toilets.

The Segregated Housing Unit (SHU) has a small kitchen, no contact visitation areas, a control center, holding cells and offices. The SHU has four wings, one of which is utilized for medical and storage. The three wings utilized for housing have single person showers with mattress type material curtains. Cells are single bunked with a toilet and sink. Cell doors are solid with a security window equipped with a flap. The SHU has its' own outdoor recreation area with recreational enclosures for inmates.

Lower Yard

Operations – This area contains numerous offices and central control.

Commissary – Area where inmate clothing and linen is stored and distributed.

Education – The space contains the library, law library and classrooms. The inmate restroom has a solid door for privacy.

Food Services – The dining area has a storage room, dish room, tables, stools and a serving line. The kitchen is equipped with ovens, kettles, grills, a food preparation area, a dish room, coolers, freezers, dry storage and an officer's station. The inmate restroom has a solid door for privacy. This area is closed for renovation and has not been utilized for over three years.

Health Services – Includes medical, mental health and dental. There is a waiting area with benches, numerous staff offices with doors for privacy, a pharmacy, exam rooms and medical records. Records are mainly electronic but any paper records are maintained behind a locked door. Exam rooms provide confidentiality and privacy through doors. The inmate restroom is equipped with a solid door for privacy.

Prison Industries – Large warehouse with machines and materials. The inmate restroom has a solid door for privacy.

Recreation – Outdoor recreation includes a basketball court, handball court and covered picnic table area.

Visitation/Multipurpose Room – This space is utilized for visitation as well as for religious services and other programs. It is a large open area with chairs and computer kiosks. The inmate restroom has a solid door for privacy. The strip search area is behind a solid door and contains a half wall barrier.

Vocation – This area contains open bays for mechanical and auto body. The inmate restrooms have solid doors.

All housing units on the lower yard are identical with the exception of housing unit six. Each building has an officer's station in the middle with a housing unit on each side. Each housing unit is mezzanine style with three tiers. The second tier includes the dayroom area with benches, televisions and telephones. Cells are double bunked with desks, chairs and lockers. The shared restroom contains curtains for privacy when using the single person showers and toilets.

Housing unit six has two side. Each side is an open bay cubicle style with raised walls. Each inmate living area has two beds, lockers and chairs. Each side has a dayroom with tables, chairs, televisions, telephones and kiosks. The restrooms have half walls and curtains for privacy. The housing unit has its' own small laundry area and its' own small recreational yard.

The Segregated Housing Unit (SHU) has a small kitchen, no contact visitation areas, a control center, holding cells and offices. The SHU has four wings, each wing has single person showers with mattress type material curtains. Cells are single bunked with a toilet and sink. Cell doors are solid with a security window equipped with a flap. The SHU has its' own outdoor recreation area with recreational enclosures for inmates.

Unit	Capacity	Style	Inmate Population
1A	48	Double Occupancy	Prison Industries Workers – Lower Yard
1B	48	Double Occupancy	Prison Industries Workers – Lower Yard
2A	48	Double Occupancy	General Population – Lower Yard (Closed)
2B	48	Double Occupancy	General Population – Lower Yard (Closed)

3A	48	Double Occupancy	General Population – Lower Yard (Closed)
3B	48	Double Occupancy	General Population – Lower Yard (Closed)
4A	48	Double Occupancy	General Population – Lower Yard (Closed)
4B	48	Double Occupancy	General Population – Lower Yard (Closed)
5A	48	Double Occupancy	General Population – Lower Yard (Quarantine)
5B	48	Double Occupancy	General Population – Lower Yard (Quarantine)
6A	48	Open Bay	General Population – Lower Yard
6B	48	Open Bay	General Population – Lower Yard
7A	48	Double Occupancy	Character Based – Upper Yard
7B	48	Double Occupancy	Character Based – Upper Yard
8A	48	Double Occupancy	General Population – Upper Yard
8B	48	Double Occupancy	General Population – Upper Yard
9A	48	Double Occupancy	General Population – Upper Yard (Closed)
9B	48	Double Occupancy	General Population – Upper Yard (Closed)
10A	48	Double Occupancy	General Population – Upper Yard
10B	48	Double Occupancy	General Population – Upper Yard
11A	48	Double Occupancy	Prison Industries Workers – Upper Yard
11B	48	Double Occupancy	Prison Industries Workers – Upper Yard
12A	21	Single Occupancy	Segregated Housing Unit – Lower
12B	21	Single Occupancy	Segregated Housing Unit – Lower
12C	6	Single Occupancy	Segregated Housing Unit – Lower
13A	21	Single Occupancy	Segregated Housing Unit – Upper
13B	21	Single Occupancy	Segregated Housing Unit –

			Upper
13C	6	Single Occupancy	Segregated Housing Unit – Upper

AUDIT FINDINGS

Summary of Audit Findings:
 The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). 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:	43
Number of standards not met:	2

Number of Standards Exceeded: 0
 Number of Standards Met: 43
 Number of Standards Not Met: 2
 List of Standards Not Met: 115.41 & 115.81

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="240 595 504 622">Findings (By Provision):</p> <p data-bbox="240 654 1493 1048">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 1079 1493 1344">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 1375 1493 1576">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 she has enough time to manage all of her PREA related responsibilities and she makes PREA a priority. She stated that she conducts weekly walk throughs to check for blind spots and other areas that may be of concern. She further stated that they have shift briefings and that she speaks to inmates and Department Heads about PREA.</p> <p data-bbox="240 1612 1493 1675">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: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-22.48 3. GA-06.11B 4. Tyger River Institutional Staffing Plan 5. Review of 2020 and 2021 Staffing Plan Reviews 6. Documentation of Deviations from the Staffing Plan 7. Documentation of Unannounced Rounds (SCDC Form 19-164A) <p>Interviews:</p> <ol 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>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staffing Levels Throughout the Facility 2. Placement of Monitoring Technology <p>Findings (By Provision):</p> <p>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 did not indicate the number of inmates the staffing plan was predicted upon, however further information from the facility confirmed the staffing plan is based on 1027 inmates. A review of the 2020 staffing plan indicates that each shift has a shift supervisor and an assistant shift supervisor. Housing units have at least one correctional officer. Additional officers are assigned to other areas to include visitation, education, cafeteria, prison industries, recreation and rover to assist with monitoring. The interview with the Warden confirmed that the facility has a staffing plan and that it considers the required factors. The Warden stated that the staffing plan is based on a one to 96 staff to inmate ratio and that the ratio is based on the security level of the inmates at the facility. The Warden confirmed the staffing plan is documented and that copies of the plan are maintained by the PCM, control room and his office. The interview indicated that while the facility does not have an American Correctional Association (ACA) certified, they do follow ACA staffing guidelines. He stated that they utilize cameras to cover blind spots and that additional cameras have been requested. The Warden confirmed the staffing plan takes into account any finding of inadequacy from audits and oversight bodies and that there is at least one supervisor on each shift. He further confirmed that staffing is based on the physical plant and due to the outdated design and style, they place stronger and more mobile officers in high traffic areas and in the dorms with more problematic inmates. The Warden stated that there are more staff on shifts where programs and movement occur and that the administrative shift staff assists during these times as well. The Warden confirmed that they check for compliance with the staffing plan daily through the duty roster. He also indicated that the duty roster illustrates which posts are vacant and which are filled. During the tour the auditor observed that staff were present in housing units and common areas. While the institution did have blind spots, staff supervision and required security rounds assist with monitoring these areas. Video monitoring was observed in certain areas of the facility to assist with supervision and monitoring.</p> <p>115.13 (b): The facility indicated on the PAQ that each time the staffing plan is not complied with the facility documents and justifies the deviations. GA-06.11B, page 2 states that each institution will document on SCDC Form 19-29A, "Incident Report", and log all instances of non-compliance with the staffing plan in the unit's logbook. A review of documentation indicated that the agency also has a form, Deviation from Staffing Plan, to document, when necessary, the date, time and reason for any deviations to the staffing plan. The PAQ stated that the most common reasons for deviations in the previous twelve months were due to staff shortages and hospital duty. The facility did not provide deviation forms as indicated in their policy; however the facility did provide the auditor with duty rosters as well as the Management Information Notes (MINS) information. A review of the documentation confirmed that deviations are documented through the duty roster by indicating</p>

which posts are vacant and why. Additionally, staff document deviations and restricted movement through the MINS system. A review of seventeen instances of deviations from November 2020 through April 2021 indicated that most were due to staff shortages and all included justification/reasoning for the deviation. The interview with the Warden indicated deviations are documented in the post notes on the duty roster and that if the shift is under the critical staffing level that staff are required to contact the Emergency Action Center (EAC) and document the deviations, including the reason for the deviation.

115.13 (c): The facility created a staffing plan as required under this provision in August 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 did not provide the auditor with any reviews of the staffing plan. It should be noted that the facility did provide the 2020 and 2021 staffing plans, which did include signatures from the Warden, PCM and PC indicating it was reviewed as required under this provision. The PC confirmed in the interview that staffing reviews are completed annually and that he participates in the reviews.

115.13 (d): OP-22.48, section 4.2 indicates that all intermediate or higher-level supervisors, to include Warden, Associate Warden, Duty Wardens, Majors, and Shift Supervisors, who conduct unannounced rounds shall document "Unannounced Round" or "UAR" in the Reason for Visit column of the RHU Visitation Log or GP Visitation Log in each area visited. Additionally, the PAQ indicated that the facility prohibits staff from alerting other staff of the conduct of such rounds. Interviews conducted with intermediate-level or higher-level staff indicated that they conduct unannounced rounds and that rounds are documented in the log book. A review of fifteen weeks of unannounced rounds on both shifts indicated that rounds were conducted at least every few days by shift supervisors and that additional unannounced rounds were conducted by the Warden, Associate Warden and/or Duty Warden within each week. Unannounced rounds were conducted on both day and evening shifts. Interviews with intermediate-level or higher-level staff indicated that they conduct unannounced rounds and that the rounds are documented in the log book and on the unannounced rounds form. Both staff stated that they do not conduct rounds in a specific pattern. One staff member stated he randomly picks dorms to enter and that he does not go to the same dorms every day. He stated he may go to one dorm on one side of the facility and then go to one on the opposite side of the facility next. The second staff member stated he does his rounds at random times and does not complete a circle when he does his rounds. He stated he may hit one building one day and wait until the next day to hit the one next to it.

Based on a review of the PAQ, OP-22.48, GA-06.11B, the Institutional Staffing Plan, the 2020 and 2021 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 to be compliant.

Recommendation

The facility had a documented 2020 and 2021 staffing plan. The staffing plans were reviewed by the Warden, PCM and PC to ensure that levels were adequate and that the staffing plan includes the requirements under this provision. While these annual staffing plans meet the requirements under provision (c), the auditor highly recommends that the facility follow the SCDC current practice of utilizing the Staffing Plan Compliance Checklist form to complete annual reviews.

115.14	Youthful inmates
	<p data-bbox="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 376 300">Documents:</p> <ol data-bbox="242 304 536 398" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GA-06.11B 3. OP-22.39 <p data-bbox="242 439 363 465">Interviews:</p> <ol data-bbox="242 470 756 533" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager <p data-bbox="242 573 528 600">Site Review Observations:</p> <ol data-bbox="242 604 863 631" style="list-style-type: none"> 1. Observations in Housing Units Related to Age of Inmates <p data-bbox="242 672 504 698">Findings (By Provision):</p> <p data-bbox="242 739 1493 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 Tyger River 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="242 1030 1493 1258">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 Tyger River 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="242 1321 1493 1550">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 Tyger River 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="242 1590 1453 1653">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. A review of the daily population report for the previous twelve months as well as observations made during the tour indicated that no female inmates are or were housed at the facility in the previous twelve months.</p> <p>115.15 (c): OP-22.19, section 4.3 requires that facilities shall document all cross-gender strip searches and section 5.2 requires that body cavity searches be documented on an incident report. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months and that female inmates are not housed at the facility.</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 fifteen 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. Interviews with 31 inmates confirm that none have been naked in front of a staff member of the opposite gender. Additionally, 23 of the 31 stated that opposite gender staff announce prior to entering their housing areas. During the tour the auditor observed that all housing units afforded inmates privacy. General population cell doors were solid with a small security window and the showers and toilets were equipped with curtains. The open bay housing unit had half walls and curtains in the restroom/shower area to provide privacy. The SHU cell doors also were solid with a small security window and the showers were equipped with mattress type material on the open bar stock for privacy. During the tour, the auditor heard staff make the opposite gender announcement.</p> <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 past twelve months. Interviews with random staff indicated thirteen of the fifteen were aware of a policy prohibiting these searches. The interview with the one transgender inmate confirmed that she was not searched for the sole purpose of determining her genital status.</p>

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 ten staff had received training on how to conduct a cross gender pat search and searches of transgender and intersex inmates. The auditor requested training documents for fifteen staff related to this training. All fifteen staff reviewed had completed the PREA training, which includes the video on searches. 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 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 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.

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. Language Line 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 indicated that four had received information in a format they could understand. The one that stated he did not understand indicated it was on the tablet but he didn’t really understand it. 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 two LEP inmates indicated that neither had been provided information in a format that they could understand. Both indicated that information is posted in Spanish, however the information they received when they arrived was in English and they did not understand it. One inmate stated that one of his friends translated the education to him after intake. It should be noted that the auditor utilized staff translators during the 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 ten of the fifteen were aware of a policy prohibiting the use of inmates to interpret, translate or assist in PREA allegations. All fifteen did state through that they were unaware of a time an inmate had been utilized to translate, interpret or</p>

read for PREA allegations. Interviews with LEP and disabled inmates confirmed that none utilized another inmate for sexual abuse or sexual harassment issues. One inmate did state that another inmate friend translated the education documents he received.

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

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 five staff hired in the previous twelve months confirmed that all five staff had a criminal background check completed prior to hiring. Additionally, the auditor has reviewed over 30 additional personnel files from 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 (26) that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of personnel documentation for five staff hired in the previous twelve months confirmed that all five staff had a criminal background check completed prior to hiring. Additionally, the auditor has reviewed over 30 additional personnel files from 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 two contracts at the facility within the past twelve months. Of these, 100% of the contractors have had a criminal background check prior to enlisting services. The auditor requested records for six contract staff to verify that a criminal records check was completed prior to enlisting services. All six were documented with a criminal records check. 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.</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, all staff are fingerprinted and any subsequent arrest is immediately reported to the agency. The auditor requested an</p>

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 compliant.

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="242 271 376 300">Documents:</p> <ol data-bbox="242 304 667 365" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Tyger River 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 have 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 renovations or modifications.</p> <p data-bbox="242 1001 1490 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 been in the process of remodeling housing units. During the remodeling process cameras have been installed. A number of housing units have had cameras installed since 2012 and the remainder are slated to have cameras added. A review of the Institutional Staff Plan confirms the number and placement of cameras at Tyger River. It also documents how the cameras are utilized to supplement and assist with staffing levels to protect inmates from sexual abuse. 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 the facility considers where to place cameras and that they have the ability to pan, tilt and zoom to cover blind spots and corners.</p> <p data-bbox="242 1391 1469 1485">Based on a review of the PAQ, observations made during the tour to include video monitoring technology placement and absence of substantial physical plant modifications as well as information obtained during interviews with the Agency Head Designee and the Warden, this standard appears to be compliant.</p> <p data-bbox="242 1516 442 1545">Recommendation:</p> <p data-bbox="242 1574 1469 1668">The auditor highly recommends that the facility continue to install video monitoring technology throughout the housing units and common areas 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 Safe Homes Rape Crisis Coalition (SHRCC) 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 fifteen were aware of and understood the evidence protocol. Additionally, all fifteen staff stated that either the PCM, Police Services or a supervisor 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 zero forensic examination conducted by a Sexual Assault Forensic Examiner (SANE), Sexual Assault Nurse Examiner (SANE) or qualified staff. The facility advised that forensic examinations are conducted at Spartanburg Regional Hospital related to forensic medical examinations. The staff member confirmed that they do provide forensic medical examinations in the emergency department and that exams are conducted by Sexual Assault Nurse Examiners (SANE). A review of investigative reports indicated that there were no forensic examinations provided within the previous twelve months.</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 Safe Homes Rape Crisis Coalition. The MOU was executed on April 20, 2017 and outlines the advocacy services the provided. The MOU states that SHRCC agrees to provide a staff or volunteer to provide support services related to sexual violence, including hospital accompaniment for an offender victim during the forensic medical examination process and investigatory interviews. Interviews with four inmates who reported sexual abuse indicated that two were allowed to make a phone call after their allegation. One inmate stated he contacted his lawyer while the other stated he contacted his family. One of the inmates had an allegation involving penetration, however he denied it occurred and advised it was with a staff member and he didn't want to get anyone in trouble. The interview with the PCM indicated that the facility has an MOU with SHRCC and that they are the local rape crisis center. She stated she would notify SHRCC and they would provide accompaniment.</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 Safe Homes Rape Crisis Coalition. The MOU was executed on April 20, 2017 and outlines the advocacy services the provided. The MOU states that SHRCC agrees to provide a staff or volunteer to provide support services related to sexual violence, including hospital accompaniment for an offender victim during the forensic medical examination process and investigatory interviews. Interviews with four inmates who reported sexual abuse indicated that two were allowed to make a phone call after their</p>

allegation. One inmate stated he contacted his lawyer while the other stated he contacted his family. One of the inmates had an allegation involving penetration, however he denied it occurred and advised it was with a staff member and he didn't want to get anyone in trouble. The interview with the PCM indicated that the facility has an MOU with SHRCC and that it is the only rape crisis center for the county.

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 SHRCC, 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>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. POL-23.01 3. OP-21.12 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>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 nine allegations reported within the previous twelve months, five resulting in an administrative investigation and four resulting in a criminal investigation. A review of documentation indicated there were nineteen allegations reported in the previous twelve months, seven of which were either not PREA allegations or were reported to have occurred at another facility and one that was previously investigated. As such, only eleven allegations were reported. A review of the eleven investigative files determined that all had an investigation completed. 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>115.22 (b): POL-23.01 and OP-21.12, section 6 outline the administrative and criminal investigative process. OP-21.12 indicates that all allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Division of Investigations shall initiate the investigation, will notify South Carolina Law Enforcement Division (SLED) and the Inspector General's office when sexual misconduct by staff, contractors or volunteers is alleged. POL-23.01, section 3.2 states that Police Services will be responsible for assigning investigative personnel to all reported criminal acts which are believed to have been committed by SCDC inmates, employees, or others when the crime relates to the agency. OP-21.12 is available on the Department's website: http://www.doc.sc.gov/preaweb/. The interviews with the investigators indicated that SCDC policy OP-21.12 requires all allegations be investigated and that Police Services has full state authority to conduct investigations and make arrests. Administrative investigations involving inmate on inmate sexual harassment are completed at the facility level by the 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>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>115.22 (d): The auditor is not required to audit this provision.</p> <p>115.22 (e): The auditor is not required to audit this provision.</p> <p>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="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="240 309 788 434" 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="240 470 363 497">Interviews:</p> <ol data-bbox="240 506 576 533" style="list-style-type: none"> 1. Interview with Random Staff <p data-bbox="240 568 504 595">Findings (By Provision):</p> <p data-bbox="240 640 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 fifteen had received PREA training within the previous year. All fifteen staff indicated that all required training components under this provision were covered in the training. Most staff stated the training covered ways to report, first responder duties and what to do if someone reports sexual abuse.</p> <p data-bbox="240 1169 1493 1294">115.31 (b): The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with the opposite gender are given additional training. A review of the training curriculum indicated that the training has information related to both male inmates and female inmates and staff receive both of these whether they work at male or female facility. Additionally, staff receive general training related to how to deal with female inmates.</p> <p data-bbox="240 1330 1469 1456">115.31 (c): The PAQ indicated that 100% of staff have been trained in PREA requirements and that they receive PREA training annually. The PAQ also indicated that between trainings the staff are provided updates and information during shift briefings. A review of fifteen staff training records indicated that twelve had received PREA training at least every two years. The three that did not were new hires and had received training in 2020 or 2021, depending on their hire date.</p> <p data-bbox="240 1491 1485 1617">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="240 1666 1477 1724">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
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol 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>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Volunteers or Contractors who have Contact with Inmates <p>Findings (By Provision):</p> <p>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 131 volunteers and contractors that had received PREA training. The facility has 211 contractors and 131 volunteers. The auditor asked for further clarification related to the number of volunteers and contractors with PREA training. The facility provided the auditor with an updated number of 171, which still was not a total of 344 documented volunteers and contractors. The auditor requested training documents for eight contractors and eight volunteers. A review of documentation indicated that all eight contractors had received PREA training, however only four of the eight volunteers were documented with PREA training. The interviews with the contractors indicated that they had both received information related to the agencies sexual abuse and sexual harassment policies. One contractor stated that she received training on the computer while the other stated that he received training through a packet of information. Both stated they were informed about the zero tolerance policy and who to report allegations to. It should be noted that no volunteers were available for interview due to COVID-19.</p> <p>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 eight contractors and eight volunteers. A review of documentation indicated that all eight contractors had received PREA training, however only four of the eight volunteers were documented with PREA training. The interviews with the contractors indicated that they had both received information related to the agencies sexual abuse and sexual harassment policies. One contractor stated that she received training on the computer while the other stated that he received training through a packet of information. Both stated they were informed about the zero tolerance policy and who to report allegations to. It should be noted that no volunteers were available for interview due to COVID-19.</p> <p>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 eight contractors and eight volunteers. A review of documentation indicated that all eight contractors had received PREA training, however only four of the eight volunteers were documented with PREA training. Of those that completed the training, all twelve had signed an acknowledgement indicating they received and understood the training.</p> <p>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 require corrective action. While the agency has a policy related to volunteer and contractor training and the interview with the contractors confirmed they had received PREA training, half of the volunteer records requested did not have documentation of PREA training. Therefore the provision (a) of this standard requires corrective action.</p> <p>Corrective Action</p> <p>The facility will need to provide training records for the four volunteers originally requested. If unavailable, the facility will need to provide the auditor with an updated volunteer list as well as PREA training documents for all volunteers on the list.</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:

Volunteer Training Records

On September 20, 2021 the auditor received documents related to standard 115.32. The facility provided documentation for the four originally requested volunteers. Three of the four volunteers had documented PREA training. The one volunteer was no longer active and had not been active in some time and as such did not have training. Based on the provided documents this standard has been corrected through providing the requested documentation.

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="240 875 820 936" style="list-style-type: none"> 1. Observations of Intake Area 2. Observations of PREA Signs in English and Spanish <p data-bbox="240 976 504 1003">Findings (By Provision):</p> <p data-bbox="240 1043 1485 1541">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 224 inmates in the previous twelve months and that all 224 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 related to the zero-tolerance policy and reporting mechanism at intake. 26 of the 31 inmates indicated that they had received information on the agency's sexual abuse and sexual harassment policies. The auditor reviewed the inmate tablet during the on-site portion of the audit and confirmed that this information is available to all inmates. Additionally, all housing units and common areas were observed to have the information posted.</p> <p data-bbox="240 1570 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 200 inmates had received comprehensive PREA education within 30 days of intake. A review of records for sixteen inmates that arrived within the previous twelve months indicated that fifteen of the sixteen were documented with comprehensive PREA education, however nine had received the information at another SCDC facility. An additional review of ten inmates that arrived outside of the last twelve months indicated that five had received comprehensive PREA education. The auditor was not provided the other five inmates education and as such inferred that it was not completed. 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 PREA brochure and other PREA information is available on the inmate kiosk and on the inmate tablet. Inmates are able to access the PREA brochure, posters, the "PREA What You Need to Know" video and other PREA information on both of these devices. All SCDC inmates are provided a tablet and as such always have access to the information. Additionally, PREA information was observed to be posted throughout the facility. 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 this in addition to the video, inmates are verbally told about *22 and *63. The staff member stated that they try to get the education completed within ten days of intake. 25 of the 31 inmates indicated that they had received information on their right to be free from</p>

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. The auditor reviewed 33 inmate records, of those, none were documented to have arrived prior to 2013. Of the 33 records, five of the records were not provided to the auditor to confirm if the inmates had received comprehensive PREA education. The SCDC previously underwent an initiative that required all facilities to educate inmates on PREA and as such all inmates should have been provided the comprehensive PREA education video by 2014. Typically inmates who transfer facilities within the SCDC receive PREA education at each facility through orientation. The interview with the intake staff indicated 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, inmates are verbally told about *22 and *63. The staff member stated that they try to get the education completed within ten days of intake.

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

115.33 (e): Initial intake is provided via a packet and comprehensive education is completed via the video. After inmates receive comprehensive education they are required to sign the SCDC 18-78 form. This form is then maintained in the inmates file. A review of records for sixteen inmates that arrived within the previous twelve months indicated that fifteen of the sixteen were documented with comprehensive PREA education. All fifteen 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 PREA signage. All this 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. The auditor previously viewed the information on the inmate kiosk and inmate tablet.

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, further documentation is needed to determine compliance. A review of records for sixteen inmates that arrived within the previous twelve months indicated that fifteen of the sixteen were documented with comprehensive PREA education, however nine had received the information at another SCDC facility. An additional review of ten inmates that arrived outside of the last twelve months indicated that five had received comprehensive PREA education. The auditor was not provided the other five inmates education and as such inferred that it was not completed. As such provisions (b) and (c) under this provision require additional information and potentially corrective action. Additionally, the interviews with the seven LEP and disabled inmates indicated that four had received information in a format they could understand. The auditor requested three LEP inmate documents as well as five disabled inmate documents. The auditor did not receive any documentation for five of the inmates. Two of the disabled inmates signed that they had received and understood the education and one LEP inmate signed an English acknowledgment form. 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. As such, provision (d) requires corrective action. Further, the auditor recommends that the SCDC document that inmates receive information at intake via an inmate signature (either written or electronic).

Corrective Action

If the 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 educate the inmates and ensure all other inmates have received comprehensive PREA education. Additionally, policy requires that inmates receive comprehensive PREA education upon transfer. Of the sixteen reviewed, nine had received education at a prior facility. While all SCDC policies and procedures are the same, inmates should still be provided information on the advocacy center related to Tyger River. Additionally, to ensure that provision (d) is corrected, the auditor will need the facility to provide the originally requested four LEP and disabled inmate training documents. The facility will also need to provide the auditor with a memo indicating how LEP inmates are provided education as well as additional examples of LEP inmate training. The facility will need to ensure all current LEP inmates have been educated in a format that they understand and that they sign a form that they are able to read.

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. Spanish PREA Acknowledgment Form
2. LEP and Disabled Inmate Education Documents
3. Information on LEP Inmate Education Method
4. List of Inmates that Arrived During the Corrective Action Period
5. Inmate Education Documents

On May 26, 2021 the auditor received documents related to standard 115.33. The PREA Coordinator created a Spanish PREA Acknowledgment form (Form 18-78) and distributed to the form to all facilities to utilize for LEP inmates. Additionally, the PC provided the auditor on the same date a copy of the email sent to all facilities instructing them to utilize the Spanish version of the "PREA What You Need to Know" video. On September 13, 2021 the auditor was provided six LEP inmate education documents, confirming all received the education in a format they could understand. All six signed the Spanish PREA Acknowledgement form. On November 17, 2021 the facility provided the four originally requested LEP and disabled education documents confirming they had been educated in a format they could understand (the two LEP signed the Spanish PREA Acknowledgment form). In addition, the facility provided the auditor with a list of inmates that arrived during the corrective action period. The auditor selected sixteen of the inmates to confirm that they received comprehensive PREA education, or education upon transfer that differed. Fifteen of the sixteen inmates were documented with comprehensive PREA education upon receipt at Tyger River. 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 35 facility staff.</p> <p data-bbox="242 795 1485 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 1469 1252">115.34 (c): The PAQ indicated that currently there are 45 investigators who completed sexual abuse investigations. Of the 45, fourteen are facility investigators. Of the fourteen, all have completed the required specialized investigator training. A review of training files indicated that all Police Services investigators had received the NIC training and 35 additional facility staff had received the training.</p> <p data-bbox="242 1281 1433 1310">115.34 (d): This provision does not apply as no outside entity is responsible for conducting sexual abuse investigations.</p> <p data-bbox="242 1339 1426 1433">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. NIC's 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 ten medical and mental health 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 eight 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 nurses with specialized training complete the forensic medical examination. Interviews with medical and mental health care staff confirm that they do not perform forensic medical examinations.</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 eight had received the specialized training and it was documented via an NIC training certificate.</p> <p>115.35 (d): All SCDC medical and mental health care staff complete the required annual employee PREA training. A review of nine medical and mental health care staff training records indicated that all nine had received employee PREA 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: 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. 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 fifteen inmates received within the previous twelve months indicated that nine 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 sixteen inmates who arrived in the previous twelve months indicated that three did not have an initial risk assessment and eight had an assessment over the 72 hour timeframe. The interviews with the staff responsible for the risk screening indicated that inmates are screened at intake for their risk of victimization or abusiveness by medical staff.</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 222 inmates were screened for their risk of victimization and abusiveness within 72 hours over the previous twelve months. Interviews with fifteen inmates received within the previous twelve months indicated that nine 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 sixteen inmates who arrived in the previous twelve months indicated that three did not have an initial risk assessment and eight had an assessment over the 72 hour timeframe. The interviews with the staff responsible for the risk screening indicated that inmates are screened within 72 hours for their risk of victimization and abusiveness by medical staff.</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.</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</p>

vulnerability. Inmates at the facility are not held solely for civil immigration purposes and as such this portion of the screening is not included. Interviews with risk screening staff indicated that the risk screening includes yes or no questions and there is a section for comments for any elaboration. The staff that the initial risk screening includes questions related to physical and mental disabilities, criminal history, prior victimization or abusiveness, sexual preference, gender identify, height, weight, physical build, fear of general population and any sexually deviant tendencies.

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 includes yes or no questions and there is a section for comments for any elaboration. The staff that the initial risk screening includes questions related to physical and mental disabilities, criminal history, prior victimization or abusiveness, sexual preference, gender identify, height, weight, physical build, fear of general population and any sexually deviant tendencies.

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 200 inmates had a reassessment completed. Interviews with staff responsible for the risk screening indicated that inmates are reassessed within approximately 30 days of intake. Interviews with fifteen inmates that arrived within the previous twelve months indicated that two had been asked the risk screening questions on more than one occasion. later. A review of documents for sixteen inmates that arrived within the previous twelve months indicated that eleven did not have a reassessment and five had a reassessment completed past the 30 day timeframe.

115.41 (g): OP-21.04, page 8, indicates that within 30 days of transfer, the Classification Caseworker/CPS will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received since the inmate's transfer. If additional, relevant information has been received, the classification caseworker will assess the inmate's risk using the automated PREA screening instrument. The PAQ indicated that this practice is occurring. Interviews with the staff responsible for risk screening indicated inmates are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. The interviews with the staff responsible for the risk screening confirmed that inmates are reassessed when warranted due to request, referral or incident of sexual abuse. Interviews with fifteen inmates that arrived within the previous twelve months indicated that two had been asked the risk screening questions on more than one occasion. A review of the sexual abuse investigations indicated that one allegation was substantiated. Documentation confirmed that the inmate victim was reassessed after the reported sexual abuse allegation.

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. They both stated that there is a refuse to answer option.

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 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.

Based on a review of the PAQ, OP-21.04, SCDC PREA Screening Checklist, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates, this standard appears to require corrective action. While staff indicated during interviews that they complete an initial risk screening and a 30 day reassessment, inmate interviews and documentation indicate otherwise. A review of documents for sixteen inmates who arrived in the previous twelve months indicated that three did not have an initial risk assessment and eight had an assessment over the 72 hour timeframe. Additionally, a review of documents for sixteen inmates that arrived within the previous twelve months indicated that eleven did not have a reassessment and five had a reassessment completed past the 30 day timeframe. As such, provisions (a), (b) and (f) require corrective action.

Corrective Action

The facility will need to train staff on the requirements under their policy related to initial assessments and reassessments. Medical will need to know their responsibilities in the process of the initial assessments at intake and ensure they are completed within the 72-hour timeframe. Classification staff will need to know their responsibilities on ensuring reassessments are completed within the 30-day time frame. The facility will need to send the auditor the training documents. Additionally, the auditor will require that the facility provide a list of inmates that arrived each month. From the lists the auditor will select inmates to review to determine if their initial assessments and 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. Staff Training on Standard Requirements
2. List of Inmates that Arrived During the Corrective Action Period
3. Inmate Risk Screening Documentation (Initial and Reassessment)

On October 13, 2021 the auditor received documentation related to standard 115.41. The facility provided the auditor with documentation confirming that staff received training on October 12, 2021 on the requirements under this standard. On the same date the facility provided a list of inmates that arrived during the corrective action period. The facility provided 20 examples from the list of inmate's initial risk screening and reassessment. Fourteen of the 20 had an initial risk screening completed within 72 hours and fifteen of the 20 had a reassessment completed within 30 days. Upon further review the auditor determined that of the 20 inmates selected fourteen had arrived on the same day (July 1, 2021) and all fourteen of these inmates had an initial and reassessment completed as required by the standard. Those arriving on different dates were not completed as required by the standard. As such, the auditor selected an additional sample from the list of inmates that arrived in the previous twelve months to review. Ten additional documents were reviewed for inmates that arrived on dates other than July 1, 2021. Three of the ten had an initial risk screening within the 72 hours and two had a reassessment within 30 days. Based on the documentation, the auditor determined that while all inmates that arrived on July 1, 2021 had received an initial and reassessment under the timeframes as outlined under this standard; those inmates arriving on different dates were not being assessed as required under this standard. Thus, based on information provided during the corrective action period, the facility has not corrected this standard.

115.42	Use of screening information
	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="240 304 783 499" 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 1373">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 pull up the risk screening information to determine if the inmate has a vulnerable status or predator status. Staff indicated that predators would not be housed with vulnerable inmates. The PCM indicated that the risk screening determines if inmates are green, yellow or red. Green means they can live with anyone, yellow means there may be some limitations and red means they can only live with certain individuals. She stated classification does a great job with making sure inmates are housed appropriately. A review of inmate files and of inmate housing and work assignments for the inmates who were identified with an elevated risk of vulnerability confirmed that inmates at high risk of victimization were not housed with inmates at high risk of being sexually abusive. Additionally, they did not participate in work or program assignments to the extent possible.</p> <p data-bbox="240 1402 1489 1563">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 pull up the risk screening information to determine if the inmate has a vulnerable status or predator status. Staff indicated that predators would not be housed with vulnerable inmates.</p> <p data-bbox="240 1603 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. The agency as a whole has 29 inmates that identify as transgender or are intersex. Of the 29, seventeen are transgender female and twelve are transgender male. All seventeen transgender females are housed in a male facility and all twelve transgender males are housed in a female facility. The 29 identified transgender inmates have all been reviewed by the Gender Dysphoria Multi-Disciplinary Team and have been assigned housing based on their safety and security recommendations. The team determines the best housing for inmates based upon safety, security and management of each individual inmate as well as the inmate population at that facility. A review of the Gender Dysphoria Multi-Disciplinary Team meeting minutes indicated that the team routinely discusses housing, safety, security and accommodations for transgender inmates. The auditor reviewed meeting minutes that discussed eight transgender inmates which confirmed that the inmates had been evaluated by the Gender Dysphoria Multi-Disciplinary Team. Additionally, the auditor reviewed two specific transgender female cases and confirmed that both included documentation related to recommended housing based on safety and security. During the on-site portion of the audit, the auditor identified that the one transgender inmate at the facility had not yet been reviewed by the Gender Dysphoria Multi-Disciplinary Team. The interview with the PCM indicated that the facility does not make that determination. She stated that housing goes through the Multi-Disciplinary Committee in the PC's office. She confirmed that</p>

housing at the facility level is based on the safety and security of the inmate and the facility. The interview with the transgender inmate confirmed the facility asks about her safety as well as other information during annual reviews. Additionally, the inmate indicated she did not believe that LGBTI inmates are placed in a specific facility, dorm or wing based on their gender identity.

115.42 (d): GA-06.11B, page 4 states that in determining housing and programming for inmates who identify as transgender or intersex, assessment staff will complete the PREA Screening Application and will document the inmate's preferences in their assignment. Those identified as transgender, intersex or diagnosed with Gender Dysphoria will be provide an individualized accommodation plan. Tyger River had one transgender inmate housed during the on-site portion of the audit. A review of documentation indicated that the inmate identified as transgender in 2019 and had not have an assessment completed until April 21, 2021. It should be noted however that the auditor did previously review documentation for five SCDC inmates who identify as transgender. All five had biannual assessments completed in 2019 and four had biannual assessments completed in 2020. Both staff responsible for the risk screening stated that the facility does not house any transgender inmates but if they did they would follow policy and procedure and assess them twice a year. The interview with the PCM indicated that transgender inmates are reviewed twice a year.

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 inmate's views regarding their housing and safety would be given serious consideration. The interview with the transgender inmate indicated that she was asked about how she felt about her safety on forms and during her annual review.

115.42 (f): GA-06.11B, page 4, states that transgender and intersex inmates will be given the opportunity to shower separately from other inmates. During the tour it was confirmed that all showers were single person showers with curtains. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates would be afforded the opportunity to shower separately. The PCM indicated that in lock up building showers are single person and not an issue but in common areas they would let the inmate shower by him/herself and have an officer stand outside or they would escort the inmate to a lockup building to shower there. The interview with the transgender inmate confirmed that she can shower separately. She stated that the bathroom has two individual showers with curtains.

115.42 (g): The facility does not have an official method to track LGB self-identified inmates, however there were four inmates that were identified as self-reporting as gay or bisexual. A review of housing assignments for the inmates indicated that they were housed in four different units within the facility. The interviews with the two LGB inmates indicated neither felt they were placed in a unit strictly for LGBTI inmates. The interviews with the PC 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 the agency has a policy that requires housing determination reviews and biannual assessments of transgender and intersex inmates the one transgender inmate at the facility did not have a housing determination review and did not have biannual assessments. As such, provisions (c) and (d) require corrective action.

Corrective Action:

The facility will need to ensure that the transgender inmate is reviewed by the Gender Dysphoria Multi-Disciplinary Team. Once reviewed the housing determination documentation will need to be provided to the auditor. Additionally, the facility will need to ensure biannual assessments are completed on the inmate. At least two biannual assessments will need to be provided to the auditor. Additionally, staff should be trained on their responsibilities under this provision related to sending information for inmates who self-identify as transgender to the Gender Dysphoria Multi-Disciplinary Team for review as well as their requirement to conduct biannual assessments. The training documents should then 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. Transgender Housing Determination

2. Transgender Biannual Assessments

On August 4, 2021 the auditor received documentation related to standard 115.42. The PREA Coordinator provided the auditor with a mental health assessment completed on June 23, 2021 related to one transgender inmate at Tyger River. It addressed housing and safety concerns related to the inmate. Additionally, the PC provided two biannual assessments, one completed in April 2021 and the other completed in November 2021. Based on the information provided the facility has corrected this standard with appropriate reviews of the one identified transgender inmate.

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="242 472 817 533" style="list-style-type: none"> 1. Interview with the Warden 2. Staff who Supervise Inmates in Segregated Housing <p data-bbox="242 571 505 600">Findings (By Provision):</p> <p data-bbox="242 638 1489 833">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 in involuntary segregation.</p> <p data-bbox="242 864 1489 1093">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. Interviews with staff who supervise inmates in segregated housing indicated that inmates would be provided access to programs, privileges and work opportunities to the extent possible. One staff member indicated that the only real restriction would be work opportunities. Both staff stated that any restrictions would be documented. One staff member stated they would complete an incident report related to any restrictions.</p> <p data-bbox="242 1131 1489 1359">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 could be arranged. He stated that they would only place the inmate there long enough to determine information and/or ensure the inmate's safety. Staff who supervise 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. Both staff stated that timeframe would vary but typically it would not exceed more than 30 days.</p> <p data-bbox="242 1391 1465 1485">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 1516 1484 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 at least every 30 days to determine their continued placement in segregation. There were no high risk inmates in involuntary segregated housing identified during the on-site portion of the audit.</p> <p data-bbox="242 1709 1449 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 data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 304 702 465" 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 data-bbox="240 506 363 533">Interviews:</p> <ol data-bbox="240 539 756 633" style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Inmates 3. Interview with the PREA Compliance Manager <p data-bbox="240 674 528 701">Site Review Observations:</p> <ol data-bbox="240 707 807 734" style="list-style-type: none"> 1. Observation of Posted PREA Reporting Information <p data-bbox="240 775 504 801">Findings (By Provision):</p> <p data-bbox="240 842 1497 1234">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 and 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, the auditor observed that information on how to report PREA allegations was outlined on the PREA posters throughout the facility. Interviews with inmates confirmed that all 31 inmates were aware of at least one method to report sexual abuse and sexual harassment. The majority stated they would report through the hotline. Interviews with fifteen random staff confirmed that inmates can report verbally, in writing, anonymously and through a third party. Most staff stated inmates can report through the hotline numbers posted throughout the facility. During the tour the auditor tested the PREA hotline and advocacy line to ensure access.</p> <p data-bbox="240 1267 1497 1827">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. She stated that SLED would provide the information to Police Services who would either initiate an investigation or forward it to the facility for investigation. Interviews with 31 inmates indicated that eleven were aware of an outside reporting mechanism. Most stated they could report to their family or use the hotline. None of the inmates specifically stated that SLED was the outside reporting mechanism. The facility does not detain inmates solely for civil immigration purposes so this section of the provision does not apply.</p> <p data-bbox="240 1872 1497 2161">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 investigations via the kiosk, directly to the PCM and 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</p>

write to SLED. Interviews with inmates indicated that 22 knew they could report anonymously and 28 knew that a third party could report on their behalf. Interviews with staff indicate that they accept all allegations of sexual abuse and sexual harassment, that they immediately report any allegation to their supervisor. Staff stated they would document verbal allegations right away.

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 fourteen of the fifteen knew there was a method for staff to privately report sexual abuse of an inmate. Staff stated that they can call a supervisor or the Warden, contact Police Services directly or report via the hotline.

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 eleven of the 31 inmates were aware they had an outside reporting mechanism and zero knew it was SLED. Additionally, the auditor recommends staff be trained on the methods to privately report sexual abuse of inmates during the next annual PREA training.

115.52	Exhaustion of administrative remedies
	<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="242 304 667 434" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GA-01.12 3. Sexual Abuse Grievances 4. Grievance Log & Sample Grievances <p data-bbox="242 472 504 501">Findings (By Provision):</p> <p data-bbox="242 539 1484 600">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.</p> <p data-bbox="242 629 1445 757">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.</p> <p data-bbox="242 786 1412 913">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.</p> <p data-bbox="242 943 1490 1339">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 was one grievance of sexual abuse filed in the previous twelve months and that it involved an extension. A review of the grievance indicated that the grievance was submitted by the inmate on October 20, 2020 and a response was provided on January 19, 2020 indicating the allegation was still under investigation and the inmate would be notified once the investigation was completed. A review of the grievance log and six sample grievances indicated there was an additional grievance of sexual abuse reported on May 4, 2021. The grievance was responded to on June 1, 2021.</p> <p data-bbox="242 1368 1458 1630">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 no third party sexual abuse grievances filed over the audit period.</p> <p data-bbox="242 1659 1484 1888">115.52 (f): GA-01.12 outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, page 9 states that if the inmate files an emergency grievance showing substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to the Warden for response within 48 hours of receipt of the grievance and an agency final decision shall be provided within five calendar days. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log and sample grievances confirmed there were no emergency grievances alleging substantial risk of imminent sexual abuse filed over the audit period.</p> <p data-bbox="242 1917 1473 2013">115.52 (g): GA-01.12, page 9 indicates that the agency may discipline an inmate for filing a grievance related to the alleged sexual abuse if there is evidence that the inmate filed the grievance in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.</p> <p data-bbox="242 2042 1426 2105">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.</p>

115.53	Inmate access to outside confidential support services
	<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 1181 499" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GA-06.11B 3. Memorandum of Understanding (MOU) with Safe Homes Rape Crisis Coalition (SHRCC) 4. Let's Talk About Safety Brochure 5. PREA Posters 6. Zero Tolerance PREA Poster <p data-bbox="242 539 363 568">Interviews:</p> <ol data-bbox="242 573 609 602" style="list-style-type: none"> 1. Interview with Random Inmates <p data-bbox="242 638 528 667">Site Review Observations:</p> <ol data-bbox="242 672 743 701" style="list-style-type: none"> 1. Observations of Victim Advocacy Information <p data-bbox="242 736 505 766">Findings (By Provision):</p> <p data-bbox="242 801 1493 1167">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 (236 Union Street, Spartanburg, SC 29302) to contact SHRCC for emotional support services. During the tour the auditor observed that each housing unit had information posted related to the victim advocacy contact information. Interviews with random inmates indicated that sixteen of the 31 were provided a mailing address and phone number to a local victim advocacy service. Most stated that they were provided information and that it is posted in the units. Interviews with inmates who reported sexual abuse indicated that none of the four were offered contact with a victim advocate. It should be noted that none of the inmates interviewed received a forensic examination and all inmates have access to SHRCC via *63. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.</p> <p data-bbox="242 1196 1485 1494">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 sixteen of the 31 were provided a mailing address and phone number to a local victim advocacy service. Most of the sixteen knew the calls were free and confidential. Interviews with inmates who reported sexual abuse indicated that none of the four were offered contact with a victim advocate. It should be noted that none of the inmates interviewed received a forensic examination and all inmates have access to SHRCC via *63.</p> <p data-bbox="242 1523 1493 1718">115.53 (c): The agency has a MOU with Safe Homes Rape Crisis Coalition 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 April 20, 2017. The interview with the SHCCC staff member confirmed that they have a current Memorandum of Understanding (MOU) with the facility and that they provide crisis counseling, hospital accompaniment and teletherapy or in-person services. The staff member stated that they have provided services in 2019 for hospital accompaniment and that they have had a few crisis counseling calls.</p> <p data-bbox="242 1747 1493 1843">Based on a review of the PAQ, the brochure, the posters, the MOU with SHRCC, observations from the facility tour related to PREA signage and posted information and information from interviews with random inmates and the staff member from SHRCC, this standard appears to be compliant.</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="242 537 759 667" 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="242 705 505 734">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 along with interviews with random staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, staff neglect and/or retaliation due to reporting such abuse. All fifteen 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 fifteen staff confirm that they immediately report any allegations to their supervisor.</p> <p data-bbox="242 1256 1461 1384">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. Two staff stated that they had an inmate report sexual abuse or sexual harassment to them directly and both indicated they immediately reported the information to security staff and the PCM.</p> <p data-bbox="242 1422 1473 1550">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 1592 1477 1787">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. Four of the investigations were forwarded to Police Services for a criminal investigation.</p> <p data-bbox="242 1825 1453 1886">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 initiate protective concern paperwork and have him complete a statement. He stated they would make a room or housing unit change if it was not too serious. He stated if it was serious they may have to place one of the inmates in segregation. The Warden further stated that they would utilize the screening tool to determine where to house the inmate. The interviews with random staff indicated that fourteen of the fifteen would separate or move the inmate if they were at imminent risk of sexual abuse. The one staff member who did not say she would separate the inmate indicated that she would contact her supervisor for direction.</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
	<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="242 304 727 432" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.12 3. GA-06.11B 4. Warden to Warden PREA Notification Form <p data-bbox="242 472 363 501">Interviews:</p> <ol data-bbox="242 506 711 566" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p data-bbox="242 607 504 636">Findings (By Provision):</p> <p data-bbox="242 674 1485 902">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 two instances where an inmate reported that he was abused while confined at another facility. A review of the notification forms indicated there were two inmates who reported sexual abuse or sexual harassment that occurred at a prior facility. In both instances the PCM forwarded the information to the PCM at the facility where the alleged abuse occurred.</p> <p data-bbox="242 931 1485 1160">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. A review of the notification forms indicated there were two inmates who reported sexual abuse or sexual harassment that occurred at a prior facility. In both instances the PCM forwarded the information to the PCM at the facility where the alleged abuse occurred. One was forwarded within the 72 hours while the other was forwarded a few days past the 72 hours. The one instance over 72 hours was reported on a Friday and was forwarded to the facility the following week on Wednesday.</p> <p data-bbox="242 1189 1485 1384">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. A review of the notification forms indicated there were two inmates who reported sexual abuse or sexual harassment that occurred at a prior facility. In both instances the PCM forwarded the information to the PCM at the facility where the alleged abuse occurred in the notification form.</p> <p data-bbox="242 1413 1485 1675">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 Tyger River. A review of investigative reports indicated all allegations were reported directly at Tyger River. 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 turned over to the PCM and that the facility would initiate an investigation.</p> <p data-bbox="242 1715 1442 1776">Based on a review of the PAQ, OP-21.12, GA-06.11B, Warden to Warden PREA Notification forms and information from interviews with the Agency Head Designee and Warden, this standard appears to be compliant.</p>

115.64	Staff first responder 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="242 304 711 432" 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="242 472 363 501">Interviews:</p> <ol data-bbox="242 506 983 566" 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="242 607 504 636">Findings (By Provision):</p> <p data-bbox="242 674 1493 1234">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 three allegations of sexual abuse. Further review indicated there were seven allegations of sexual abuse. The PAQ stated that all three of the allegations required the separation of victim and alleged abuser, none were within a timeframe that allowed for the collection of physical evidence and none required the staff to instruct inmates not to destroy evidence. A review of investigative reports for the seven sexual abuse allegations indicated six involved the separation of the victim and the alleged perpetrator through housing changes. The review confirmed that none occurred in a time period that still allowed for the collection of physical evidence. The interviews with first responders indicated inmates would be separated, the supervisor would be contacted, the area would be secured, the inmates would be instructed not to take any action to destroy any evidence (i.e. shower, use the restroom, brush their teeth, etc.), the inmate victim would be taken to medical and they would complete an incident report. The interviews with inmates who reported sexual abuse indicated that all four believed staff acted quickly. Two of the inmates indicated that they were removed and taken to provide a statement.</p> <p data-bbox="242 1267 1493 1496">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 confirmed that none involved a non-security first responder. The interviews with non-security first responders confirmed that they would separate the inmates and notify their supervisor and security. All fifteen random staff interviewed were aware of their first responder duties. All staff indicated they would separate the victim from the abuser, preserve evidence and notify their supervisor.</p> <p data-bbox="242 1529 1469 1619">Based on a review of the PAQ, OP-21.12, the Sexual Abuse Response Checklist, the PREA Coordinated Response Protocol, a review of investigative reports and interviews with random staff, staff first responders and inmates who reported sexual abuse, this standard appears to be compliant.</p>

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 (CM and Warden) duties, medical and mental health duties, SANE/SAFE duties, rape crisis advocate duties, and investigative duties. The plan includes the information and actions that each person and/or department is responsible for completing during seven different stages after an allegation of sexual abuse. The Warden confirmed that the facility has a coordinated response plan that outlines staff responsibilities.</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>

115.67	Agency protection against retaliation
	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. Investigative Reports 5. Sexual Abuse Retaliation Monitoring Form 19-182 <p>Interviews:</p> <ol style="list-style-type: none"> 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 <p>Findings (By Provision):</p> <p>115.67 (a): OP-21.12, page 4 states that no inmate will be subjected to retaliation, reprisal, harassment or disciplinary action by employees, volunteers or other inmates for reporting allegations or knowledge of sexual abuse against an inmate. Additionally, GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. The PAQ indicated that the facility has a policy and that retaliation monitoring is completed by the Associate Wardens, Major and Captains.</p> <p>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, facility transfers or placement in protective custody. The staff member charged with monitoring for retaliation stated that she ensures that the alleged victim is removed from the area and monitors the inmate for 90 days. She further stated that she would ensure staff keep an eye on the inmate and she would check in with him from time to time. She stated she monitors the inmate for 90 days with at least one in-person check in once a month. Additionally, she stated that she looks at the inmate's behavior to see if there are any changes, she reviews work assignments, housing changes and disciplinary reports for inmates and she looks at work assignments and performance reviews with staff. Interviews with four inmates who reported sexual abuse indicated that two felt protected against retaliation. One inmate advised that he felt like retaliation was coming from the outside through his disciplinary charges.</p> <p>115.67 (c): GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. A review of SCDC Form 19-182 shows that the form has check boxes to indicate the required components are reviewed and monitored by the staff. A review of investigative reports indicated that there were seven allegations of sexual abuse. Three of the seven investigations did not have an investigative outcome; therefore the auditor was unable to determine if monitoring was required. Of the four allegations with a documented investigative outcome, all four required monitoring. Of the four, three had documentation that monitoring was completed. However, a review of the documentation indicated that there were dates with subsequent information checked. None of the three had periodic in-person status checks and none had all of the required checks (housing, work, program and disciplinary) completed. The interview with the Warden indicated that if he suspected retaliation they would initiate an investigation and discipline would ensue if appropriate. The interview with the staff charged with monitoring for retaliation indicated that she monitors for 90 days and she looks at the inmate and/or staff's behavior, work assignments, housing changes, disciplinary reports, performance reviews and interaction with others. She stated there is not a maximum she would monitor if required. She stated she would monitor until there were no longer any issues related to retaliation.</p> <p>115.67 (d): GA-06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. A review of investigative reports indicated that there were seven allegations of sexual abuse. Three of the seven investigations did not have an investigative outcome; therefore the auditor was unable to determine if monitoring was required. Of the four</p>

allegations with a documented investigative outcome, all four required monitoring. Of the four, three had documentation that monitoring was completed. A review of the documentation indicated that there were dates of monitoring with subsequent information noted that was checked. None of the three had periodic in-person status checks and none had all of the required documentation checks (housing, work, program and disciplinary) completed. The interview with the staff charged with monitoring for retaliation indicated that she monitors for 90 days and checks in with the inmate at least once a month.

115.67 (e): -06.11B, page 5 states that all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days while maintained in the same institution. There were no documented instances where retaliation was reported. Interviews with the Agency Head Designee indicated that if he suspected retaliation that he would hold corrective action with those involved. The Warden stated that the same protective measures would be provided for anyone who fears retaliation, such as housing changes, transfers, protective custody, etc.

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

Based on a review of the PAQ, GA-06.11B, a review of investigative reports, SCDC Form 19-182 and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, this standard appears to require corrective action. While the agency has a policy on monitoring and the interviews indicated that the facility monitors for retaliation with the appropriate requirements under this standard, the documentation reviewed indicated otherwise. A review of investigative reports indicated that there were seven allegations of sexual abuse. Three of the seven investigations did not have an investigative outcome; therefore the auditor was unable to determine if monitoring was required. Of the four allegations with a documented investigative outcome, all four required monitoring. Of the four, three had documentation that monitoring was completed. None of the three had periodic in-person status checks documented and none had all of the required documentation checks (housing, work, program and disciplinary) completed. As such, provisions (c) and (d) require corrective action.

Corrective Action:

While the agency has a policy related to monitoring for retaliation as well as staff member responsible for monitoring, documentation indicates that monitoring may not have been conducted in required instances and the monitoring that was completed did not follow the requirements under this standard. 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. Monitoring documents need to 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. Monitoring for Retaliation Log
2. Monitoring for Retaliation Form
3. List of Reported Sexual Abuse Allegations
4. Staff Training Documents

On September 15, 2021 the auditor received documentation related to standard 115.67. The facility provided the auditor with a log related to monitoring for retaliation. A review of the log indicated that there was only one instance of monitoring for all the reported allegations and there were no in-person status checks documented. Additionally, the monitoring documented only showed that checks were completed for one component as required under provision (c). As such the auditor advised the facility that the documentation was inadequate to show corrective action. The auditor and PC communicated related to this standard and the PC developed a new monitoring for retaliation form based on the concerns and issues. 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 3, 2021 the facility provided the auditor with training documents confirming that monitoring staff were provided information related to what is required under this standard. Additionally, the facility provided the auditor with an example of the new monitoring form being utilized for an allegation that was reported in September 2021. The facility utilized the new form to document the 90 day monitoring on November 5, 2021, which included checks and an in-person status check. A review of the list of reported sexual abuse allegations during the corrective action period indicated there were four reported allegations, however all four did not meet the definition of sexual abuse or sexual harassment. As such, monitoring for retaliation was not required for any allegations during the corrective action period. It should be noted the one example

provided was from a sexual harassment not repeated allegation. The facility completed monitoring on the case in order to provide the auditor with evidence of corrective action. Based on the documentation provided, the auditor determined the facility has corrected this standard.

115.68	Post-allegation protective custody
	<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. GA-06.11B 3. Investigative Reports 4. Housing Logs <p data-bbox="240 470 363 497">Interviews:</p> <ol data-bbox="240 501 959 568" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Inmates in Segregated Housing <p data-bbox="240 604 528 631">Site Review Observations:</p> <ol data-bbox="240 636 628 663" style="list-style-type: none"> 1. Observations of Segregation Unit <p data-bbox="240 698 505 725">Findings (By Provision):</p> <p data-bbox="240 770 1493 1370">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 were involuntarily segregated for zero to 24 hours and that zero inmates were involuntarily segregated for longer than 30 days. A review of housing records for the seven inmates who reported sexual abuse indicated that four inmates were placed in segregated housing after their sexual abuse allegation. No additional information was provided to the auditor related to the reasoning/justification for the placement, whether the placement was involuntary and whether the inmates had any restrictions while in segregation. The interview with the Warden indicated that the agency has a policy prohibiting placing inmates who allege sexual abuse in involuntary segregation but that a lot of times the inmate wants to go to segregation rather than back to general population. Additionally he stated that they try to lock up the perpetrator and not punish the victim. He stated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be achieved. He indicated that they would typically only remain in involuntary segregated housing just long enough to get an investigative finding or secure his safety. The interviews with the staff who supervise inmates in segregated housing indicated that inmates would not be restricted access to programs, privileges and work opportunities to the extent possible. They stated that any restrictions would be documented and that inmates would only be involuntarily segregated until they could find alternative means of separation from the likely abuser. Staff indicated that inmates are typically involuntarily segregation for less than 30 days. Both staff confirmed that if inmates were involuntarily segregated for longer than 30 days, they would be reviewed at least every 30 days for continued placement.</p> <p data-bbox="240 1397 1477 1626">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 documentation that was provided indicated that four of the seven inmates who reported sexual abuse were placed in segregation. No additional information was provided to the auditor related to the reasoning/justification for the placement, whether the placement was involuntary and whether the inmates had any restrictions while in segregation. As such, this standard requires corrective action.</p> <p data-bbox="240 1657 440 1684">Corrective Action:</p> <p data-bbox="240 1747 1489 1975">If the four inmates identified were not involuntarily segregated or there was further documentation with justification and restriction, the facility can provide the auditor the necessary documents. If the documents do not exist, the facility will need to provide the auditor with a tracking log of sexual abuse allegations over the corrective action period. Additionally, the facility will need to send documentation of housing assignments for the inmates who reported sexual abuse and if any are involuntarily segregated, the corresponding documentation under this provision (i.e. access or restriction of programs, privileges, work opportunities, etc., the basis for the concern and why no alternative means of separation is available and the continued 30-day placement review).</p> <p data-bbox="240 2007 919 2033">Verification of Corrective Action since the Interim Audit Report</p> <p data-bbox="240 2060 1433 2123">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. Inmate Victim Housing Assignments

On September 15, 2021 the auditor received documentation related to standard 115.68. The facility provided the auditor with the required four inmate housing assignments post sexual abuse allegation. Two of the inmates were placed in segregated housing due to an unrelated disciplinary infraction, one inmate was initially placed in segregation but released immediately back to his current general population housing assignment and one inmate was placed in involuntary segregated housing for two days while they determined alternative housing. Additionally, housing documents were provided for four additional allegations reported during the corrective action period. There were zero sexual abuse allegations reported, however there were four allegations that were reported and deemed to not meet the definition of sexual abuse or sexual harassment. Housing documentation was provided for the four inmate victims in the cases. All four remained in general population housing, with one inmate being moved to a different general population housing unit and three remaining in their current general population housing unit. Based on a review, the facility has corrected this standard through providing appropriate documentation.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">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="240 506 363 535">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="240 642 507 672">Findings (By Provision):</p> <p data-bbox="240 707 1485 1305">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 nineteen allegations reported in the previous twelve months, seven of which were either not PREA allegations or were reported to occurred at another facility and one that was previously investigated. As such, only eleven allegations were reported. A review of the eleven investigations indicated that four did not have an investigative outcome documented. Many investigative files included copies of emails related to activities of the investigations rather than actual investigative reports. Four of the investigations had an outcome but no date of completion, two of the investigation did not include enough information for the auditor to determine how the investigative outcome was derived, two did not document interviews of all individuals involved and one did not include follow up related to a potential inmate perpetrator. All eleven investigations lacked clear information on what the investigator did during the investigation. The auditor reviewed four 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 1335 1485 1630">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 1659 1485 2157">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 nineteen allegations reported in the previous twelve months, seven of which were either not PREA allegations or were reported to occurred at another facility and one that was previously investigated. As such, only eleven allegations were reported. A review of the eleven investigations indicated that four did not have an investigative outcome documented. The auditor reviewed the files which indicated that initial statements were taken from the inmate victim and some had interviews of witnesses and perpetrators, however documentation was missing related to the evidence that was gathered (with the exception of the Police Services investigations). The majority of the files reviewed did not contain actual investigations but rather piece meal documents. Thus the review did not allow for the auditor to determine if the investigator gathered and preserved direct and circumstantial evidence. Additionally, none of the files contained a review of prior complains of sexual abuse involving the perpetrator. The interviews with the investigators indicated that all cases are different but an investigation would normally begin with an interview of the victim. Then witnesses would be interviewed and evidence would be collected. The investigators stated that they would review evidence such as</p>

video, phone calls and would collect physical, DNA and personal documents as evidence.

115.71 (d): A review of the seven investigations that included an outcome 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 interview with the investigators indicated that there are several ways to corroborate information; through an investigation, prior incidents, demeanor during interviews, information from other SCDC staff, etc. The investigators stated that they would not require an inmate to submit to a polygraph test as a condition to proceed with an investigation, however they may allow them to take one 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 nineteen allegations reported in the previous twelve months, seven of which were either not PREA allegations or were reported to occurred at another facility and one that was previously investigated. As such, only eleven allegations were reported. The auditor reviewed the files which indicated that statements were taken and/or interviews were conducted, however that was the extent of the investigative process at the facility level. Facility investigations were not documented in a written report, but rather included piece meal documents in a folder. A review of Police Services investigations confirmed that all were in a written document and included a description of activities, evidence, facts and findings. The interviews with investigative staff 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 they 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 (g): The agency is responsible for conducting criminal investigations. There were four criminal investigations completed within the previous twelve months by Police Services. The auditor reviewed all four of the investigations. The investigative reports included a summary of the allegation, a description of the evidence (including statements) as well as facts and findings. The interviews with investigative staff 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 they 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 zero allegations referred for prosecution since the last PREA audit. A review of the eleven investigations indicated that one staff on inmate allegation was substantiated and referred for prosecution. Documents showed that the staff member was arrested. The interviews with the investigators indicated that investigations are referred for prosecution when the allegation is found to be criminal under South Carolina Code of Laws.

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

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

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

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

Based on a review of the PAQ, POL-23.01, OP-23.12, GA-06.11B, a review of investigative reports, investigator training records and information from interviews with the 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 months, seven of which were either not PREA allegations or were reported to occurred at another facility and one that was previously investigated. As such, only eleven allegations were reported. A review of the eleven investigations indicated that four did not have an investigative outcome documented. Many investigative files included copies of emails related to activities of the investigations rather than actual investigative reports. Four of the investigations had an outcome

but no date of completion, two of the investigation did not include enough information for the auditor to determine how the investigative outcome was derived, two did not document interviews of all individuals involved and one did not include follow up related to a potential inmate perpetrator. All eleven investigations lacked clear information on what the investigator did during the investigation. 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 an investigation. The agency created an investigative template that outlines all the required elements under this standard. The facility investigators should be provided utilize this template and be trained on the requirements for sexual abuse investigation, including what constitutes a thorough investigation and how to derive investigative outcomes from the information and evidence gathered. In order for the auditor to ensure all future allegations include an investigation with the required elements under this standard (to include a written report, description of evidence, review of prior complaints, interview of victim, subject and witnesses and an investigative outcome), the facility will need to report their monthly allegations to the auditor over the corrective action period and forward a copy of the completed investigations.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Investigative Report Template
2. Investigator Training Records
3. Investigative Reports

On August 4, 2021 the auditor received documentation related to standard 115.71. The PC provided the auditor with training records for the facility investigators at Tyger River. The PC provided a training in June and in July for all PREA Compliance Managers and facility investigators required to conducting timely, thorough and complete sexual abuse investigations. Additionally, on October 26, 2021 the PC provided the auditor with training records for a training that was completed related to determining appropriate case outcomes. An investigative report template was created and provided to the auditor as well. The template was distributed to all facility PCMs, including Tyger River. On October 11, 2021 the facility provided the auditor with a list of sexual abuse allegations reported during the corrective action period. There were four allegations reported, however none met the definition of sexual abuse. While none of the four allegations were sexual abuse allegations, the facility investigator completed an investigation for the allegations. All four investigations were completed on the newly created investigative report template and included an interview of the alleged victim and alleged abuser, if applicable. All four investigations were completed within 60 days, had a review or prior complaints and contained a description in each section of the template related to interviews, evidence and other applicable actions. All investigations were determined to be not PREA related as two were not repeated sexual harassment allegations and two did not meet the definition of PREA. Based on the training and documentation provided, the auditor determined this standard has been corrected.

115.72	Evidentiary standard for administrative 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="240 304 536 365" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Investigative Reports <p data-bbox="240 405 363 432">Interviews:</p> <ol data-bbox="240 436 616 463" style="list-style-type: none"> 1. Interview with Investigative Staff <p data-bbox="240 504 504 530">Findings (By Provision):</p> <p data-bbox="240 571 1485 869">115.72 (a): The PAQ indicated that the agency poses a standard of a preponderance of evidence or lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of documentation indicated there were nineteen allegations reported in the previous twelve months, seven of which were either not PREA allegations or were reported to occurred at another facility and one that was previously investigated. As such, only eleven allegations were reported. A review of the eleven investigative files determined that all had an investigation completed. While all allegations had a completed investigation, five did not have an investigative outcome notated and one did not have enough information to determine how the investigative outcome was determined. The interviews with investigative staff indicated the standard of evidence required to substantiate an allegation of sexual abuse and sexual harassment is a preponderance of evidence.</p> <p data-bbox="240 909 1473 1099">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 the eleven investigative files determined that all had an investigation completed. While all allegations had a completed investigation, five did not have an investigative outcome notated and one did not have enough information to determine how the investigative outcome was determined. As such, the auditor is unable to confirm that investigators, specifically facility investigators, utilize the correct standard of evidence.</p> <p data-bbox="240 1140 440 1167">Corrective Action:</p> <p data-bbox="240 1207 1449 1397">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 elements reviewed as well as 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.</p> <p data-bbox="240 1438 919 1464">Verification of Corrective Action since the Interim Audit Report</p> <p data-bbox="240 1496 1433 1556">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> <p data-bbox="240 1588 491 1615">Additional Documents:</p> <ol data-bbox="240 1641 595 1787" style="list-style-type: none"> 1. Investigative Report Template 2. Investigator Training Records 3. Investigative Reports <p data-bbox="240 1818 1493 2141">On August 4, 2021 the auditor received documentation related to standard 115.72. The PC provided the auditor with training records for the facility investigators at Tyger River. The PC provided a training in June and in July for all PREA Compliance Managers and facility investigators required to conducting timely, thorough and complete sexual abuse investigations. Additionally, on October 26, 2021 the PC provided the auditor with training records for a training that was completed related to determining appropriate case outcomes. An investigative report template was created and provided to the auditor as well. The template was distributed to all facility PCMs, including Tyger River. On October 11, 2021 the facility provided the auditor with a list of sexual abuse allegations reported during the corrective action period. There were four allegations reported, however none met the definition of sexual abuse. While none of the four allegations were sexual abuse allegations, the facility investigator completed an investigation for the allegations. All four investigations were completed on the newly created investigative report template. The auditor determined that the facility investigator deemed the investigations unfounded and</p>

based on the evidence, none were at the level of a preponderance of evidence to substantiate. As such, based on the training and documentation provided, this standard has been corrected.

115.73	Reporting to inmates
	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="240 304 935 434" 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 1133">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 three sexual abuse investigation completed within the previous twelve months and all three included an investigative outcome notification. A review of investigations indicated there were seven sexual abuse investigations completed within the previous twelve months. Of these, three did not have an investigative outcome noted in the investigative report. A review of the seven sexual abuse investigations indicated that two were documented with a notification to the inmate victim. The Warden and the investigative staff stated that inmates are notified of the outcome of the investigation. The interviews with inmates who reported sexual abuse indicated that two were aware that they were required to be notified of the outcome of the investigation. All four stated that to date they were not notified of the outcome.</p> <p data-bbox="240 1167 1477 1227">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 1263 1490 1727">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 indicated there was one substantiated sexual abuse allegations against a staff member in the previous twelve months. A review of documentation confirmed that the inmate was notified that the staff member was terminated. The interviews with the inmates who reported sexual abuse indicated that two involved an allegation against a staff member. One was the inmate who was notified of the staff member's termination and the other did not fall under the requirements under this provision. It should be noted that while there was documentation of the inmate being notified of the staff member's termination, the inmate stated he was not notified.</p> <p data-bbox="240 1760 1485 1955">115.73 (d): The PAQ indicated that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative reports confirmed that there have not been any substantiated allegations of inmate on inmate sexual abuse in the previous twelve months. The interviews with the inmates who reported sexual abuse indicated that two involved another inmate, however they did not require notifications under this provision.</p> <p data-bbox="240 1989 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 that there were three notifications made during the audit period. A review of investigations indicated there were seven sexual abuse investigations completed within the previous twelve months. Of these, three did not have an investigative outcome noted in the investigative report. A review of the seven sexual abuse investigations indicated that two</p>

were documented with a notification to the inmate victim. Additionally, there was one substantiated sexual abuse allegations against a staff member in the previous twelve months. A review of documentation confirmed that the inmate was notified that the staff member was terminated.

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

Based on a review of the PAQ, GA-06.11B, SCDC Form 19-165, investigative reports and information from interviews with the Warden, investigative staff and inmates who reported sexual abuse, this standard requires corrective action. A review of investigations indicated there were seven sexual abuse investigations completed within the previous twelve months. Of these, three did not have an investigative outcome noted in the investigative report. A review of the seven sexual abuse investigations indicated that two were documented with a notification to the inmate victim. As such, provisions (a) and (e) are not compliant.

Corrective Action:

All allegations of sexual abuse require an investigative outcome notification to the inmate victim. The facility staff will need to train appropriate staff on their responsibilities under this standard. A copy of the training will need to be provided to the auditor. The facility will need to go back and notify the five inmates that did not have an investigative outcome notification documented and provide the auditor with confirmation the notifications were made. 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.

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 Sexual Abuse Allegations During the Corrective Action Period
2. Staff Training Documentation
3. Inmate Notifications

On September 15, 2021 the auditor received documentation related to standard 115.73. The facility provided the auditor with documents confirming that staff were provided training on August 5, 2021 on the requirements under this standard. On October 10, 2021 the auditor received the list of sexual abuse allegations reported during the corrective action period. There were four allegations reported, however all four were determined to not meet the definition of sexual abuse. While none of the four were sexual abuse allegations, all four included a facility investigation. The auditor was provided documentation confirming that all four inmate victims were provided an investigative outcome notification. Thus, based on the information and documentation provided, this standard has been corrected.

115.76	Disciplinary sanctions for staff
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 375 300">Documents:</p> <ol data-bbox="242 304 598 465" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-21.12 3. GA.06.11B 4. Investigative Reports 5. Disciplinary/Arrest Documents <p data-bbox="242 504 502 533">Findings (By Provision):</p> <p data-bbox="242 571 1492 667">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="242 696 1460 824">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 indicated there was one substantiated staff on inmate sexual abuse allegation and the staff member was terminated and arrested.</p> <p data-bbox="242 853 1492 1081">115.76 (c): The PAQ indicated that disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by staff with similar histories. The PAQ also indicated that there have been no staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports indicated there was one substantiated staff on inmate sexual abuse allegation and the staff member was terminated and arrested.</p> <p data-bbox="242 1122 1476 1317">115.76 (d): GA-06.11B, page 5, states that any employee, contractor, volunteer, intern or visitor investigated and substantiated for sexual abuse/sexual harassment of an inmate will be reported to the appropriate licensing authority. The PAQ indicated that there have been zero staff members that were reported to law enforcement or licensing agencies for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports indicated there was one substantiated staff on inmate sexual abuse allegation and the staff member was terminated and arrested by local law enforcement.</p> <p data-bbox="242 1346 1476 1406">Based on a review of the PAQ, OP-21.12, GA-06.11B, investigative reports and disciplinary/arrest documents, this standard appears to be compliant.</p>

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 banned from coming back into the facility and would initiate the process for Police Services to investigate the allegation. The Warden further stated that they may also contact local law enforcement. 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
	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="240 304 536 434" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. OP-22.14 3. GA-06.11B 4. Investigative Reports <p data-bbox="240 472 363 499">Interviews:</p> <ol data-bbox="240 506 759 566" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Medical and Mental Health Staff <p data-bbox="240 604 507 631">Findings (By Provision):</p> <p data-bbox="240 672 1489 869">115.78 (a): OP-22.14, page 32, indicates that engaging in consensual or non-consensual sexual acts or intimate physical contact of a sexual nature with other inmates; or soliciting sexual acts from other inmates, or engaging in any form of sexual harassment will be forwarded for a Disciplinary Hearing. The PAQ indicated that there have been no administrative or criminal investigative findings of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of the investigative reports confirmed that there were no substantiated allegations of inmate on inmate sexual abuse in the previous twelve months.</p> <p data-bbox="240 898 1477 1160">115.78 (b): OP-22.14, page 32, indicates that engaging in consensual or non-consensual sexual acts or intimate physical contact of a sexual nature with other inmates; or soliciting sexual acts from other inmates, or engaging in any form of sexual harassment will be forwarded for a Disciplinary Hearing. The interview with the Warden indicated that there is a disciplinary hearing officer who reviews the charges and that sanction can include security detention up to a year or more, loss of privileges, reduction of custody level and numerous other sanctions. The Warden confirmed that the disciplinary process includes guidelines for minimum and maximum sanction and that sanctions would be commensurate with the nature and circumstances and would be comparable to inmates with similar histories and charges. A review of investigative reports confirmed that there were no substantiated inmate on inmate sexual abuse investigations.</p> <p data-bbox="240 1198 1477 1328">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="240 1366 1493 1563">115.78 (d): The PAQ indicated that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Additionally, the PAQ indicated that it considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The interview with mental health indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues, however, it is through an outside agency. She stated that it is voluntary and that they do not require participation in order to gain access to other activities and privileges.</p> <p data-bbox="240 1592 1469 1753">115.78 (e): OP-22.14, page 32 states that inmates that engage in any non-consensual sex act with an employee, visitor, vendor, or volunteer, to include intimate physical contact or solicitation of sexual acts will be forwarded for a Disciplinary Hearing. The PAQ indicated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact. A review of the allegations of staff on inmate sexual abuse indicated no inmates were disciplined.</p> <p data-bbox="240 1783 1493 1912">115.78 (f): GA-06.11B, page 5, states that inmates who willingly submit a false report will be subject to disciplinary sanctions. The PAQ indicated that inmates will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.</p> <p data-bbox="240 1951 1477 2112">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>

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.

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 facility provided the auditor with a list of inmates who reported prior victimization during the risk screening. The auditor selected a sample of five inmates from the list and additionally identified two other inmates who reported prior victimization during random inmate documentation review. The facility did not provide the auditor with mental health documents related to the follow up and as such the auditor was unable to confirm if the required fourteen day follow ups were completed. Interviews with staff responsible for the risk screening indicated that if an inmate discloses prior victimization he would be offered a mental health follow up. Both staff stated that they would definitely be seen within fourteen days, if not sooner. Interviews with two inmates that disclosed prior victimization indicated that one was offered a mental health follow-up.</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 four inmates with prior abusiveness. The facility did not provide any mental health documentation indicating whether the inmate was 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 and be provided services within fourteen 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 facility provided the auditor with a list of inmates who reported prior victimization during the risk screening. The auditor selected a sample of five inmates from the list and additionally identified two other inmates who reported prior victimization during random inmate documentation review. The facility did not provide the auditor with mental health documents related to the follow up and as such the auditor was unable to confirm if the required fourteen day follow ups were completed. Interviews with staff responsible for the risk screening indicated that if an inmate discloses prior victimization he would be offered a mental health follow up. Both staff stated that they would definitely be seen within fourteen days, if not sooner. Interviews with two inmates that disclosed prior victimization indicated that one was offered a mental health follow-up.</p> <p>115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not limited to medical and mental health staff. The PAQ did indicate though that the information is only shared with</p>

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 and are not accessible to security staff.

15.81 (e): The PAQ indicated that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under 18. Interviews with medical and mental health care 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 so they were not familiar with any laws related to those under eighteen.

Based on a review of the PAQ, OP-21.14, medical and mental health documents, observations made during the tour and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening indicate that this standard requires corrective action. The auditor requested documentation for seven inmates who disclosed prior victimization and four inmates with a history of sexual abusiveness. The facility did not provide the auditor with the requested documentation. Additionally, interviews with two inmates identified as disclosing prior victimization indicated only one was provided a follow up with mental health related to the victimization. Thus, based on the lack of documentation and interviews provisions (a), (b) and (c) of this standard requires corrective action.

Corrective Action:

The facility will need to provide documentation for the eleven inmates requested during the on-site portion of the audit. Additionally, 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.

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 who Reported Prior Victimization During the Risk Screening
2. Inmate Risk Screening
3. Mental Health Documentation

On September 27, 2021 the auditor received documentation related to standard 115.81. The facility provided the auditor with a list of inmates who reported prior victimization during the risk screening. The auditor requested a copy of the risk screening as well as the mental health documentation to confirm the appropriate follow-up. The facility did not provide the requested information. On October 11, 2021 the facility provided a second list of inmates who reported prior sexual victimization during the risk screening. The auditor selected nineteen inmates to review. On November 3, 2021 and December 2, 2021 the facility provided the auditor with nineteen inmates who reported prior sexual victimization during the risk screening. A review of the documentation indicated that six did not report prior victimization and one was identified with prior sexual abusiveness. The one with prior sexual abusiveness was provided a mental health follow-up, but it was not within the fourteen day timeframe. The remaining twelve that reported prior victimization were all documented with a mental health follow-up, however most of the follow-ups were eight months after they disclosed the victimization. None of the twelve had a follow-up documented within the fourteen day timeframe. Thus, based on the documentation provided, the facility has not corrected this standard.

115.82	Access to emergency medical and mental health services
	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. 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 identified seven allegations of sexual abuse. The auditor requested medical and mental health documents related to these allegations but was not provided the requested documentation. Additionally, the investigative files reviewed did not contain any medical or mental health documentation. During the tour, the auditor noted that there were numerous medical exam rooms and mental health rooms for treatment of inmates. All of the rooms were private and allow for confidentiality via solid doors with windows. Interviews with medical and mental health care staff confirm that inmates receive timely access to emergency medical treatment and crisis intervention services. Medical staff stated services are provided immediately and mental health stated that she tries to see them as soon as possible but at least within a week. The staff also advised that the services they provide are based on their professional judgement. Interviews with four inmates who reported sexual abuse indicated that one was seen by medical and the other three did not see medical or mental health.</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 inmates would be separated, the supervisor would be contacted, the area would be secured, the inmates would be instructed not to take any action to destroy any evidence (i.e. shower, use the restroom, brush their teeth, etc.), the inmate victim would be taken to medical and they would complete an incident report. The auditor identified seven allegations of sexual abuse. The auditor requested medical and mental health documents related to these allegations but was not provided the requested documentation. Additionally, the investigative files reviewed did not contain any medical or mental health documentation.</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 seven allegations of sexual abuse. The auditor requested medical and mental health documents related to these allegations but was not provided the requested documentation. Additionally, the investigative files reviewed did not contain any medical or mental health documentation. Interviews with medical and mental health care staff confirm that inmates would receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis. Interviews with four inmates who reported sexual abuse indicated that one was seen by medical and the other three were not. None of the inmates indicated that they received information or access to sexually transmitted infection prophylaxis. The one inmate stated he denied his allegation of penetration when asked about it.</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. Interviews with four inmates who reported sexual abuse indicated that one</p>

was seen by medical and the other three did not see medical or mental health. The one who advised he saw medical indicated he was not charged for services.

Based on a review of the PAQ, OP-21.12, GA-06.11B, medical and mental health documents and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to require corrective action. While the agency has a policy related to medical and mental health services and interviews with staff indicate that services are offered, the auditor was not provided documentation to determine if inmate victims were offered/provided access to medical and mental health services. The auditor identified seven allegations of sexual abuse. The auditor requested medical and mental health documents related to these allegations but was not provided the requested documentation. Additionally, interviews with four inmates who reported sexual abuse indicated that one was seen by medical and the other three did not see medical or mental health. As such, provisions (a), (b) and (c) require corrective action.

Corrective Action:

Inmate victims of sexual abuse should be provided access to medical and mental health services. The facility will need to provide medical and/or mental health documentation for the seven inmate victims who reported sexual abuse during the audit period. If these documents are unavailable the facility will need to review their current process and document the deficiencies and why the documentation was not available. 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. List of Sexual Abuse Allegations During the Corrective Action Period
2. Staff Training Documents
3. Medical and/or Mental Health Documentation

On October 11, 2021 the auditor received documentation related to standard 115.82. The PC provided further documentation related to the sexual abuse allegations reviewed on-site. Only one allegation involved oral/anal penetration and that inmate was documented with HIV/STI testing and necessary medication in June 2021. The remainder of allegations did not require emergency medical treatment and crisis intervention services. The PC advised all inmates have access to medical and mental health treatment at Tyger River, when appropriate. On December 3, 2021 the facility provided the auditor with documentation confirming that medical and mental health staff were provided training on December 2, 2021 on the requirements under this standard. A review of list of sexual abuse allegations reported during the corrective action period confirmed there were zero sexual abuse allegations reported and the four allegations that were reported did not require emergency medical treatment and crisis intervention services. Based on the additional documentation provided and communication with the PC, this standard has been corrected.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	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. 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. The auditor identified seven allegations of sexual abuse. The auditor requested medical and mental health documents related to these allegations but was not provided the requested documentation. Additionally, the auditor identified seven inmates that had reported prior victimization during the risk screening. The facility was unable to provide the auditor with documentation illustrating that the seven inmates were seen by or refused a follow up with mental health staff.</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 requested medical and mental health documents for the seven inmates who reported sexual abuse during the audit period. The facility did not provide the auditor with the requested documents. Additionally, the auditor identified seven inmates that had reported prior victimization during the risk screening. The facility was unable to provide the auditor with documentation illustrating that the seven inmates were seen by or refused a follow-up with mental health staff. Interviews with medical and mental health care staff confirmed that they provide follow up services as deemed necessary. Mental health staff indicated that they provide trauma informed therapy and address the inmate's feelings. Interviews with medical staff indicated that inmates would be provided basic first aid and they would order any exposure panels. Additionally, medical stated they would make any necessary referrals to mental health. Interviews with inmates who reported sexual abuse indicate that none of the four were 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 the seven inmates who reported sexual abuse during the audit period. The facility did not provide the auditor with the requested documents. 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 requested medical and mental health documents for the seven inmates who reported sexual abuse during the audit period. The facility did not provide the auditor with the requested documents and as such the auditor was unable to determine if appropriate testing was completed. Interviews with inmates who reported sexual abuse indicated none of the four were provided HIV/STI testing. One inmate stated that his allegation did not involve penetration or the need for testing and one</p>

inmate stated he denied his allegation occurred and as such did not get testing.

115.83 (g): GA-06.11B, page 6 states that all inmates who are victims of sexual abuse will have unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception and sexually transmitted infection prophylaxis without financial cost to the inmate. Interviews with four inmates who reported sexual abuse indicated that one was seen by medical and the other three did not see medical or mental health. The one who advised he saw medical indicated he was not charged for services.

115.83 (h): The PAQ indicates that the facility attempts to conduct a mental health evaluation of all known inmate on inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. There were no substantiated inmate on inmate sexual abuse allegations within the previous twelve months. Therefore, the facility determined there were no "known" abusers that required an evaluation. The interview with the mental health staff member indicated that the facility does not conduct mental health evaluations 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 Tyger River, the lack of documentation to corroborate does not allow the auditor to determine compliance. The auditor requested medical and mental health documents for the seven inmates who reported sexual abuse during the audit period. The facility did not provide the auditor with the requested documents. Additionally, the mental health staff member stated that they do not provide services or conduct evaluations on known inmate on inmate abusers. Thus, provisions (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 seven inmate victims who reported sexual abuse during the audit period. If these documents are unavailable the facility will need to review their current process and document the deficiencies and why the documentation was not available. 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 eleven inmates who disclosed prior victimization or had prior sexual abusiveness that were requested during the on-site portion of the audit. 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 inmates who perpetrate sexual abuse. Documentation related to the education will need to be provided to the auditor 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 Sexual Abuse Allegations During the Corrective Action Period
2. List of Inmates who Reported Prior Sexual Victimization During the Risk Screening
3. Staff Training Documents
4. Medical and/or Mental Health Documentation

On October 11, 2021 the auditor received documentation related to standard 115.83. The PC provided further documentation related to the sexual abuse allegations reviewed on-site. Only one allegation involved oral/anal penetration and that inmate was documented with HIV/STI testing and necessary medication in June 2021. The remainder of allegations did not require emergency medical treatment and crisis intervention services. The PC advised all inmates have access to medical and mental health treatment at Tyger River, when appropriate. On December 3, 2021 the facility provided the auditor with documentation confirming that medical and mental health staff were provided training on December 2, 2021 on the requirements under this standard. A review of list of sexual abuse allegations reported during the corrective action period confirmed there were zero sexual abuse allegations reported and the four allegations that were reported did not require

emergency medical treatment and crisis intervention services. On November 3, 2021 and December 2, 2021 the facility provided the auditor with nineteen inmates who reported prior sexual victimization during the risk screening. A review of the documentation indicated that six did not report prior victimization and one was identified with prior sexual abusiveness. The remaining twelve that reported prior victimization were all documented with a mental health follow-up (most were outside the required timeframe required under 115.81). Based on the additional documentation provided and communication with the PC, this standard has been corrected.

115.86	Sexual abuse incident reviews
	<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="240 304 746 434" 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 1003">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 three sexual abuse investigations completed within the previous twelve months and there have been three sexual abuse reviews completed within the previous twelve months. A review of investigations indicated that there have been seven allegations of sexual abuse reported in the previous twelve months, one was unfounded and three did not have an investigative outcome documented. Of the six allegations that were documented as substantiated or unsubstantiated, two had a completed sexual abuse incident review.</p> <p data-bbox="240 1039 1485 1370">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 three sexual abuse incident reviews completed within 30 days of the completion of the investigation. A review of investigations indicated that there have been seven allegations of sexual abuse reported in the previous twelve months, one was unfounded and three did not have an investigative outcome documented. Of the six allegations that were documented as substantiated or unsubstantiated, two had a completed sexual abuse incident review. One of the two reviews was completed within 30 days of the conclusion of the administrative investigation while the other was past the 30 days.</p> <p data-bbox="240 1406 1485 1711">115.86 (c): The PAQ indicated that the sexual abuse team includes upper-level management officials and allows for input from line supervisors, investigators and medical or mental health practitioners. A review of SCDC Form 19-183 indicates that meeting attendees include; the Warden, the CM, a member of security and a supervisor from the area where the alleged incident occurred. A review of investigations indicated that there have been seven allegations of sexual abuse reported in the previous twelve months, one was unfounded and three did not have an investigative outcome documented. Of the six allegations that were documented as substantiated or unsubstantiated, two had a completed sexual abuse incident review. The two completed reviews 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 1747 1485 2141">115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews and considers: whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. A review of SCDC Form 19-183 indicates that the form includes a section for all of the requirements of this provision. A review of investigations indicated that there have been seven allegations of sexual abuse reported in the previous twelve months, one was unfounded and three did not have an investigative outcome documented. Of the six allegations that were documented as substantiated or unsubstantiated, two had a completed sexual abuse incident review. A review of the two incident reviews indicated both included the requirements under this provision. One review indicated that video monitoring was recommended to assist in preventing incidents from occurring in the future. The Warden stated that they utilize the reviews to determine “lessons learned” to prevent a similar occurrence from</p>

happening in the future. The PCM indicated they conduct reviews and that they recently completed a review with their attorney present. She stated that she reviews all the sexual abuse incident reviews and that she has noticed many are coming from inmates already in the SHU. She further stated that they utilize the information to determine if they need to add video monitoring technology, modify staffing levels or determine if there is a need for change in policy. She stated they review all the information to improve the PREA program. 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 investigations indicated that there have been seven allegations of sexual abuse reported in the previous twelve months, one was unfounded and three did not have an investigative outcome documented. Of the six allegations that were documented as substantiated or unsubstantiated, two had a completed sexual abuse incident review. A review of the two incident reviews indicated both included the requirements under this provision. One review indicated that video monitoring was recommended to assist in preventing incidents from occurring in the future.

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 that there have been seven allegations of sexual abuse reported in the previous twelve months, one was unfounded and three did not have an investigative outcome documented. Of the six allegations that were documented as substantiated or unsubstantiated, two had a completed sexual abuse incident review. One review was completed within 30 days of the conclusion of the administrative investigation and one was past the 30 days. Thus provisions (a) and (b) require correction action.

Corrective Action:

The facility will need to update the investigations without an outcome and complete an incident review for the ones that are anything but unfounded. These reviews will need to be forwarded to the auditor. The facility will need to send the auditor a monthly tracking log with the sexual abuse allegations and the investigative outcomes, including the date the investigation was closed. The facility will need to forward the sexual abuse incident reviews associated with each investigation to confirm they are being completed within the timeframes 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. List of Sexual Abuse Allegations During the Corrective Action Period
2. Staff Training Documents

On October 11, 2021 the auditor received documentation related to standard 115.86. The facility provided the auditor a list of sexual abuse allegation that were reported during the corrective action period. There were zero sexual abuse allegations reported and as such there were not sexual abuse incident reviews required to be completed. On December 3, 2021 the facility provided the auditor with documentation confirming staff were provided training on December 2, 2021 related to the requirements under this provision. During the corrective action period the auditor and PC determined corrective action would be moving forward and not going back and as such no historical sexual abuse incident reviews were required to be completed. Based on the information, the auditor determined this standard was corrected through training.

115.87	Data collection
	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="240 304 735 434" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GA-06.11B 3. Prison Rape Elimination Act Annual Reports 4. Survey of Sexual Victimization (SSV) <p data-bbox="240 472 504 499">Findings (By Provision):</p> <p data-bbox="240 539 1490 869">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 included in the annual report.</p> <p data-bbox="240 907 1490 1236">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 included in the annual report.</p> <p data-bbox="240 1274 1490 1570">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 included in the annual report.</p> <p data-bbox="240 1608 1490 1904">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.</p> <p data-bbox="240 1942 1458 2004">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.</p> <p data-bbox="240 2042 1490 2159">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.</p>

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

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 1003">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 it is utilized in the overall percentage or ratio and helps in making charts, reports and graphs for yearly compilation.</p> <p data-bbox="242 1041 1442 1205">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 1243 1490 1370">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 1574 1453 1635">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 Tyger River 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?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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.)	yes
	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?	no
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	no
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	no
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?	no

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.	no
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?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
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?	yes
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).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

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?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
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?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
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?	yes
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?	yes
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?	yes
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?	yes
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?	yes

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?	yes
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?	yes
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?	yes
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?	yes
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?	yes
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.)	yes
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?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
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