

PREA Facility Audit Report: Final

Name of Facility: Kershaw Correctional Institution and Reentry Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/01/2024

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input 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 type="checkbox"/> |
| Auditor Full Name as Signed: Adam T Barnett, Sr. | Date of Signature: 11/01/2024 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------|
| Auditor name: | Barnett, Adam |
| Email: | adam30906@gmail.com |
| Start Date of On-Site Audit: | 09/22/2024 |
| End Date of On-Site Audit: | 09/25/2024 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Kershaw Correctional Institution and Reentry Center |
| Facility physical address: | 4848 Gold Mine Highway, Kershaw, South Carolina - 29067 |
| Facility mailing address: | |

| Primary Contact |
|-----------------|
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| | |
|--------------------------|------------------------------|
| Name: | Jennifer McDuffie |
| Email Address: | mcduffie.jennifer@doc.sc.gov |
| Telephone Number: | 8036227388 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|------------------------|
| Name: | Tonya James |
| Email Address: | james.tonya@doc.sc.gov |
| Telephone Number: | 803-896-3302 |

| Facility PREA Compliance Manager | |
|---|------------------------------|
| Name: | Jennifer McDuffie |
| Email Address: | mcduffie.jennifer@doc.sc.gov |
| Telephone Number: | O: (803) 896-3306 |
| Name: | Jayson Smith |
| Email Address: | smith.jayson@doc.sc.gov |
| Telephone Number: | O: 803-896-3300 |

| Facility Health Service Administrator On-site | |
|--|----------------------------|
| Name: | Rhonda Williams |
| Email Address: | williams.rhonda@doc.sc.gov |
| Telephone Number: | 803-896-3327 |

| Facility Characteristics | |
|---|------|
| Designed facility capacity: | 1364 |
| Current population of facility: | 1338 |
| Average daily population for the past 12 months: | 1320 |

| | |
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| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 18-100 |
| Facility security levels/inmate custody levels: | Medium |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 139 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 1 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 235 |

AGENCY INFORMATION

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|--|---|
| 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 - 29210 |
| 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: | Tracy Webb | Email Address: | webb.tracy@doc.sc.gov |
|--------------|------------|-----------------------|-----------------------|

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

| | |
|---|--|
| 2 | <ul style="list-style-type: none">• 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator• 115.86 - Sexual abuse incident reviews |
|---|--|

Number of standards met:

| |
|----|
| 43 |
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Number of standards not met:

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|---|
| 0 |
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

| | |
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| 1. Start date of the onsite portion of the audit: | 2024-09-22 |
| 2. End date of the onsite portion of the audit: | 2024-09-25 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Justice Detention International Palmetto Citizens Against Sexual Assault |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 1364 |
| 15. Average daily population for the past 12 months: | 1320 |
| 16. Number of inmate/resident/detainee housing units: | 6 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 1303 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 1 |
| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 2 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 13 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 24 |

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| <p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p> | <p>4</p> |
| <p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p> | <p>6</p> |
| <p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p> | <p>132</p> |
| <p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>50</p> |

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| <p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>1</p> |
| <p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p> | <p>No text provided.</p> |
| <p>INTERVIEWS</p> | |
| <p>Inmate/Resident/Detainee Interviews</p> | |
| <p>Random Inmate/Resident/Detainee Interviews</p> | |
| <p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>20</p> |
| <p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p> |
| <p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>Samples were selected for inmate rosters with geographically diverse for different housing units and staff informal conversations.</p> |
| <p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> |

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| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | No text provided. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 20 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>No physical regarding wheelchair.</p> |
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>No cognitive according to facility.</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>No blind or low vision according to facility.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>2</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>5</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>No Transgenders or Intersex at facility.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>5</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>8</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>No inmates/residents placed in segregated housing during audit for interview.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>14</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>If "Other," describe:</p> | <p>Gender and Race.</p> |

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| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>No text provided.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>14</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate 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 applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

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| | <input type="checkbox"/> Other |
| If "Other," provide additional specialized staff roles interviewed: | Informational conversations with Mailroom staff, Main Control staff, Kitchen staff, Canteen Staff, Canteen Staff, Commissary Staff. |
| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of VOLUNTEERS who were interviewed: | 1 |
| b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 1 |

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|--|--|
| <p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p> |
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| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>No text provided.</p> |
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

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| <p>84. Did you have access to all areas of the facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|---|---|

Was the site review an active, inquiring process that included the following:

| | |
|--|---|
| <p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|--|---|

| | |
|---|---|
| <p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>88. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>No text provided.</p> |
| <p>Documentation Sampling</p> | |
| <p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p> | |
| <p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> | <p>No text provided.</p> |

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 6 | 0 | 6 | 0 |
| Staff-on-inmate sexual abuse | 2 | 2 | 0 | 0 |
| Total | 8 | 2 | 6 | 0 |

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|---|-------------------------------------|---|--|
| Inmate-on-inmate sexual harassment | 6 | 0 | 6 | 0 |
| Staff-on-inmate sexual harassment | 1 | 0 | 1 | 0 |
| Total | 7 | 0 | 7 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

| | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|--------------------------------------|---------|--------------------------|----------------------------|------------------------|-----------|
| Inmate-on-inmate sexual abuse | 1 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 1 | 1 | 0 | 0 | 0 |
| Total | 2 | 1 | 0 | 0 | 0 |

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 2 | 4 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 2 | 3 | 0 |

Sexual Harassment Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 1 | 5 | 0 |
| Staff-on-inmate sexual harassment | 0 | 1 | 0 | 0 |
| Total | 0 | 2 | 5 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|--|----|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: | 15 |
|--|----|

| | |
|---|---|
| <p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p> |
| <p>Inmate-on-inmate sexual abuse investigation files</p> | |
| <p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>6</p> |
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>2</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |

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| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
|---|--|

Sexual Harassment Investigation Files Selected for Review

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| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>7</p> |
|--|----------|

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| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
|---|---|

Inmate-on-inmate sexual harassment investigation files

| | |
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| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>6</p> |
|---|----------|

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| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
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|---|--|
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
|---|--|

| Staff-on-inmate sexual harassment investigation files | |
|--|--|
| 111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 1 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | No text provided. |
| SUPPORT STAFF INFORMATION | |
| DOJ-certified PREA Auditors Support Staff | |
| 115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. | <input type="radio"/> Yes <input checked="" type="radio"/> No |

| Non-certified Support Staff | |
|---|---|
| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p> | <p>1</p> |
| AUDITING ARRANGEMENTS AND COMPENSATION | |
| <p>121. Who paid you to conduct this audit?</p> | <p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
| <p>Identify the name of the third-party auditing entity</p> | <p>Diversified Correctional Services, LLC</p> |

| Standards | |
|--|--|
| Auditor Overall Determination Definitions | |
| <ul style="list-style-type: none"> • 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 | |
| <p>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.</p> | |

| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|---------------|--|
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023 • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • Agency Organizational Chart • Facility Organizational Chart • PMC PREA Appointment • Online PREA Audit: Pre-Audit Questionnaire for Prison and Jails <p>Interview Guide:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator (Qb:1,2,3) • PREA Compliance Manager (Qc:1) |

Compliance Determination by Provisions and Corrective Action:

115.11 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.1: SCDC Policy GA 06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment), establishes SCDC's zero tolerance for any form of sexual abuse and/or sexual harassment in all institutions operated by or operated under contract with SCDC.

The agency/facility mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. It outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors.

PREA standard 115.6, Definitions related to sexual abuse and sexual harassment, give guidance to the agency and facility on defining sexual abuse and harassment. GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment; a list of definitions that includes the guidance from the PREA standard on pages 8 - 9. The facility staffing plan also includes the definitions of sexual abuse and sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.11 (b)

The provision requires the agency to employ or designate an upper-level, agency-wide Acting PREA Coordinator with sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all its facilities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency employed an upper-level agency, Acting PREA coordinator.

Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive

Planning Section 1.2: The Agency's PREA Coordinator has full authority for development, implementation, and oversight of the Agency's efforts to comply with the Federal PREA standards in all SCDC institutions and institutions operated under contract with SCDC.

Interviewed agency Acting PREA Coordinator reported that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. The Acting PREA Coordinator oversees twenty-one (21) facilities. The Acting PREA Coordinator reports directly to the Deputy Director of Legal and Compliance as confirmed by the agency organization chart.

Interviewed agency Acting PREA Coordinator also reported when she identified an issue the actions taken to work toward compliance is understanding the problem, working with the facility warden and facility PREA Compliance Manager. It may require additional training, policy changes or a different process of doing things.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.11 (c)

The provision requires, where an agency operates more than one facility, each facility designates a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency operates 21 facilities, and each facility has a PREA compliance manager that reports to the Warden.

Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.3: For each institution SCDC operates and contracts with, an institutional PREA Compliance Manager shall be designated and will have the authority to oversee the institution's day to day PREA compliance efforts and will serve as the institution's liaison on all matters concerning PREA within that institution.

A review of the State of South Carolina Position Description section 1.0 states that under limited supervision, the incumbent serves as the Associate Warden to the Institutional Warden and section 2.9 states that "serves as PREA Compliance Manager". This job's function is listed as essential.

A review of the facility organizational chart confirmed that the facility has a designated PREA compliance manager with sufficient time and authority to coordinate facility efforts to comply with PREA standards.

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| | <p>Interviewed PREA Compliance Manager reported that the position reports directly to the Warden and the position is Associate Warden.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>Above and Beyond: This standard is rated excellent. Creation of the Agency PREA Coordinator Unit. The agency has gone above and beyond this standard by adding the following positions to create a unit. 1 Agency PREA Coordinator, 1 Assistant Agency PREA Coordinator, 1 PREA Case Manager, and 3 Regional PREA Managers to oversee the compliances of the PREA standards within the agency’s twenty-two facilities.</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility went beyond this standard requirement.</p> |
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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023 • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • CoreCivic Sexual Abuse Prevention and Response Policy – Update Policy 2/10/2017 • Inmate Housing Agreement Between South Carolina Department of Correction and CoreCivic, Inc. Update • Agency Contract Administrator Notes • Memo to Core Civic Compliance • Core Civic Policy • CoreCivic 2023 Annual Report • Online PREA Audit: Pre-Audit Questionnaire for Prison and Jails |

Interview Guide:

- Deputy Director of Legal and Compliance/Agency Contract Administrator (Q: 1,2,3)

Compliance Determination by Provisions and Corrective Actions:

115.12 (a)

The provision requires a public agency that contracts for the confinement of its confined persons with private agencies or other entities, including other government agencies, to include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.11B, applying the Prison Rape Elimination Act (PREA) Section 1.4 Each institution SCDC contracts with for the confinement of persons adjudicated to the South Carolina Department of Corrections, SCDC will monitor contracted agencies to ensure compliance with the National PREA Prison and Jail Standards on a yearly basis.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard. Effective August 2024 the SCDC will no longer contract with Core Civic to house its confined persons.

115.12 (b)

The provision requires any new contract or contract renewal to provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency monitors its contracts to ensure compliance with the PREA standards.

Interviewed Deputy Director of Legal and Compliance/ Agency Contract Administrator reported that the Agency Acting PREA Coordinator monitors new and renewed contracts for confinement to ensure that the contractor complies with required PREA practices. The South Carolina Department of Corrections monitors contracts for confinement through the Agency's Acting PREA Coordinator and the Office of Legal and Compliance. The Assistant PREA Coordinator visits the contracted facilities and communicates with the institution via emails and phone calls. The Deputy Director of Legal and Compliance also participates in a conference call with the contractor to

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| | <p>discuss PREA related issues. Contract facilities complete and submitted PREA report to the agency and posted on their website.</p> <p>Informal conversation with the agency Acting PREA Coordinator reported that the South Carolina Department of Corrections has contracted for the confinement of confined persons' private entities. The Acting PREA Coordinator provided the auditor with a fully executed copy of the contract between SCDC and Core Civic. Review of the contract showed that PREA language requiring the facility to become and maintain compliance with all PREA standards was included. Documentation confirmed that SCDC Agency Acting PREA Coordinator monitor Core Civic's PREA compliance activities.</p> <p>The agency assistant PREA coordinators with other staff conducted a monitoring visit to the Core Civic facility in 2023 located in Alabama.</p> <p>A review of the Core Civic PREA Audit Report confirmed that the agency is monitoring private contracts.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.13 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making the Compliance Determination</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023 • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Policy OP-22.48, Institutional Weekly Rounds |

- SCDC Policy OP- 22.24 Post Orders
- SCDC Policy ADM 11.12 Post/Shift Assignments
- SCDC Policy ADM-17.01 Employee Training Standards
- SCDC Policy GA-06.09 Care and Custody of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria
- Site Review Notes
- 2024 Staffing Plan
- SCDC Form 19-212, "Deviation from Staffing Plan (Reasons and Justifications)
- SCDC Form 19-164A "General Population Housing Unit Unannounced Rounds Logs" (1st, 10th, and 20th of the 6 months)
- SCDC Form 19-173 "Duty Warden's Checklist" - 57
- Online PREA Audit: Pre-Audit Questionnaire for Prison and Jails

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

- Warden/Designee (Q-a: 1,2,3/Q-b 4)
- PREA Coordinator (Q-c: 10)
- PREA Compliance Manager (Q-a: 4)
- Intermediate or Higher-Level Facility Staff (Q-d: 1,2,3)

Compliance Determination by Provision and Corrective Actions:

115.13 (a)

The provision requires the agency to ensure that each facility operates 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, and where applicable, video monitoring, to protect confined persons against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: Generally accepted detention and correctional practices. Any judicial findings of inadequacy. Any finding of inadequacy from Federal investigative agencies. Any findings of inadequacy from internal or external oversight bodies. Any findings of inadequacy from internal or external oversight bodies. All components of the facility's physical plant (including "blind spots" or areas where staff or confined persons may be isolated). The composition of the confined person's population. The number and placement of supervisory staff. Institution programs occurring on a particular staff. Any applicable State, or local laws, regulations, or standards. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency provides each facility with guidance on their staffing plan.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1,

Preventive Planning Section 1.5: Each SCDC institution is required to develop and comply with a written and documented staffing plan. The staffing plan will be reviewed at least yearly in cooperation between the Warden and the Agency's PREA Coordinator in accordance with the National PREA Prison and Jail Standards.

Based on a review of information about the facility provided in the PAQ, since August 20, 2012, or last PREA audit, whichever is later, the average daily number of confined persons the staffing plan was predicated on was 1364.

The auditor reviewed the staffing plan which includes Organizational Chart, Facility Demographics, Facility Breakdown, Cameras, Physical Plant, Staffing Pattern, Post Assignment, Post Chart and Minimum Staffing, and the PREA policy information.

The interviewed Warden reported that the facility has a staffing plan, and the plan is based on adequate staffing levels to protect confined persons against sexual abuse. Video monitoring is a part of the plan, and every housing unit has cameras which monitor common areas. The staffing plan is documented and is provided and maintained by the PREA Compliance Manager and updated annually. Anytime it is updated it is sent to the wardens. Also, when assessing adequate staffing levels and the need for video monitoring, the institutions are given the staffing plans from the Division of Operations. The facility does not decrease the staffing level based on video cameras. They are an addition to the staff. A post chart of mandatory posts is reviewed yearly by Operations and provided as a part of the staffing plan. The Warden also reported he and the team consider the requirements in the provision which is in the general staffing template in the agency's policy.

Interviewed PREA Compliance Manager assesses adequate staffing levels and the need for video monitoring, explains how the facility staffing plan considers standard requirements. The staffing plan considers all the components of the facility's physical plant to include blind spots, the composition of the confined person's population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors.

Site Review:

During the site review, the auditor observes the following:

- The number of staff in the housing units. Informal conversations with the officer in each unit reported the number of confined persons in each housing unit and the number of staff assigned to that shift not including the rover or supervisor.
 - o These housing units did not have an isolated area like administrative/disciplinary segregation and protective custody.
 - o There was no programming, work, or education provided in these units.
 - o The auditor reviews the areas where sexual abuse is known to be more likely to occur according to the staffing plan.
- During the housing site review, the auditor observes staff line of sight and assesses whether there are blind spots. The auditor counted cameras in each unit and where

they are located. In addition, the units have no mirrors in the corners to eliminate blind spots. The auditor determines that movement in and out of the units is monitored by surveillance and staff.

- The auditor observes indirect supervision and frequency of cell checks in housing units where the confined persons are double-celled. The frequency was confirmed by reviewing the unit logbook and informal conversation with the officer.
- When the auditor visits the main control room and reviews the monitors for the housing units. Informal conversation with the control room officer reported that the control room is staff 24/7 and indirect supervision is a part of the shift change.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.13 (b)

The provision requires in circumstances where the staffing plan is not complied with, the facility to document and justify all deviations from the plan.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency requires each facility to document and justify all deviations from the plan.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.5.1: Each institution will document all instances of non-compliance with the staffing plan, which will include written corrective actions plans. The Warden must document when the approved staffing plan is deviated from with a written justification for the deviation on SCDC Form 19-212, Deviation from Staffing Plan. All documentation of non-compliance will be provided to the institution's PREA Compliance Manager for filing purposes.

The Warden reported that the facility document instances of non-compliance with the staffing plan and the documentation included explanations for non-compliance. The deviation is documented on SCDC Policy form 19-212.

The auditor reviewed SCDC Form 19-212 Deviation from Staffing Plan reasons and justifications. The form indicated, due to the limited security staff on each shift, the shift is working at a critical level, the shift will cover all critical posts for the daily operation of the facility and will fill in with C-card security staff where needed to run the institution at normal operation. To review deviation from the staffing plan per shift, please review the shift strength report and the Shift Duty Roster. The strength report will show the authorized strength, the security staff assigned, and the actual number assigned. The Shift Duty Roster will show the staff post assignment. All shift supervisors will make every effort to fill all critical posts by utilizing available

resources, such as our c-card security and any mandatory shift security that is required to work. C-card security staff are also utilized on the weekend mandatory assignment to aid in the helping the shift with limited staff to run the overall operation of the institution where needed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.13 (c)

The provision requires whenever necessary, but no less frequently that once each year, for each facility the agency operates, in consultation with the PREA Coordinator required by Standard 115.13, the agency shall assess, determine, and document whether adjustments are needed to: The staffing plan was established pursuant to paragraph (a) of this section. The facility's deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to ensure adherence to the staffing plan.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency Acting PREA Coordinator along with facility warden and PREA Compliance Manager (PCM) assesses, determines, and document whether adjustment is needed to the staffing plan.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) Section 1.5 Each SCDC institution is required to develop and comply with a written and documented staffing plan. The staffing plan will be reviewed as least yearly in cooperation between the Warden and the Agency's PREA Coordinator in accordance with the National PREA Prison and Jail Standards.

Interviewed agency Acting PREA coordinator reported that he consulted staff regarding any assessments of, or adjustments to, the staffing plan for this facility. These assessments occur yearly (annually). The facility has quarterly PREA meetings and, at one of these meetings, the facility team reviews the staffing plan. Once agreed upon and signed off by the Warden, the staffing plan is sent to the Regional PREA Compliance Manager (RPM) and the Acting PREA Coordinator (PC) for review. Once reviewed by the RPM and the PC, the staffing plan is then discussed in coordination with the PCM, RPM, and the PC, then signed by the PC if the staffing plan meets the requirements of the PREA standards.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies

corroborated that the facility is complying with the provisions of this standard.

115.13 (d)

The provision requires each agency operating a facility to implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency has a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency requires its facility to implement a policy and practice of having intermediate-level or higher-level supervisor conducting and documenting unannounced rounds.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.6: In accordance with SCDC Policy OP-22.48, Institutional Weekly Rounds, intermediate and higher-level supervisors will conduct and document all unannounced rounds/security checks. Unannounced rounds/security checks will be conducted at least weekly, on all shifts, and are prohibited from being announced or alerted to unless it is due to a legitimate operational function of the institution.

SCDC Policy GA-06.11 section 1.2.2.4 states, all Warden, Associate Wardens, and senior institutional supervisory officers are required to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment of inmates and documenting such unannounced rounds utilizing SCDC Form 19-164.A, "General Population Housing Unit Unannounced Rounds Log".

The auditor reviewed documentation Duty Warden's Checklist (65) and the SCDC Form, 19-164 "Restrictive Housing Unit (RHU) Visitation Log or the OATS Electronic System spread sheet for the unannounced rounds. The Duty Warden's Checklist information includes Date, Site/Event/Inspection, Unannounced Facility Round - List each unit/area visited in notes/significant event section. Submitted By and Date Submitted. Reviewing date indicated that all shift is covered.

Higher-level staff who conducted unannounced rounds reported that they conduct unannounced rounds. The duty officer conducts rounds, and the supervisors conduct PREA rounds. The unannounced rounds are documented on Unannounced Round Logs SCDC Form 19-164A "General Population Housing Unit Unannounced Rounds Logs", SCDC Form, 19-164 "Restrictive Housing Unit (RHU) Visitation Log or the OATS Electronic System spread sheet, and "SCDC Form 19-173, Duty Warden's Checklist and sometimes in the housing logbooks. Staff are prevented from alerting other staff because they do not tell or call staff ahead of time.

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| | <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Policy OP-21.04 Inmate Classification Plan • SCDC Policy OP-22.39 Young Offender Parole and Reentry Services • Site Review Notes • Online PREA Audit: Pre-Audit Questionnaire for Prison and Jails <p>Site Review: (Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <ul style="list-style-type: none"> • Line Staff Who Supervise Youthful Inmates (Q-a: 1,2,3,5/ b: 4/ c: 6, 7) None • Youthful Inmates (Q-a: 1/ b: 2/ c: 3,4,5,6,7) None • Education and Program Staff who Work with Youthful Inmates (Q-b:2/ c: 1) None. <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.14 (a)</p> <p>The provision requires a youthful, confined person not to be placed in a housing unit in which the youthful, confined persons will have sight, sound, or physical contact</p> |

with any adult confined person through use of a shared dayroom or other common space, shower area, or sleeping quarters.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.7: As 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 confined person through the shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, institutions will ensure direct staff supervision between youthful offenders and adult offenders (18 years of age or older) offenders.

Informal conversation with the PREA Compliance Manager confirmed that the facility does not house youthful, confined persons under the age of 18. If the facility received a temporary youthful person, they will not be placed in a housing unit in which the youthful, confined persons will have sight, sound, or physical contact with any adult confined persons through use of a shared dayroom or other common space, shower area, or sleeping quarters.

Site Review:

During the site review, the auditor asks if there was a youthful person arriving at this facility, where would that youthful person be housed temporarily? Staff reported they would remain in the intake area/cell and immediately transfer to the right facility. The cell would allow for limited sight and sound separation from any confined adults. Informal conversation with the officer confirmed that the facility does not house youthful persons.

The auditor did not observe any youthful, confined persons during the audit period. This also was confirmed by review of the daily population report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.14 (b)

The provision requires in areas outside the housing units, agencies maintain sight and sound separation between youthful, confined person and adult confined person have sight, sound, or physical contact.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Review of confined persons rosters, and informal conversation with the education staff confirmed that the facility does not house any confined persons under the age of 18 years old (youthful, confined persons). If the facility house youthful, confined persons, when they are in areas outside of the housing units the facility will maintain sight and sound separation and provide direct staff supervision when there is sight, sound, or physical contact.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.14 (c)

The provision requires the agency to make their best efforts to avoid placing youthful, confined persons in isolation to comply with this provision. Absent exigent circumstances, agencies to not deny youthful, confined persons daily large-muscle exercise and any legal required special education services to comply with this provision. Youthful, confined persons shall also have access to other programs and work opportunities to the extent possible.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Documentation review and conversation with staff confirmed that the facility does not house any confined persons under the age of 18 years old (youthful, confined persons). If the facility house youthful, confined persons, they will not be placed in isolation to comply with the provision. Youthful, confined persons would have access to program, work opportunities, daily large-muscle exercise, and special education.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewing staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.15 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making Compliance Determination:

Documentation:

- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy ADM-17.01 Employee Training Standards
- SCDC Policy GA-06.09 Care and Custody of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria
- Prison Rape Elimination Act 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.
- SCDC Policy HS-18.13 Health Screening and Exams
- SCDC Policy OP-22.19, Search of Inmates
- Staff Roster for Past 12 months
- 2021 PREA PowerPoint Training
- 2021 Training Video
- Staff Training Logs (verifying staff date and acknowledgement of receiving training)
- Online PREA Audit: Pre-Audit Questionnaire for Prison and Jails
- SCDC Form 19-212," Deviation from Staffing Plan)
- SCDC Form M-207 Transgender and intersex Accommodation Plans (Past 12 months)

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

- Non-medical staff (involved in cross-gender strip or visual searches): (Q-a: 1) None.
- Random Sample of Staff (Q-b: 3/ d: 14, 15/ e: 4/ f: 2) Interviewed: 20
- Inmate Interview Questions (Female Inmates): (Q-b: 3) None
- Random Sample of Inmates (Q-d: 1, 2) # Interviewed:
- Transgender/Intersex Inmates (Q-e: 2) = 0

Compliance Determination by Provisions and Corrective Actions:

115.15 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.8: Pursuant to SCDC OP-22.19, Search of Inmates, SCDC does not conduct cross-gender strip searches or cross-gender visual body cavity searches, except in limited and documented exigent circumstances. All cross-gender searches will be documented on SCDC Form 19-29A.

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

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of confined persons was zero.

Site Review:

During the site review, the auditor observed areas that may be used to conduct strip searches and visual body cavity searches. Those areas are the visitation shake down room, intake arrival shake down room and medical shake down room. No strip searches or visual body cavity searches are conducted by opposite-gender. The areas that the searches are conducted are privacy. Pat down searches are conducted by opposite-genders.

Informal conversation with staff in those areas reported that they do not remember staff conducting visual body cavity searches regarding exigent circumstances.

Non-medical staff reported that they have never been involved in cross-gender strip or visual search and there have not been any urgent circumstances that would require them to conduct cross-gender strip or visual body searches.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.15 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Based on a review of information the facility provided in the PAQ, the number of pat-

down searches of female confined persons that were conducted by male staff was zero. The number of pat-down searches of female confined persons conducted by male staff that did not involve exigent circumstances (s) was zero.

Documentation review of the rosters and informal conversation with staff confirmed that the facility rated capacity does exceed 50 confined persons.

This facility does not house female confined persons.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.15 (c)

The provision requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches and to document all cross-gender pat-down searches of female confined persons.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Informal conversations with security staff reported that the facility does not housed females confined persons. But they understand the protocol if they search female confined person, it would be approved by a superior and it will be documented.

The facility documents all cross-gender strip searches and cross-gender visual body cavity searches. Cross-gender visual body cavity searches are conducted by medical and documented.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.15 (d)

The provision requires that the facility implement policies and procedures that enable confined persons to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia,

except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures require staff of the opposite gender to announce their presence when entering a confined person's housing unit.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.9: All SCDC institutions will develop and comply with a written and documented standard operating procedure which allows inmates to shower, perform bodily functions, and change clothing without being completely viewed by other inmates, non-medical staff, or staff of the opposite gender, except in limited and exigent circumstances, or in the line of one's official duties.

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

Site Review:

During the site review, the auditor observes areas where confined persons may be in a state of undress. The areas were where they shower, use the toilet, and change their clothes. The cells have individual toilets, the showers are in a community setting. Informal conversations with confined persons confirmed that they change clothing in their cells or the showers.

The auditor also observed the medical area, intake cells, shower areas, transport holding, and recreation areas.

During the housing unit site review, the auditor observed spaces from multiple perspectives and vantage points while walking up the stairs in the unit. The auditor did not see vantage points where the opposite gender could view confined person changing clothes or in a state of undress.

The auditor visited the main control room and reviewed the monitors for the housing units. Informal conversation with the control room officer reported that the control room is staff 24/7 and indirect supervision is a part of the shift change. The control room officer indicates that the video monitoring technology allows for point zoom. The auditor asks the control room officer to zoom in on a dorm common area and zoom in on the shower. Technology would not let the officer zoom in on the common shower areas, and it cannot zoom inside of the confined persons rooms.

The auditor observed that staff of the opposite gender announced themselves when

entering the housing units. There is a sign posted on the unit for the remaining staff to announce themselves.

The auditor viewed the placement and angle of electronic surveillance monitoring in the main control room. The cameras do not show confined persons naked, using the showers or toilets on camera monitors. The auditor requested that the control room operator zoom in on randomly selected living units focusing on the showers and toilets. The camera monitors do not zoom in in showers and toilets.

The auditor observed the physical storage area for any information/documentation collected and maintained as hard copy. The hard copies of the PREA Screening and other confined persons documentation are kept in the confined persons' files and maintained in lock file cabinet and rooms in the intake/classification area. There were no confidential confined persons information located in places where other confined persons or staff can review.

There were lock boxes located where the confined persons could submit grievance and/or PREA issues as well as mail in front of the Dining Hall.

Forty confined persons were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for confined persons. Twenty were randomly selected from different housing units, and twenty were target confined persons. Of the forty, 25 Blacks, 13 Whites and 2 Hispanic. Forty interviewed confined persons could recall female staff announce their presence when entering their housing area by saying male on unit or female on deck. All confined persons reported that they are never naked in full view of male staff while showering, dressing, or while using the restroom.

Fourteen random staff were interviewed by the auditor's non-certified support staff. five Blacks and nine Whites. Staff gender, four Black Male, on Black Female, five White Males, four White Female, and zero Hispanic. All staff interviewed reported that they and other officers announce their presence when entering a housing unit that houses confined persons of the opposite gender. They all reported that confined persons can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.15 (e)

The provision requires that the facility does search or physically exam a transgender or intersex confined persons for the sole purpose of determining the confined persons' genital status. If the confined person's genital status is unknown, it may be determined during conversations with the confined persons, 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1.11 At no time will any SCDC institution search or physically examine a transgender or intersex inmates for the purpose of determining the confined person's genital status.

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

Fourteen random staff were interviewed by the auditor's non-certified support staff. five Blacks and nine Whites. Staff gender, four Black Male, one Black Female, five White Males, four White Female, and zero Hispanic. All interviewed staff reported that they are aware of the policy prohibiting staff from searching or physically examining a transgender or intersex confined persons for the purpose of determining their genital status, some staff said that medical conducts the examination.

There were no Transgender to interviewed by the auditor's non-certified support staff to confirmed that they were not put in a housing area only for transgender or intersex confined persons.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.15 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.12: The Division of Training and Staff Development will

ensure all security staff are trained in how to conduct cross-gender pat-down/frisk searches, searches of transgender and intersex inmates in a respectful manner, and consistent with security needs.

A review of PREA training Power Point and staff training roster confirmed that facility security staff are trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex confined persons in a professional and respectful manner. If warranted the facility will make a case-by-case determination of the most appropriate staff member to conduct the search, which is necessary and take into consideration the gender expression of the confined persons.

The following are the auditor's review notes for SCDC PREA Training Video Module:

- Slide #24 Types of Searches. 1. Frisk, Strip and Body Cavity. Transgender and intersex confined persons shall not be searched or physically examined for the sole purpose of determining the confined person genital status, and they shall not be subject to more invasive searches than similarly situated confined persons who are not transgender or intersex.
- Slide #25 - Cross-gender frisk searches of female confined persons are prohibited, except in exigent circumstances.
- Slide #26 - Transgender confined persons and confined persons with gender dysphoria will be allowed to indicate in writing which gender they feel most comfortable being searched by that include frisk (pat) searches and strip searches.
- Slide #34 - Transgender confined person Searches. No Difference! If a transgender confined person identifies as male, the confined person will be searched the same way a male confined person is searched; if a transgender confined person identifies as female, the confined person will be searched the same way a female confined person is searched.
- Slide #34 - No Excuse! You cannot refuse to strip search a transgender. Being uncomfortable is not an exigent circumstance.
- Slide #34 - No Partial Searches! You cannot only partially strip search a transgender confined person. Transgender confined persons must be fully searched the same ways as a male or female confined persons.

Fourteen random staff were interviewed by the auditor's non-certified support staff. five Blacks and nine Whites. Staff gender, four Black Male, one Black Female, five White Males, four White Female, and zero Hispanic. All interviewed staff reported that they received training on how to conduct cross-gender pat down searches and searches of transgender and intersex confined persons in a professional and respectful manner consistent with security needs yearly through block training and some indicated that the training is annual at the academy.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

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| | <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Email Confirming Six PREA Videos on Confined Person Tablets • SCDC Policy GA-06.08, Inmates with Disabilities and the Americans with Disabilities Act (ADA) • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • Email from Agency PREA Coordinator Grade Level • PREA Video Adult Intake English (Sign Language and Captioned) • PREA Video Adult Intake English (Captioned) • PREA Video Adult Intake Spanish (Captioned) • PREA Video Comprehensive Education English (Sign Language and Captioned) • PREA Video Comprehensive Education (Captioned) • PREA Video Comprehensive Education Spanish (Captioned) • Inmate Orientation Manual (Handbook) – Tablet • Female and Male Brochure UEB Code 4 Braille Pages • Language Translation Via Telephone Instructions • Language-line Interpretative Services Contract (SCDA) • Braille Documentation (Central Office) • School for the Deaf and Blind - PREA Braille Production Brochure • Agency Head Designee Notes • Site Review Notes • Confined Persons Roster/Notes Past 12 Months • Confined Person Target List • Confined Person Data Sheet • Inmate Certification of PREA Education Video • Institutional File: SCDC Form 18-69 Certificate of Inmate Orientation |

Acknowledgements - 75

- Institutional File: SCDC Form 18-78 Certificate of PREA Education Video

Acknowledgements - 75

- Target SCDC Form 18-69 Certificate of Inmate Orientation Acknowledgements - 21
- Target SCDC Form 18-78 Certificate of PREA Education Video Acknowledgements - 21
- Let's Talk About Safety PREA Brochure Male English and Spanish (with local Emotional Support Services and Reporting Information)
- Online PREA Audit: Pre-Audit Questionnaire for Prison and Jails

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

- Agency Head (Designee) (Q-a: 11)
- Inmates (with disabilities or who are limited English proficient (Q-a: 1,2,3) # Interviewed = 1
- Random Sample of Staff (Q-c: 9)

Compliance Determination by Provisions and Correction:

115.16 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.13: Consistent with SCDC Policy OP-21.04, Inmates Classification Plan, SCDC will make available an Americans with Disabilities Act (ADA) Coordinator who shall take appropriate steps to ensure inmates with disabilities and those who are limited English proficient, have an equal opportunity to participate in or benefit from all aspects of the agency's PREA efforts.

SCDC Policy: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment states, during each inmate orientation and training session, inmates' education materials will be provided in formats which are accessible to all inmates. This includes providing documentation and materials to inmates who are limited

English, proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

SCDC Policy: GA OP-21.04 Inmates Classification Plan section 4.15 Initial Orientation: Each inmate arriving at R&E will receive written orientation materials. Inmates that do not speak English shall be helped/translations in their own language. Inmates with hearing impairments will be provided with sign language services and visually impaired inmates will receive verbal orientation. During the initial orientation, a brief overview of the entire reception process will be delivered.

After review of PREA documentation, PREA videos and informal conversations with staff and confined persons, the auditor confirmed that the agency takes appropriate steps to ensure that the confined persons with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment. The agency provided the following evidence:

- Deaf or hard of hearing: PREA video Adult Intake English (Sign Language and Captioned)
- Blind or have low vision – Facility can access the agency Braille Program (Good Quality of Sound of Videos)
- Speech Disabilities (LEP) – PREA video Adult Intake Spanish (Captioned) and Language Line Interpretative Services
- PREA Posters and Brochure – Written on the 4th – 5th Grade Level

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee reported that the South Department of Corrections has established procedures to provide confined persons with disabilities and for limited English proficiency equal opportunity to participate in PREA efforts. The agency provides confined persons with limited English, PREA education through an orientation video, brochures and PREA posters and signage in Spanish and English languages. The agency also has a sign language interpreter and braille available for confined persons with disabilities that can be requested from the agency headquarters.

One confined person was interviewed who is limited English Proficient by the auditor's non-certified support staff. Does the facility provide information about sexual abuse and sexual harassment that you are able to understand? The interviewed confined person said yes, he can understand it despite his limited English. The confined person has limited English but understand and responded when the support staff spoke slowly. The auditor follow-up and determined that English is his second language.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.16 (b)

The provision requires that the agency to 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 confined persons who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The auditor reviewed the PREA Video Adult Intake Spanish (Captioned) that is available if needed to ensure that limited English proficient confined persons received the required PREA information.

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

During the facility site review, the auditor observed the PREA information on the Kiosk system that SCDC has put in place in all facilities. The Kiosk and tablet system makes confined persons view the PREA information before they can continue to complete other tasks in the system. This is a one-time function. This ensures that all confined persons receive PREA information and use as confined person PREA refresher.

The agency provided each facility with PREA Brochure in English and Spanish. These brochures were developed with the assistance of Just Detention International. This project was supported by Grant No. 2013-RP-BX-0001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. The Brochure Title, Let's Talk About Safety - SCDC has Zero-Tolerance for Sexual Abuse and Harassment. Topics included, Safety Talk, a Week Later; Staff, Contractors, Volunteers, and confined persons cannot...; How Can I Get Help? Support and Additional Information; You Have the Right to...; Things to Remember.

During the site review, there was one LEP confined persons to interview. However, he stated that English was his second language.

Two confined persons were interviewed who had physical disabilities by the auditor's non-certified support staff. Does the facility provide information about sexual abuse and sexual harassment that you are able to understand? Two physical disabled - wheelchairs indicated yes; he has not been affected some of the information is not too high. The confined person demonstrated that he could stand if he cannot see something. The second said yes, he could read it but would not talk to the police. One LEP confined persons were at the facility and said he could understand the information, English is his second language.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.16 (c)

The provision requires that the agency not rely on confined person interpreters, confined persons readers, or other types of confined persons assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the confined persons' safety, the performance of first-response duties under standard, or the investigation of the confined persons' allegations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.14: SCDC will not rely on inmates' interpreters, inmates' readers, or any other type of inmate's assistance in obtaining information regarding investigations that may compromise the safety of the inmates.

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of instances where confined persons interpreters, readers, or other types of confined persons assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the confined persons safety, the performance of first response duties under 115.64, or the investigation of the confined persons allegations was zero.

Fourteen random staff were interviewed by the auditor's non-certified support staff. five Blacks and nine Whites. Staff gender, four Black Male, one Black Female, five White Males, four White Female, and zero Hispanic. All interviewed staff reported that the facility never allows the use of another confined person to interpreters, service as a PREA reader or any assistants to assist confined person with disabilities who are limited English proficient when making an allegation of sexual abuse or sexual harassment. Some staff reported they would use another staff, get help from the agency language line or other agency resources.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit

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| | Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard. |
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| 115.17 | Hiring and promotion decisions |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy ADM-11.28 Applicant Selection Process • SCDC Policy Number OIG 23.31 Pre-Employment Background Investigations • SLED 5 Years Background Information Letter • Law Enforcement Switch LEMS • Staff Hired Past 12 Months Background Information • Active Employee NCIC Documentation Background Checks (Spreadsheet) • Contract Employees NCIC Documentation Background Checks (Spreadsheet) • Online PREA Audit: Pre-Audit Questionnaire for Prison and Jails <p>Interview Guide:</p> <ul style="list-style-type: none"> • Administrative (Human Resources) Staff (Q-b:2/ c:1/d:1/e:3/f:4,5/h:6) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.17 (a)</p> <p>The provision requires that the agency not hire or promote anyone who may have contact with confined persons, and shall not enlist the services of any contractor who may have contact with confined persons, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C 1997); Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a-2 of this standard.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021, Section 1.15 Consistent with SCDC Policy ADM-11.28 “Applicant Selection Process, “SCDC will conduct criminal background records checks before</p> |

hiring employees and will not hire or promote anyone who have engaged in sexual abuse of any kind.

SCDC Policy Number ADM 11.28 Applicant Selection Process section 9.13 Applicant Criminal History: Applicant must report all arrests, court-ordered restraining orders, (regarding a family member or a co-habitant) and/or conviction/dispositions on their original application. Successful applicants will be checked through the National Criminal Information Center (NCIC) before an official offer of employment is extended. Any applicant with a felony conviction (s), drug related conviction (s) within ten (10) years will not be hired by the Agency for any position. Any applicant that has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or fuse or has been civilly or administratively adjudicated (found liable) to have engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refuse will not be hired by the agency for any position.

Interviewed agency HR staff reported that the agency performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with confined persons and all employees, who may have contact with confined persons, who are considered for promotions. This process is done for contractors who may have contact with confined persons as well. The agency runs checks through the National Crime Information Center (NCIC) as well as requiring applicants to complete criminal history background questions during the application process, to consider pertinent information for quality candidates. This includes all third-party contractors, prior to giving access to facilities. The agency considers pertinent information that includes civil and administrative adjudications.

A review of the staff hired in the past 12 months NCIC Background checks. The facility provided the auditor with a spreadsheet of 24 staff assigned to the facility which includes Name, Employee Number, Title, Hire Date, State Title, SCDC Title, National Crime Information Center (NCIC) Date, NCIC Status. Of the 24, 19 status received "C" and 5 received Hit (H) means that something was on their check, however, it did not reach the threshold of disapproval (i.e. misdemeanor). A review of the spreadsheet confirmed that the agency is conducting background staff checks.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.17 (b)

The provision requires that the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any

contractor, who may have contact with confined persons.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy 11.28, section 9.12.1 Employees who move from a non-security to a security position, or from a non-security position to another non-security position, or from a security position to a non-security position, regardless of the reason for the move (promotion, demotion, reassignment, etc.) will be checked through the National Criminal Information Center (NCIC). Employees who move from one security position to another security position will not have a background check through the National Criminal Information Center (NCIC) because these checks are conducted during each security employee's three-year recertification cycle through the Division of Training and Staff Development.

The HR staff indicated that the agency requires the facility not to hire or promote anyone who may have contact with confined persons and does not enlist the services of any contractor who may have contact with confined persons as listed in this standard to include the above provisions.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.17 (c)

The provision requires that before hiring new employees, who may have contact with confined persons, the agency shall: Perform a criminal background records check; and Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

SCDC Policy OIG 23.31 Pre-Employment Background Investigations - Preliminary Procedures section 1.1 through 1.3: 1.1 Phase I of the background investigation process is initiated after the interview panel for an open position is completed and the name of the chosen candidate is submitted to the SCDC Recruiting and Employment Office. The candidate is then contracted by the SCDC Recruiting and Employment Office and given a conditional offer of employment pending the successful completion of a background investigation. 1.2 The candidate will be required to sign SCDC Form

23-64, "Authorization for Release of Information," to allow persons, businesses, and agencies to release information to the Investigating Agent (s) who may normally be restricted under the Right to Privacy Act. 1.3 Upon receiving the completed SCDC Form "Authorization for Release of Information," the Chief of Administration or his/her designee will request for the SCDC Fusion Center to conduct the following checks on the candidate to evaluate the validity of information provided by the candidate:

- Criminal Records Check.
- SCDMV or Out-of-State Driver Records Checks.
- Judgments/Liens Checks.
- Driving Record.
- Mapper Check.
- Proprietary Service Check/Clear Report
- Social Networking.
- SCIX Data Base.
- Consumer and Credit Bureau Data

Informal conversation with staff reported that the system the facility presently has in place to conduct criminal record background checks of current employees and contractors who may have contact with confined persons to include every five years are the LEMS. Web. Central HR reviews existing employee background checks. NCIC reports for background checks and fingerprints are done using LEMS. Web.

Agency HR Staff reported that the agency presently has in place a system to conduct criminal record background checks of current employees and contractors who may have contact with confined persons. Prior to employment and access to any facility, a potential employee or third-party contractor must be fingerprinted and pass an NCIC criminal history background check. The SCDC has an active criminal history check under an agreement with the SC Law Enforcement Division. The active system monitors all employees and contractors for arrests. For an individual who is arrested the agency is notified within days of the arrest.

A review of the staff hired in the past 12 months NCIC Background checks. The facility provided the auditor with a spreadsheet of 24 staff assigned to the facility which includes Name, Employee Number, Title, Hire Date, State Title, SCDC Title, National Crime Information Center (NCIC) Date, NCIC Status. Of the 24, 19 status received clearance "C" and 5 received Hit (H) means that something was on their check, however, it did not reach the threshold of disapproval (i.e. misdemeanor). A review of the spreadsheet confirmed that the agency is conducting background staff checks.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.17 (d)

The provision requires that the agency also perform a criminal background record check before enlisting the services of any contractor who may have contact with confined persons.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The policy requires background checks to occur prior to confined persons receiving services from contractors and volunteers and confirmed by staff. Additionally, best efforts are made to contact all prior facility employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Interviewed agency HR staff reported that the agency asks all applicants and employees who may have contact with confined persons about previous misconduct described in section (a) in written applications for hiring or promotions, and in any interviews or written self-evaluation conducted as part of reviews of current employees. All applicants are asked the required PREA questions under (28 CFR 115) prior to being hired.

A review of the contractor staff hired in the past 12 months NCIC Background checks. The facility provided the auditor with a spreadsheet of 1 staff assigned to the facility which includes Name, Employee Number, Title, Hire Date, State Title, SCDC Title, National Crime Information Center (NCIC) Date. A review of the spreadsheet confirmed that the agency has conducted contractors background checks.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.17 (e)

The provision requires that the agency either conduct criminal background records and checks at least every five years of current employees and contractors who may have contact with confined persons or have in place a system for otherwise capturing such information for current employees.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021, Section 1.15 Consistent with SCDC Policy ADM-11.28 "Applicant Selection Process. SCDC shall conduct criminal background records checks at least every five (5) 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.

Information conversation with the Associate Warden indicated that security positions are not checked every 5 years because the background checks are conducted during each security employee's three-year recertification cycle through the Division of Training and Staff Development.

The SCDC agreement with the South Carolina Law Enforcement Division (SLED) is authorized to search and retain all fingerprints submitted by the South Carolina Department of Corrections through the statewide Automated Biometric Identification System (AFS) for current and prospective employees. SLED is authorized to retain the fingerprints for certification purposes and for notification of the department regarding criminal charges. SCDC ensures that current and future employees are notified that their prints are stored. It is noted that instead of 5-year background checks, SLED reports to SCDC anytime and employees are involved in any criminal charges whether it is six months or 5 years. All charges are reported to SCDC. This process also includes contractors.

Informal from conversation with agency Acting PREA coordinator provided the following for facilities five (5) year background checks. "For your information, the South Carolina Department of Corrections uses, through an agreement with the SC Law Enforcement Division (SLED), an active monitoring system for employees. This system allows SCDC to submit all employee electronic fingerprints to SLED which actively monitors those employees for arrests and convictions and notifies the agency within 24 business hours. SLED does this for multiple agencies. There is not any documentation of this process as it is a State of SC internal process that SLED does for agencies under the State. All employees do have an initial NCIC background check.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.17 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy Number: ADM-11.28 Applicant Selection Process, section 9.11.1 indicated that employees who move from a non-security to a security position, regardless of the reason for the move (promotion, demotion, reassignment, etc.) will be checked

through the National Criminal Information Center (NCIC).

According to policy, all applicants are asked about any prior misconduct involving any sexual activity. In addition, the facility will not hire or promote anyone who has been civilly or administratively adjudicated to having been convicted of engaging in or attempting to engage in sexual activity by any means.

Interviewed agency HR staff reported that the agency imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. It is a requirement of SCDC policy and training during orientation and basic training for all new employees. The facility leadership reminds staff of the stiff penalties for doing something detrimental to the safety of the agency mission and the offenders who are in the agency's care.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.17 (g)

The provision requires that the standard states that material omissions regarding such misconduct, or the provision of materially false information, to be grounds for termination.

Compliance Determination:

This facility has demonstrated compliance with the provision of the standard because:

SCDC Policy: ADM-11.28 Applicant Selection Process, section 9.13.4 indicated for falsification, omission, or misrepresentation of facts or information other than arrests, restraining orders, or convictions, consideration should be given to the type of information falsified, omitted, or misrepresented and whether an offer of employment would have been extended if the agency had been given accurate information initially. Intentional deception will automatically disqualify an applicant.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.17 (h)

The provision requires that unless prohibited by law, the agency to 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.

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| | <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>Interviewed agency HR staff reported when a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. The agency follows the employment verification process and policy. The agency also submits a PREA Questionnaire if a potential employee has prior work history in Corrections/Law Enforcement.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy ADM-12-01, Procurement of Supplies and Services • SCDC Policy OP-22.47 Prison Management Expectations • Agency Head Designee Notes • Meetings form Installation/Monitoring Technology (work order or invoice) • Online PREA Audit: Pre-Audit Questionnaire for Prison and Jails <p>Interview Guide:</p> |

- Agency Head/Designee (Q-a: 1/b: 2)
- Warden/Designee (Q-a: 5/b:6)

Compliance Determination by Provisions and Corrective Actions:

115.18 (a)

The provision requires that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency to consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect confined persons from sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.16: When determining additions or considering new construction, SCDC will consider the effects of the design or modification upon the institution's ability to monitor and protect the inmates from sexual abuse.

Interviewed with the Deputy Director of Legal and Compliance/Agency Head Designee reported when designing, acquiring, or planning substantial modifications to facilities, the agency considers the effects of such changes on its ability to protect confined persons from sexual abuse. The Agency Acting PREA Coordinator meets frequently with Warden's, the PREA Compliance Managers, the Agency Head, and the Agency Facilities Management to tour the institutions, discuss PREA safety measures needed for each institution, and develop plans to enhance the agency ability to protect confined persons from sexual abuse.

Interviewed Warden reported when designing, acquiring, or planning substantial modifications to facilities, the facility considers the effects of the changes on its ability to protect residents from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other technology, the agency considers how such technology may enhance the agency/facility's ability to protect residents from sexual abuse. The Warden indicated additional cameras have been installed in the last several years. There is a plan to add additional cameras over the next several years. The facility has not acquired any new buildings since the last PREA audit.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.18 (b)

The provision requires that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency to

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| | <p>consider how such technology may enhance the agency’s ability to protect confined persons from sexual abuse.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>Interviewed Deputy Director of Legal and Compliance/Agency Head Designee reported that the agency uses monitoring technology (either newly installed or updated) to enhance the protection of confined persons from incidents of sexual abuse. The agency has recently increased the number of cameras in many of our institutions to monitor activity within the institution. The cameras are monitored at the institutional level, and the agency also has a central agency ‘Crow’s Nest” with a bank of cameras showing real time activity in many of the institutions. These cameras are monitored around the clock. The camera footage is also a valuable tool when investigating PREA allegations.</p> <p>Interviewed Warden reported that the facility uses monitoring technology to enhance the protection of residents from incidents of sexual abuse. The facility utilizes its aggregated PREA data to assess the need for cameras throughout the facility. The facility has installed additional cameras in the last few years through PREA because of complaints and the need to monitor. The facility has not had any major updates surveillance technology since the last PREA audit.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> |

- Justice Detention International (JDI) Notes
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021.
- SCDC Policy OIG -23.38 Evidence Protocol
- SC Victim Assistance Network (SCVAN)
- List of SC Sane Program Locations
- Victim Services
- SCDCVASA Member Organization and Services to Incarcerated Victims
- Statewide Partnerships with Sexual Assault Centers
- MOU Between South Carolina Law Enforcement Division (SLED) and South Carolina Department of Corrections (SCDC)
- Confined Persons Target List
- Outside Advocacy Email with Notes
- Memorandum of Understanding for Outside Support Services
- Online PREA Audit: Pre-Audit Questionnaire for Prison and Jails

Interviews:

- Random Sample Staff (Q-a: 10,12) Number Interviewed = 14
- SAFEs/SANE Staff (Q-c: 1, 2) None
- PREA Compliance Manager (Q-d: 10, 11/ e: 12)
- Inmates who Reported Sexual Abuse (Q-d: 9/ e: 9) Number Interviewed = 5

Compliance Determination by Provisions and Corrective Actions:

115.21 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 2, Responsive Planning Section 2.2: SCDC's OIG will ensure that a uniform evidence protocol that is developmentally appropriate for youthful, inmate (when applicable), and is documented and used based on the most current law enforcement practices.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 2, Responsive Planning Section 2.1: SCDC's Office of Inspector General (OIG) is responsible for investigating all allegation of sexual abuse, consistent with SCDC Policy OIG-23.01, Investigations. Evidence collection efforts will be collaborative with the local hospital of agreement and the South Carolina Law Enforcement Division, depending on the severity of the event, who is involved (inmate or staff), and availability of evidence.

Fourteen random staff were interviewed by the auditor's non-certified support staff. five Blacks and nine Whites. Staff gender, four Black Male, one Black Female, five White Males, four White Female, and zero Hispanic. All interviewed staff reported that they were aware of the protocols for obtaining usable physical evidence if a confined person alleges sexual abuse. They were able to describe the process and steps required to protect physical evidence, which included taking immediate action, staying with the confined persons, separating the victim from the perpetrator, isolate/secure the scene and secure evidence, notify supervisor, secure evidence in a bag, don't allow the confined persons to shower, bathe, brush teeth, and overall treat as a crime scene. Most of the staff also reported that they would send the victim to medical for an initial evaluation of his/her medical condition. The staff ask do they know who is responsible for conducting sexual abuse investigations. Some said PREA compliance manager, Associate warden, or OIG.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.21 (b)

The provision requires that the protocol be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The protocol is appropriate and is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office of Violence Against Women publication, or similar comprehensive and authoritative protocols developed after 2011. The facility does not house youth confined persons.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.21 (c)

The provision requires that 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. Such examinations shall

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment states, all alleged confined person victims will be taken to the Medical Services area for an initial medical assessment. If medical personnel determine that a sexual assault may have occurred, the inmates will be taken to an outside medical facility. The outside medical facility will perform a medical forensic exam, as appropriate, collecting all evidence and maintaining the chain of custody to preserve the evidence.

Documentation did corroborate that the confined person had access to forensic medical examinations.

Conversations with the medical staff reported that the facility does not conduct forensic medical examinations. These services are provided at the local hospital.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

15.21 (d)

The provision requires that the agency attempt to make available to the victim advocate from a rape crisis center. If a rape crisis center is not available to provided victim advocates services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. To this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 140043, to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit if the center is not part of the criminal justice system and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy has 06.11B, Applying the Prison Rape Elimination Act (PREA) - 2, Responsive Planning Section 2.7: The Agency's PREA Coordinator will attempt to make available written Memorandum of Understanding/Agreement's with local/ regional Rape Crisis Centers to provide emotional support services. Such attempts will be documented through written memorandums and retained for monitoring purposes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 2, Responsive Planning Section 2.6: In the event of sexual assault, the SCDC Mental Health Practitioners will ensure that the victim (s) are offered the services of an outside agency victim advocate consistent with SCDC Policy GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment.

During the site review, the auditor observed the facility signage regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in persons confined in the facility housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible. There were PREA flyers with emotional support services, addresses and numbers throughout the facility.

The auditor reviewed the Memorandum of Understanding between SCDC Kershaw Correctional Institution and Palmetto Citizens Against Sexual Assault. The Palmetto Citizens Against Sexual Assault is responsible for: facilitating an agreement between the parties for services related to goals and implementation of federal Prison Rape Elimination Act (PREA) mandates.

- 24-hour hotline
- 24-hour hospital accompaniment to Lancaster Springs Memorial Hospital
- Crisis intervention/At office physical location
- Information via mail
- Support by phone

The auditor confirmed the MOU by contacting the Executive Director on September 24, 2024, at 9:08am. It was confirmed that the MOU is still active. It has not been terminated by either party. The MOU is updated every 5 years.

Interviewed PREA compliance manager reported that if requested by the victim an advocate, qualified facility staff member, or qualified community-based organization staff would accompany and provided emotional support, crisis intervention during the forensic medical examination process and investigatory interviews. The staff could be mental health or medical staff or the local rape crisis center staff.

PREA requires the auditor to conduct outreach to relevant national, state, and local advocacy organizations. The outreach is to communicate with community-based or victim advocates who may have insight into relevant conditions and outside services provided to the residents. On September 11, 2024, the auditor contacts Just Detention International (JDI) by email. The Senior Operations Officer on September 11, 2024, responded. The email stated that a review of our (JDI) database indicates that the agency has not received any information regarding the facilities submitted.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.21 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviewed PREA Compliance Manager reported if the rape crisis center provides victim advocate services, the agency PREA Coordinator office ensure that center meets the qualifications described in standard 115.21 by MOU and that it follows all state requirements.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.21 (f)

The provision requires that to the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency requests that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy has 06.11B, Applying the Prison Rape Elimination Act (PREA) -2.8 In the event that SCDC's OIG does not investigate an allegation, the Chief of Enforcement will request that the investigating agency follow the requirements set by standard 115.21 (a) through (e).

SCDC Policy has 06.11B, Applying the Prison Rape Elimination Act (PREA) - 2.9 All allegations of sexual misconduct investigated by SCDC' OIG, to include, but not limited to, sexual abuse, sexual harassment, and inappropriate sexual behaviors, by staff or confined persons, will have an investigative case opened within five (5) days from the date of receipt.

SCDC GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, indicated that all allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Office of Inspector General (OIG) initiates the investigation and notifies South Carolina Law Enforcement Division (SLED) and the Inspector General's office when sexual misconduct by staff, contractors, or volunteers is alleged, and conducts an internal investigation in accordance with SCDC Policy OIG-23.01 - Investigations.

In MOU section 5 Scope, provision 5.2 SLED shall maintain primary investigative authority over crimes involving violations of: SC Code Ann. 24-13-430 (2) (Participation in a Riot); SC Code Ann. 24-13-450 (Taking of a Hostage by an confined person); any case of suspected homicide/attempted homicide, SC Code 16-3-10 (Murder) or 16-3-29 (Attempted Murder) and an SCDC employee or private citizen by an confined persons; any case that involves sexual assault of an SCDC employee or private citizen by an confined persons; any case that involves the assault and battery of an SCDC employee or private citizen that results in serious bodily injury; any suspected confined persons suicide. Additionally, SLED will be the primary investigative agency as requested by the Director of SCDC or the SCDC Inspector General at his discretion.

Conversation with the facility investigator reported when a PREA allegation is investigated by an outside agency, the facility requests that the investigator follow the PREA requirements. The preponderance of evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issue is more probably true than not.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.21 (g)

The provision requires that the requirements of paragraphs (a) through (f) of this section shall also apply to: Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Conversations with the agency PREA coordinator reported that SLED are required to use the same protocols as the investigators for SCDC and referred the auditor to the MOU with SLED.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.21 (h)

The provision requires that for the purposes of this section, a qualified agency staff

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| | <p>member or a qualified community-based staff member to be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>SCDC Policy 06.11B, Applying the Prison Rape Elimination Act (PREA) -2.6 In the event of sexual assault, the SCDC Mental Health Practitioners will ensure that the victim (s) are offered the services of an outside agency victim advocate consistent with SCDC Policy GA-06.11 "Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy OIG-23.01 Investigations • MOU Between South Carolina Law Enforcement Division (SLED) and South Carolina Department of Corrections (SCDC) • List of SC Sane Program Locations • Agency Head Designee Notes • OIG Investigation Notes |

- Investigation Cases Upload: 1 through 15
- PREA Investigation File Review Notes
- Online PREA Audit: Pre-Audit Questionnaire Prison and Jails

Interview Guide:

- Agency Head/Designee (Q-a:3,4)
- Investigative Staff (Q-b: 4)

Compliance Determination by Provision and Corrective Actions:

115.22 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, section 2.4 Investigations page 5 states, SCDC will ensure that all allegations of sexual abuse and sexual harassment are thoroughly investigated promptly. PREA allegations of sexual abuse or sexual harassment may be received in numerous ways to include: 1. PREA Tips - SCDC public website page that the public can use to report an allegation of sexual abuse/sexual harassment. 2. *22 Hotline Call. 3. Warden-to-warden PREA Notification. 4. Grievance. 5. Request to Staff Member (RTSM) or Automated Request to Staff Member (ARTSM); 6. Note, Letter, or Verbally.

SCDC Policy OIG -23.01 Investigations section 3.2 Investigative Personnel Sub Section: 3.2.1 OIG will be responsible for assigning investigative personnel to all reported criminal acts (suspected and/or alleged) which are believed to have been committed by SCDC inmates, employees, or others when the crime relates to the agency. Criminal acts which may necessitate an investigation include, but will not be limited to the following:

- Criminal Sexual Conduct.
- Sexual misconduct by an Employee.

A review of the investigation files confirmed that the agency ensure that an administrative and/or criminal investigation is completed for all allegation of sexual abuse and sexual harassment. The total number of sexual abuse and sexual harassment investigations for the past 12 months 27. Number of staff-on-resident sexual abuse classified by facility investigations 4; Number of staff-on-resident sexual harassment classified by facility investigations 3; Number of residents-on-residents sexual abuse classified by facility investigations 13; Number of residents-on resident's sexual harassment classified by facility investigations 7. Total number of on-going cases 8; Total number of referred to prosecution 1; and Total number of terminated staff or contractors 1. The total number of investigation files the auditor reviewed was 15. Note: raw evidence is uploaded in standard 22 (a) in each confined person individual investigation file.

The auditor methodology used to determine investigations sample: Twenty or less the auditor review at least 10 files. Twenty-one or more the auditor reviewed 10 plus an additional 10 percent of the remaining files.

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee reported that the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. The South Carolina Department of Corrections has a formal process in place to ensure administrative and criminal investigations are completed of sexual abuse and sexual harassment. The Agency head Designee describes how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment. All PREA allegations are reported to the facility PREA Compliance Manager. Incident reports and statements from the victim and any witnesses are collected and forwarded to the Acting Agency PREA Coordinator who will determine whether the matter warrants a criminal investigation or whether the matter will be referred to the PCM for administrative review. The PCM investigates all confined person-on-confined person sexual harassment allegations. The Agency Office of Inspector General investigates all allegations of a criminal nature and all administrative allegations concerning staff or volunteer sexual abuse or sexual harassment of confined persons. The confined persons who reported the PREA allegation are informed of the results of the investigation. Allegations that result in substantiated and unsubstantiated deposition are the subject of incident review. An attorney from the General Counsel's Office and the institutional staff after each to discuss circumstances surrounding the PREA incident, the investigation conducted and recommendations for future action.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.22 (b)

The provision requires that the agency have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency publishes such a policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, indicated that all allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Office of Inspector General (OIG) initiates the investigation and notifies South Carolina Law Enforcement Division (SLED) and the Inspector General's office when

sexual misconduct by staff, contractors, or volunteers is alleged, and conducts an internal investigation in accordance with SCDC Policy OIG-23.01 – Investigations.

A review of the agency/facility’s website provides information and related policies for reporting allegations of sexual abuse. A third-party reporting process is also on the site. Reporting information is also posted in various areas of the facility including but not limited to the housing units. The posted information is accessible to confined persons, staff, contractors, and visitors. The policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated.

In MOU section 5 Scope, provision 5.2 South Carolina Law Enforcement Division (SLED) shall maintain primary investigative authority over crimes involving violations of: SC Code Ann. 24-13-430 (2) (Participation in a Riot); SC Code Ann. 24-13-450 (Taking of a Hostage by an confined person); any case of suspected homicide/ attempted homicide, SC Code 16-3-10 (Murder) or 16-3-29 (Attempted Murder) and an SCDC employee or private citizen by an confined persons; any case that involves sexual assault of an SCDC employee or private citizen by an confined persons; any case that involves the assault and battery of an SCDC employee or private citizen that results in serious bodily injury; any suspected confined persons suicide. Additionally, SLED will be the primary investigative agency as requested by the Director of SCDC or the SCDC Inspector General at his discretion.

The facility investigator who is the Facility PREA Compliance Manager reported that the agency has policies that require all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. The facility investigator immediately begins the investigation and uses a uniform evidence protocol that obtains usable physical evidence for administrative proceeding and criminal prosecution. The agency PREA Coordinator’s Office makes the referral to OIG.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.22 (c)

The provision requires that if a separate entity is responsible for conducting criminal investigations, such a publication shall describe the responsibilities of both the agency and the investigating entity.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The primary mission of the State Law Enforcement Division (SLED) is to provide quality manpower and technical assistance to law enforcement agencies and to conduct investigations on behalf of the state as directed by the Governor and

Attorney General. All related documentation is captured in the OIG Case Management System. Facility administrative investigations are maintained in files at the facility and secured by the PREA Compliance Manager.

Conversation with the agency Acting PREA coordinator reported that outside entity SLED is aware of the agency sexual abuse policy of investigations. The agency has developed a policy for the investigation of sexual abuse and sexual harassment which is reported to the SCDC. SCDC Policy GA-06.11: Prevention, Detection and Response to Sexual Abuse/Sexual Harassment is published on the agency's website at <http://doc.sc.gov/preaweb/>

The Acting PREA Coordinator provided the auditor with a copy of the agency investigation policy (SCDC Policy OIG-23.01 Investigation - Restricted)

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.22 (d)

The provision requires that any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails to have in place a policy governing the conduct of such investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Auditor is not required to audit this provision.

115.22 (e)

The provision requires that any department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails to have in place a policy governing the conduct of such investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Auditor is not required to audit this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewing staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

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| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • 2021 PREA PowerPoint Training • Training Lesson Plan – Searches • Training Lesson Plan – Video • Training Lesson: PREA Curriculum • PREA Refresher Training – 47 • Facility PREA Training Certificates Part 1 (42) • Facility PREA Training Certificates Part 2 (33) • SCDC Form 17-13, New Employee on Boarding PREA Signature • Staff Roster/Data Sheet • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Interview Guide:</p> <ul style="list-style-type: none"> • Random Sample of Staff (Q-a: 1) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.31 (a)</p> <p>The provision requires that the agency train all employees who may have contact with confined persons on: Its zero-tolerance policy for sexual abuse and sexual harassment. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Confined persons’ right to be free from sexual abuse and sexual harassment. The right of confined persons and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The dynamics of sexual abuse and sexual harassment in confinement. The common reactions of sexual abuse and sexual harassment victims. How to detect and respond to signs threatened and actual sexual abuse. How to communicate effectively and professionally with confined persons, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming confined persons; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> |

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 3. Training and Education 3.1: All employees, inmates, contractors, interns, and volunteers, to include contracted institutions, will receive training on SCDC Policy GA-06.11, which establishes the Agency’s zero tolerance for sexual abuse and sexual harassment of confined persons and SCDC Policy PS-10.04, Volunteer Services Programs. SCDC will provide employees a refresher training regarding these standards to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. Certificates of completion, SCDC Form 19-181, NIC Training Log for Investigations and Medical/Mental Health, SCDC Form 1-9, Volunteer Services Agreement, and SCDC Form 17-13, PREA New Employee Onboarding, or other documents showing completion of this training will be placed in the employee file.

A review of the PREA curriculum (PREA Overview Power Point) included but not limited to: Its zero-tolerance policy for sexual abuse and sexual harassment. Slides #28 thru 38: These slides discuss GA-06.11: Zero Tolerance Prevention, Detection and Response to Sexual Abuse and Sexual Harassment; Definitions of Sexual Abuse; Sexual Abuse of confined persons, Detainee or Resident by Staff, Contractor, or Volunteer to include acts with or without consent of the confined persons, Detainee or Resident. Sexual Harassment Definition includes confined persons, Detainee, or Resident; Staff Member, Contractor, or Volunteers; Consensual Sexual Contact among confined persons is prohibited.

How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Slides #39 through 40: These slides discuss Preventions – Staff Education. All employees (temporary and granted), volunteers, interns and contractors will be provided with general training on PREA and the Agency zero tolerance policies. Direct Care staff will have PREA training provided by the Division of Training and Staff Development during Agency On-Boarding, Orientation, Security Basic Training, and annually as mandatory in-service annual training. Preventions: Specialized Education – All criminal investigators, medical practitioners, mental health practitioners, and anyone authorized or charged with specific aspects of the Agency’s response to sexual abuse allegations are required to complete specialized PREA training in the area specific to their role.

Confined persons’ right to be free from sexual abuse and sexual harassment. Slides #48 through 49: These slides discuss Detection – Confined Persons Reporting. Slide #46: This slide discusses Preventions – Supervision and Monitoring. Slides #26 through 27: these slides discuss Barriers to Report (confined persons) and Barriers to Reporting (Staff).

The right of confined persons and employees to be free from retaliation for reporting sexual abuse and sexual harassment. Slide #46: This slide discusses Preventions – Supervision and Monitoring. Slides #48 through 54: These slides discuss Detention – Confined Persons Reporting. Slides #59: This slide discusses Retaliation.

The dynamics of sexual abuse and sexual harassment in confinement. Slides #14

thru 17: These slides discuss Continuum of Sexual Coercion; The Perpetrator (Male confined persons); The Victim (Male confined persons), Video.

How to detect and respond to signs threatened and actual sexual abuse. Slides #21 thru 23: These slides discuss Female confined persons (Family); Female confined persons (One-on-One Relationship); Female confined persons (Attachments).

How to communicate effectively and professionally with confined persons, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming confined persons.

Supervision of Offenders Lesson Plan included but not limited to: Discuss Cross-Gender Supervision, Announce the Presence of Opposite Sex; Transgender and Gender Dysphoria; Young Offender Sentence Types; Supervise Special Need Offenders and Staff Positioning.

SCDC provided training for all employees who work in the facilities. Staff received PREA training thru: 1. New Employee Orientation - one day (8 hours) which includes information regarding PREA. 2. Attending basic training at the Training Academy in Columbia, S.C. The training varies in length depending upon the position that the employee is in. All position training includes PREA Training.

Fourteen random staff were interviewed by the auditor's non-certified support staff. five Blacks and nine Whites. Staff gender, four Black Male, one Black Female, five White Males, four White Female, and zero Hispanic. Interviewed staff reported that they received PREA training. Staff were aware of the Zero Tolerance Policy, employee and confined persons rights, signs, and symptoms of sexual abuse, reporting and responding. One hundred percent of staff were knowledgeable about the topics they had been trained on. Some say that the topics are ongoing. When probed, staff were able to describe the training on zero tolerance, confined persons and staff rights, dynamics of sexual abuse and sexual harassment, prevention, and response protocol as well as supportive services available to confined persons. Staff indicated they have received training on working with vulnerable populations (LGBTQI, prior history of sexual victimization). The staff reported receiving training in person, online and annually.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.31 (b)

The provision requires that such training be tailored to the gender of the confined persons at the employee's facility. The employee receives additional training if the employee is reassigned from a facility that houses only male confined persons to a facility that houses only female confined persons, or vice versa.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

A review of the confined persons roster indicated that the facility houses male confined persons, and the training considers the needs of the population as determined by a review of training curricula and interviews with random staff. However, conversation with the PREA Compliance Manager reported that employees who are reassigned from facilities that house the opposite gender are given additional training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.31 (C)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Review of the training documentation indicated that all current employees and contractors have received PREA training, and facility staff reported that they also received monthly refresher training through staff briefing and meetings where they are reminded of PREA issues.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.31 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.11, Policy Prevention, Detection, and Response to Sexual Abuse/

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| | <p>Sexual Harassment acknowledgement signed statements. The statements include but are not limited to 1. Zero Tolerance Policy (GA 06.11) 2. Sexual Abuse Definitions, 3. Sexual Harassment Definitions, 4. Reporting Inappropriate Employment/ inmates Relations, 5. Corrective Actions, 6. Retaliation</p> <p>During documentation review, the auditor reviewed staff training rosters, staff sign-in sheets, acknowledgement statements and some electronic verifications.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy PS-10.04 Volunteer Services Programs • Volunteer Information Website • Volunteers Orientation Training Power Point Training • Volunteer Services Agreement / SCDC Form 1-9 (42 for 2024) and (46 for 2023) • Contractor Training Records Acknowledgements – 1 staff signature • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails • SCDC Form 17-13, New Employee Onboarding Training • SCDC Form 1-9, Volunteer Services Agreement <p>Interview Guide:</p> |

- Volunteer or Contractor who have Contact with Inmates (Q-a 1/b: 2,3)

Compliance Determination by Provisions and Corrective Actions:

115.32 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Volunteers and contractors who have contact with confined persons have been trained on their responsibilities under the agency's sexual abuse and sexual harassment policy. This training is conducted based on the Inmate Services Volunteer Training Orientation Training Power Point and agreement.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.32 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The SCDC Division of Inmate Services Volunteer Orientation provided the Agency/ Topics to be covered as follows: SCDC Mission, SCDC confined persons Profile, Types of Volunteer Services, Volunteer Conduct, Employee- confined persons Relations, Sexual Abuse, Harassment and Misconduct, Drug Free Environment, Contact with News Media, Appropriate Dress, Unauthorized Items-Contraband, Submission to Searches, Photo Identification for Entry, Arrival to and Movement Inside the Institution, Medications, Pets/Animals, Phones, Cameras, Recording Devices, Worship/ Religious Freedom, Suspension or Termination, Chaplain Directory for Each Institution.

Interviews and documentation indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and the contact they have with confined persons. All volunteers and contractors are notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and

informed how to report alleged incidents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.32 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The auditor reviewed the volunteer services agreement acknowledgement form (SCDC Form 1-9). The statements include but are not limited to 1. The volunteer agrees to: "I agree and understand that the Prison Rape Elimination Act (PREA) is a federal law that prohibits and seeks to eliminate sexual assaults and sexual misconduct in SCDC correctional institutions. Further that SCDC has a zero tolerance for sexual assault or abuse of any person or sexual relationships between staff, volunteers, and confined persons. I have also been informed of how to report such incidents." 2. Confidentiality Pledge: "As a registered volunteer, I may learn personal and confidential information about confined persons in the SCDC. I agree that no such information will be disclosed without the written consent of both the involved confined persons and the affected staff member. I understand that a violation of his pledge will result in my removal as a volunteer.

Based on the documentation review, the facility maintains documentation confirming that volunteers and contractors understand the training they received. The facility documents volunteer and contractor training using the acknowledgement statement and rosters, which requires the instructor signature to verify the training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.33

Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making Compliance Determination:

Documentation:

- Email Confirming Six PREA Videos on Confined Person Tablets
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021.
- PREA Poster English and Spanish 1
- PREA Poster English and Spanish 2
- Email from Agency PREA Coordinator Grade Level
- PREA Video Adult Intake English (Sign Language and Captioned)
- PREA Video Adult Intake English (Captioned)
- PREA Video Adult Intake Spanish (Captioned)
- PREA Video Comprehensive Education English (Sign Language and Captioned)
- PREA Video Comprehensive Education (Captioned)
- PREA Video Comprehensive Education Spanish (Captioned)
- Example of Braille in PREA Brochure Format
- Email of Materials on 5th and 6th Grade Level
- Resident Roster Past 12 Months
- Confined Person Data Sheet
- Institutional File: SCDC Form 18-78 Certification of PREA Education Video Acknowledgement = 75
- Institutional File: SCDC Form 18-69 Certification of Inmate Orientation Acknowledgement = 75
- Target SCDC Form 18-69 Certificate of Inmate Orientation Acknowledgements - 21
- Target SCDC Form 18-78 Certificate of PREA Education Video Acknowledgements - 21
- Let's Talk About Safety PREA Brochure Male English and Spanish
- Consular Confined Person List
- Confined Person Target List
- PREA Audit Posted Notices
- Required # of Inmates Interviews
- Online PREA Audit: Pre-Audit Questionnaire Prison and Jails

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

- Intake Staff (Q-a: 1,2 /b: 3,4 /c: 2)
- Random Inmate Interview (Q-a: 4 /b: 5)

Compliance Determination by Provisions and Corrective Action:

15.33 (a)

The provision requires confined persons to receive information during the intake process explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 3. Training and Education, Section 3.2: Consistent with SCDC Policy GA-06.11, Prevention, Detection, and response to Sexual Abuse. Sexual Harassment states each SCDC institution will ensure that all inmate receive education on the Agency's zero tolerance policy and their rights and responsibilities on how to be free from sexual abuse, sexual harassment, and retaliation for reporting.

Based on a review of information that the facility provided in the PAQ, the number of confined persons admitted during the past 12 months who were given this information at intake was 1179.

Informal conversations with the PREA compliance manager confirmed that the Intake/Classification staff conducts the intake orientation. This was confirmed during the facility tour by the intake/classification staff.

Based on interviewed intake staff, when conducting the intake orientation staff go over the zero-tolerance policy with the confined persons. There is a portion of the intake packet that covers definitions and how to notify or allegations of sexual abuse, sexual harassment and suspicions of sexual abuse or sexual harassment. Intake staff confirmed that the confined person watch a video (English or Spanish) on PREA, and staff answer questions if needed. Intake staff collaborated that all confined persons as well as those transferred from other facilities received PREA information on the agency's zero tolerance policy on sexual abuse or sexual harassment as all other confined person entering the facility by giving them the intake packet and viewing the PREA video. The information is in English and Spanish. Documentation review of confined persons signature and date on the Intake Orientation and Certification of PREA Orientation/Education corroborated that these confined persons received the PREA information.

During the facility site review the intake staff were asked to demonstrate the intake process by walking the audit through the process. Staff was in the office, the PREA information was on her desk in English and Spanish and the auditor was shown the PREA video on a different computer that confined persons used. The video was clear, and the auditor reviewed the PREA Brochure. The brochure titled "Let's Talk About Safety", which includes SCDC has zero tolerance for sexual abuse, sexual harassment and how to report. There is a space on the back of the PREA brochure for the facility to place their local rape crisis center contact or reporting information regarding

sexual abuse and sexual harassment. On September 24, 2024, at 9:33am the auditor observes the intake process in the visitation room with 10 confined persons receiving the information.

The auditor reviewed the PREA Posters and Brochures that were on the staff intake desk, they are written on the 5th - 6th grade level. The brochure is written in everyday street language, uses short sentences that are understandable, and does not use language that requires a high-level of education to read and comprehend.

This was confirmed with a phone conversation and email with the Agency Acting PREA Coordinator. The Acting PREA coordinator confirmed that the PREA Posters and Brochures were created with the support of Justice Detention International (JDI) who creates PREA materials on a 5th -6th grade level. This was also collaborated by the auditor running the SCDC PREA posters and PREA Brochures through a grammar program that tells the reading level of the educational materials which rated the reading grade levels as 4.4 - 5.7. If the confined person has a cognitive or intelligence disability the Intake staff would read the PREA materials to the confined person or request assistance from mental health or GED staff. On April 10, 2024, the auditor had a phone conversation with the intake staff to confirm this process.

Informal conversation with the intake staff collaborated that there was no limited English-speaking confined person at the facility, the auditor did check the confined person roster and had informal conversation with the facility PREA compliance manager. During the tour there was no sign of any confined persons needing LEP services. The auditor did not access the facility Language line for interpretation services at that time, however, the PREA Compliance Manager provided the auditor with the language line instructions for staff who need to access the services if needed. The Quick Reference Guide Global Interpreter Instructions sheet has the toll-free number (833-769-1307). Staff must enter the PIN for SCDC which is 8712339.

A documentation review from 75 confined persons intake file information was randomly selected by the PREA Auditor using the facility confined persons roster with SCDC number, name, date assigned to facility, current housing, and bed assignments. The selected information was placed on a spreadsheet that included race, arrival date year, intake orientation date of certification, and PREA education/video certification date. Copies of the individual documentation for each confined person were copied for uploading into the PREA system.

The auditor confirmed the intake orientation by reviewing 75 Institutional files forms - SCDC Form 18-69 Certificate of Inmate Orientation Acknowledgements. Seventy-five confined persons signed and dated the forms.

The confined persons received the required intake information through brochures and PREA videos. The facility has the following PREA videos for confined persons:

- ◇ PREA Video Adult Intake English (Sign Language and Captioned)
- ◇ PREA Video Adult Intake English (Captioned)
- ◇ PREA Video Adult Intake Spanish (Captioned)

The auditor has reviewed all the above PREA videos and has copies on file to upload

in the PREA system. The auditor reviewed the PREA Intake Video, it is in sign language, captioned and English and Spanish. The intake video is shown on the same day of arrival. Based on documentation review of confined persons signature and date on the Intake Orientation and Certification of PREA Orientation/Education corroborate that the confined persons are receiving the PREA information.

The following are notes of the auditor's review of videos which confirmed the confined person's PREA orientation.

- The video provides confined persons with information about the National Prison Rape Elimination Act also called PREA Standards, "Know Your Rights".
- Zero-Tolerance Policy and what it means.
- Terms and definitions: Sexual Abuse and Sexual Harassment.
- All reports will be investigated.
- How to report sexual abuse and sexual harassments.
- Reporting back to confined persons.
- The rights to be free from sexual abuse, sexual harassment, and retaliation for reporting.
- Tips for staying safe from sexual abuse and sexual harassment.
- How to report sexual abuse and sexual harassment from the facility (A Formal Report, A Report to Medical or Mental Health Staff, A Third-Party Report, An Outside Entity Report, Report Private, right not to Face Retaliation for Reporting).
- Availability of medical and mental health treatment for victimized confined persons.
- Disciplinary actions for participating in sexual abuse, sexual harassment, or making false allegations.
- Reporting back to the confined persons.

On September 5, 2024, the auditor received an email from the Acting PREA Coordinator confirming that ViaPath has placed six PREA videos on all inmate Tablets.

Site Review:

During the facility tour of the confined person living units, the auditor asks an inmate to demonstrate how to review the PREA videos on their tablets. The confined person always had access to the PREA videos.

Forty confined persons were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for confined persons. Twenty were randomly selected from different housing units, and twenty were target confined persons. Of the forty, 25 Blacks, 13 Whites and 2 Hispanic. All interviewed confined person could recall the facility's going over the rules against sexual abuse and harassment when they first came to the facility. They reported that they received intake paperwork or PREA brochure and reviewed a video. Most of the confined persons recall that they received the PREA information on the same day of arrival or within a week. Documentation review of confined persons signature and date on the Intake Orientation and Certification of PREA Orientation/Education collaborated that only one of these confined persons did not have a signature sheet of receiving the PREA information.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.33 (b)

The provision requires within 30 days of intake, the agency provides comprehensive education to confined persons either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, as a part of the initial intake process at the Reception and Evaluation (R&E) Center, all inmates receive a thorough orientation on the agency's zero-tolerance policy regarding the sexual abuse of inmates.

Based on a review of information the facility provided in the PAQ, the number of those confined persons admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake was 1026.

Based on interviewed intake staff confirmed that all confined persons are educated through PREA brochures, Posters and Video on their rights to be free from sexual abuse, sexual harassment and to be free from retaliation for reporting incidents regarding policies, procedures for responding to retaliation. Intake staff confirmed through informal conversations that they will read PREA materials with the confined persons and have them sign an acknowledgement form. Usually, the confined person receives the information the same day, no more than 72 hours from arrival to the facility.

The auditor confirmed that the confined person completed the required PREA Education within the required timeframe by reviewing 75 of the Institutional file forms - SCDC Form 18-78 Certificate of PREA Video Acknowledgements. Seventy-five confined persons signed and dated the forms.

The auditor uploaded the raw data on each confined person titled "Institutional File SCDC Form 18-78 Certificate of PREA Video Acknowledgements.

Forty confined persons were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for confined persons. Twenty were randomly selected from different housing units, and twenty were target confined persons. Of the forty, 25 Blacks, 13 Whites and 2 Hispanic. Interviewed confined

person collaborated that when they came to the facility, they were told about their right to not be sexually abused or sexually harassed. How to report sexual abuse or sexual harassment. About their rights not to be punished for reporting sexual abuse or sexual harassment. When asked about how long after coming here did you get the information above? There were a variety of responses; within a week, first week, same day, couple days, soon as I got here, 2 days, 3 days, next day or immediately. The confined persons were also asked, when did you first come to this facility 32 was within the 12 past 12 months and 8 reported more than 12 months. Note: some of the confined persons may have given their arrival time to prison system.

During the facility review it was determined that the facility does not house female confined persons. The non-certified support assistance could not interview a female to determine whether she was unable to participate in activities outside of her cell because female staff was unavailable to conduct pat-down searches.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.33 (c)

The provision requires confined persons to receive information during the intake process explaining, current confined persons who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the confined persons new facility differ from those of the previous facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, section 1.1.9 Current inmates who have not received the required education shall be educated as promptly as possible.

Informal conversation with facility PREA compliance manager during facility tour confirmed that all confined persons who arrived or transferred to the facility have received PREA education through watching a video and PREA brochure. Transferred confined persons received education on their rights to be free from both sexual abuse, sexual harassment, and retaliation for reporting these incidents. The auditor reviewed 75 confined persons documented signature to confirm the Certification of confined persons Certification of PREA Orientation have reviewed the PREA video. The conversation also confirmed that all confined person, prior to PREA have received the PREA education.

Interviewed intake staff confirmed that all confined persons to include those

transferred from other facilities received PREA information on the agency's zero tolerance policy on sexual abuse or sexual harassment as all other confined person entering the facility through the intake packet and viewing PREA video. The information is in English and Spanish.

The auditor corroborates that all confined person received PREA education upon transfer to a different facility by collecting information from the confined person file of the arrival date/year to the SCDC prison vs the arrival date of the confined person to the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.33 (d)

The provision requires the agency to provide confined persons education in formats accessible to all confined persons, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to confined persons who have limited reading skills.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment section 1.1.7 indicated that during each inmate orientation and training session, inmate education materials will be provided in formats which are accessible to all inmate. This includes providing documentation and materials to inmate who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to confined persons who have limited reading skills.

The auditor used the same process to corroborate and test the language line. There were no Limited English Proficiency.

The auditor has reviewed the PREA videos. The videos are in a format that is accessible to confined persons who are limited English proficient in Spanish format; deaf confined persons by using sign language and caption in English and Spanish; and visually impaired by using clear speech.

Site Review:

The auditor reviewed the PREA Posters and Brochures that were on the staff intake desk, they are written on the 5th - 6th grade level. The brochure is written in everyday street language, uses short sentences that are understandable, and does not use language that requires a high-level of education to read and comprehend.

This was confirmed with a phone conversation with the Agency Acting PREA Coordinator. The Acting PREA coordinator confirmed that the PREA Posters and

Brochures were created with the support of Justice Detention International (JDI) who creates PREA materials on a 5th -6th grade level. This was also collaborated by the auditor running the SCDC PREA posters and PREA Brochures through a grammar program that tells the reading level of the educational materials which rated the reading grade levels as 4.4 – 5.7. If the confined person has a cognitive or intelligence disability the Intake staff would read the PREA materials to the confined person or request assistance from mental health or GED staff. On April 10, 2024, the auditor had a phone conversation with the intake staff to confirm this process.

In each of the living units, the confined persons had access to eight telephones. The auditor tested phones by picking up the receiver and listening for a dial tone. Random phones were checked to contact the outside services. The auditor picks up the phone and receive a dial tone then a message to press 1 for English or 2 for Spanish. The auditor pressed the number, and the call went to the outside agency. The auditor was given the option to press for the name of staff or press to leave message. It was not required for the person confined to enter a personal ID PIN. The call was unmonitored, and the locations of the phones did provide for some privacy for the confined person.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.33 (e)

The provision requires the agency to maintain documentation of confined person's participation in these education sessions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment Section 1.1.6 indicated that inmate will be required to sign an acknowledgement of having received all PREA training at both R&E Centers and the assigned institution on SCDC Form 18-78, "Certification of Prison Rape Elimination Act (PREA) Orientation." A copy of the 18-78 will be maintained in the inmate's institutional record.

The auditor confirmed that the confined person completed the required PREA Education within the required timeframe by reviewing 75 of the Institutional file forms – SCDC Form 18-78 Certificate of PREA Video Acknowledgements. Seventy-five confined persons signed and dated the forms.

The auditor uploaded the raw data on each confined person titled "Institutional File SCDC Form 18-78 Certificate of PREA Video Acknowledgements.

The facility maintains and confirms documentation of confined person's participation in PREA orientation and education by the confined person's signature on the

acknowledgement of the Certification of PREA Education Video and confined persons Intake Certification Orientation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.33 (f)

The provision requires, in addition to providing such education, the agency to ensure that key information is continuously and readily available or visible to confined persons through posters, confined person's brochure, or other written formats.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment Section 1.1.10 indicated that in addition to the education outlined above, each SCDC facility will ensure that key information, including information about the right to be free from sexual abuse and sexual harassment, and how to make a report, is continuously and readily available or visible to confined persons through posters and other written formats.

The facility ensures that key information regarding PREA is continuously and readily available and visible through posters, brochures, flyers, wall painting of PREA, electronic via kiosk, and tablets.

Site Review:

The Auditor confirmed the following key information during the facility tour by observing PREA posters on the wall. The posters observed was Auditor PREA Notice of the upcoming PREA audit; PREA Brochure- Let's Talk About Safety SCDC Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Poster - Reporting PREA Externally (South Carolina Law Enforcement Division (SLED)); Poster - How to Report Sexual Assault/Harassment; PREA flyer - Zero Tolerance Against Sexual Abuse/Sexual Harassment; and Wall Painting of PREA. This information was continuous throughout the facility to include the posted near the phones in the housing units, medical, Education, Dining Hall, Visitation, and the Intake area. The posters and brochures are eligible has the outside toll-free numbers and are in English and Spanish.

The auditor also confirmed that key PREA information is continuously available to confined persons through electronic via kiosk, and tablets. The auditor requested the confined persons to access the PREA information on the kiosk and his tablet. The confined person had no problems pulling up the information for review.

In each of the living units, the confined persons had access to eight telephones. The auditor tested the phone by picking up the receiver and listening for a dial tone.

Random phones were checked for contacting outside services. The auditor picks up the phone and receive a dial tone then a message to press 1 for English or 2 for Spanish. The auditor pressed the number, and the call went to the outside agency. The auditor was given the option to press for the name of staff or press to leave message. It was not required for the person confined to enter a personal ID PIN. The call was unmonitored, and the locations of the phones did provide for some privacy for the confined person.

The facility does not house confined persons solely for civil immigration purposes. The auditor requested a list of confined persons that requested consular notification. The agency central office provided a list of 11 confined persons. These confined persons are not at the facility for the sole purpose of civil immigration, they have criminal charges. The auditor observed and reviewed the Civil Immigration information from the United States Department of State Consular Notification and Access Manual located in the confined person law library. A review of the manual has the following mailing address: Consular Notification & Access (CAN) -U.S. department of State, SA-17 12th Floor Washington, DC 20522-1712, and telephone numbers. It has information in different languages.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

Overall Findings:

This standard is rated met. The agency PREA Office went above and beyond by placing the following six PREA videos on all confined person Tablets. This gives the confined person 24 hours' access to the agency PREA education in the format that they understand. Informal conversation with confined person and staff indicated that all residents do not have a tablet.

- Deaf or hard of hearing: PREA video Adult Intake English (Sign Language and Captioned)
- Blind or have low vision - Facility can access the agency Braille Program (Good Quality of Sound of Videos)
- Speech Disabilities (LEP) - PREA video Adult Intake Spanish (Captioned) and Language Line Interpretative Services
- PREA Video Adult Intake English (Sign Language and Captioned)
- PREA Video Adult Intake English (Captioned)
- PREA Video Adult Intake Spanish (Captioned)

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility went beyond this standard requirement.

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| 115.34 | Specialized training: Investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy OIG 23.28 Evidence Protocol • SCDC Policy ADM-17.01 Employee Training Standards • SCDC Policy OIG-23.01 Investigation • NIC Online Specialized Investigation Training (e-learning Course) Curriculum • MOU with SC Law Enforcement Division • OIG Investigative Notes • List of Facility Investigators NIC Training • List of Agency Investigators (Spread Sheet) NIC Training Dates • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Interview Guide:</p> <ul style="list-style-type: none"> • Inspector General Interview Notes • Investigative Staff (Q-a: 1,2 /b: 3) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.34 (a)</p> <p>The provision requires that in addition to the general training provided to all employees pursuant to standard 115.31, the agency to ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 3. Training and Education Section 3.3: In addition to general training provided to all employees and training provided by the SC Criminal Justice Academy, SCDC's OIG will ensure that its investigators who investigate allegations of sexual abuse have specialized training as prescribed in PREA Standard 115.34. Such training will be renewed at least every two (2) years with certificates of completion or SCDC Form 19-181. NIC Training Log for Investigations and Medical/Mental Health, placed in the employee's file.</p> <p>Based on SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual</p> |

Abuse/Sexual Harassment indicates that all criminal investigators, medical practitioners, mental health practitioners, and anyone authorized or charged with specific aspects of the agency's response to sexual abuse allegations are required to complete specialized PREA training in the area specific to their role. This training will be completed at least every two (2) years with a certificate of completion or signed training completion document placed in the employees' file. Each Institutional PREA Compliance Manager is responsible for documenting the completion of training on SCDC Form 19-181, "NIC Training Log for Investigations and Medical/Mental Health."

Interview with the Inspector General reported that staff receive specific training in conducting sexual abuse investigations in confinement settings. All agents receive law enforcement training and the National Institute of Corrections (NIC). The NIC courses are taken online. In addition, the agents have arrest powers.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.34 (b)

The provision requires that specialized training include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Investigators are required to complete the National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting" includes the following topics: Initial Response, Investigation, Determination of the findings, A Coordinated Response, Sexual Assault Response Team, A Systemic Approach, How Sexual Abuse Investigations Are Different, How Investigations in Confinement Settings Are Different, Criteria for Administrative Action, Criteria for Criminal Prosecution, Report Writing Requirements of an Administrative Report, Requirements for an Administrative Report, Requirements for a Criminal Report, The Importance of Accurate Reporting, Miranda and Garrity Requirement, Miranda Warning Considerations, Garrity Warning Considerations, The Importance of Miranda and Garrity Warnings, Medical and Mental Health Practitioner's Role in Investigations, PREA Standards for Forensic Medical Examinations.

The interview with the Inspector General describes the specialized training. Online course provided by the National Institute of Corrections (NIC) - NIC.Learn.com. All agents take the "PREA": Investigating Sexual Abuse in a Confinement Setting", and "PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations" courses. The training goes through the methodology of conducting

sexual abuse/sexual harassment investigations, evidence collection methods and requirements, interview techniques, Miranda and Garrity and provides examples of different investigations within prisons.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.34 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.34 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Conversation with the facility PREA compliance manager reported that the facility has not had any entity or Department of Justice component that conducted investigations. The auditor is not required to audit this provision.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

Overall Findings:

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| | <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.35 | Specialized training: Medical and mental health care |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
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| | <p>Auditor Discussion</p> |
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| | <p>Evidence Relied Upon in Making Compliance Determination:</p> |
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| | <p>Documentation:</p> |
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| | <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy ADM-17.01 Employee Training Standards • NIC Online Investigations Specialized Training Curriculum • NIC Medical and Mental Training Spreadsheet • Training Acknowledgements • Contract Employees NCIC Documentation Background Checks • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails |
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| | <p>Interview Guide:</p> |
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| | <ul style="list-style-type: none"> • Medical and Mental Health Staff (Q-a: 2 /b:1) |
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| | <p>Compliance Determination by Provisions and Corrective Actions:</p> |
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| | <p>115.35 (a)</p> |
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| | <p>The provision requires that 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. How to preserve physical evidence of sexual abuse. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 1,</p> |
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| | <p>Compliance Determination:</p> |
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| | <p>The facility has demonstrated compliance with this provision of the standard because:</p> |
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| | <p>Based on Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 3. Training and Education Preventive Planning Section 3.5: Consistent with PREA Standard 115.35, all full-time and part-time medical and mental health (social</p> |
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workers, psychologist, etc.) 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 (2) years with documentation placed in the employees' file.

Interviewed Medical and mental health staff full and part-time completes the National Institute of Corrections (NIC) online training Specialized training: Medical and mental health care includes the following topics: Detecting, Assessing, and Responding to Sexual Abuse and Harassment, Sexual Abuse in Confinement Settings, The Dynamics and Effects of Sexual Abuse, Your Role in Responding to Sexual Abuse Incidents, Preserving Physical Evidence of Sexual Abuse, Reporting Allegations and Suspicions, High-Risk confined persons, Effects of Sexual Abuse, Trauma and the Brain, Rape Trauma Syndrome, SART, Medical Screening, 115.21 Evidence protocol and forensic medical examinations, 115.35 Special training: Medical and mental health care, 115.61 Staff and agency reporting duties, 115.65 Mandates a Coordinated Response to Sexual Abuse Incidents, 115.81 Medical and mental health screenings; history of sexual abuse, 115.82 Access to emergency medical and mental health services, 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.35 (b)

The provision requires that if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviewed Medical Staff reported that the facility does not conduct forensic examinations. This process is handled by the local hospital.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.35 (C)

The provision requires that the agency maintain documentation that medical and mental health practitioners have received the training referenced to this standard

either from the agency or elsewhere.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The training documents, including training certificates and the interviews with medical and mental health staff confirmed receipt of the NIC required training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.35 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Confirmed by SCDC Form 19-181, NIC Training Log Medical and Mental Health staff are required to take two classes. "Medical PREA 201 - both groups take, and they take the course for their specific group, medical or mental health. Medical and Mental Health staff completed the general PREA training that is provided for all staff members. Medical staff received specialized training regarding sexual abuse and sexual harassment. The NIC "Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff" and yearly updated training by the agency.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making Compliance Determination:

Documentation:

- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021.
- SCDC Policy GA-06.09 Care and Custody of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria
- SCDC Policy OP-21.04 Inmate Classification Plan
- PREA Screening PREA Training Guide
- Automated SCDC Form 18-79 PREA Screening Checklist
- Screening Questions
- Director Division of Classification and Inmate Records Receptions
- Email of Materials on 5th and 6th Grade Levels
- Multidisciplinary Management Treatment Team Plans
- Required # of Inmate Interviewed
- Site Review Notes (Facility Tour Observation Notes)
- Confined Persons Data Sheet
- Confined Person Roster Past 12 Months
- Initial Assessments and Reassessments = Part 1 - 55 and Part 2 - 36
- Initial Assessments and Reassessments Spreadsheet
- Required Number of Resident Interviewed
- Online PREA Audit: Pre-Audit Questionnaire Prison and Jails

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

- Division Director of Classification & Inmate Records: Reception & Evaluation Center Notes
- Staff Responsible for Risk Screening (Q-a: 1 /b: 2 / d: 3,4 / e: 3,4/ f: 6 /g:5 /h: 7 /i: 8)
- Random Inmates (Q-a: 7/ f: 8 /g: 8)
- PREA Coordinator (Q-i: 4)
- PREA compliance Manager (Q-i: 8)

Compliance Determination by Provisions and Corrective Actions:

115.41 (a)

The provision requires that all confined persons be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other confined persons or sexually abusive toward other confined persons.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.11B, Applying the Prison Rape Elimination Act (PREA) 4 Screening for Risk of Sexual Victimization and Abusiveness section 4.1 - All inmates will be screened for risk vulnerability/abusiveness consistent with SCDC Policy OP-21.04, Inmate Classification Plan, and the National PREA Prison and Jail Standards requirements within seventy-two (72) hours of arrival at each institution and before permanent placement decisions and assignments are made. All institutions will use the SCDC PREA Screening Application.

Based on the PAQ, the number of inmates entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility was 1179.

The PREA compliance manager confirmed that the medical staff are responsible for conducting the initial risk screening and the intake staff are responsible for conducting intake orientation, PREA education and reassessments. This was further collaborated by the auditor reviewing of the PREA Risk Screening User Guide. On page 3 it states that "Offenders should have their initial assessment at R&E within 72 hours of entry and they receive a reassessment within 30 days (for a total of two assessments). Medical conducts the first screening and intake/classification staff conducts the reassessments."

SCDC Policy OP-21.04 Inmate Classification Plan section 5.1 Preliminary Medical Examination: During the receiving and screening phase at the Reception and Evaluation Center, medical staff will screen the incoming inmate within 72 hours, using SCDC Form M-14 and the historical portion of the R&E Physical in the automated medical record (AMR).

Site Review:

During the facility site review of the medical Department, the auditor had informal conversations with medical staff that confirmed the initial risk screening is conducted by medical. The auditor requested a medical staff that conducts initial risk screening to demonstrate the PREA screening process. Staff started by logging-in into the PREA screening software which is a computerized system and walked the auditor through the process. The screening process occurred in a medical office with the door closed. The auditor determined that the location of the screening ensured that as much privacy as possible is given to the confined persons in discussing potential sensitive information.

To ensure that the screening staff ask confined persons questions in a manner that fosters and sets the confined persons at easy, the auditor requested and received a paper copy of the risk screening questions and selected three questions from the instrument. The three questions dealt with LGBTI. Staff demonstrated by using the three LGBTI questions (Are you gay or bisexual? Are you Transgender? Are you

Intersex? The questions were rephrased by staff which was, how do you identify? This confirmed that the screening staff ask confined persons about their sexual orientation and gender identity directly.

During the risk screening demonstration, staff explain that the PREA screening information is collected by the agency assessment instrument call PREA Screening Application "Vulnerability and/or Sexual Aggression Screening". The auditor reviewed a completed PREA Screening Application and at the bottom of the page was the computerized rating/score that determined the risk of a confined person being sexually abused or being sexually abusive. There are additional sources of information that are populated into the screening instrument to help determine risk levels that include additional medical and educational information.

Based on interviewed staff responsible for the initial PREA screening collaborated that confined persons are screened upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other confined persons using the PREA Screening Application.

Informal conversation with confined persons during the tour reported that they were asked questions dealing with their sexual identity and it was not offensive.

Forty confined persons were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for confined persons. Twenty were randomly selected from different housing units, and twenty were target confined persons. Of the forty, 25 Blacks, 13 Whites and 2 Hispanic. Thirty-two of these confined persons came to the facility within the past 12 months collaborated that when they first came to the facility, they were asked about whether they had been in jail or prison before, have ever been sexually abused, identify as being gay, lesbian, or bisexual, and if they think they might be in danger of sexual abuse at this facility. All reported yes, they recall being asked these questions.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.41 (b)

The provision requires that screening intake ordinarily takes place within 72 hours of arrival at the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.11B, Applying the Prison Rape Elimination Act (PREA) 4. Screening for Risk of Sexual Victimization and Abusiveness, section 4.1 - All inmates will be screened for risk vulnerability/abusiveness consistent with SCDC Policy OP-21.04,

Inmate Classification Plan, and the National PREA Prison and Jail Standards requirements within seventy-two (72) hours of arrival at each institution and before permanent placement decisions and assignments are made.

A documentation review of 75 confined persons was randomly selected by the PREA Auditor from the confined persons roster with SCDC #, name, date assigned to facility, current housing, and bed assignments. The selected information was placed on a spreadsheet that included race, arrival date year, initial PREA screening date and reassessment date. The method the auditor uses to select the random confined persons was counted every six or seventh person per page. Copies of the individual documentation for each confined person assessments were reviewed and uploaded into the PREA system.

Confined persons documentation corroborated that these confined persons received the initial PREA screenings. Of the 75 confined persons, all were within the required 72 hours.

Based on interviewing staff responsible for risk screening, it was reported that PREA screenings are completed within 24 hours of the confined persons arriving at the facility. That the screening is always conducted within 72 hours as required by policy.

Forty confined persons were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for confined persons. Twenty were randomly selected from different housing units, and twenty were target confined persons. Of the forty, 25 Blacks, 13 Whites and 2 Hispanic. Thirty-two of these confined persons came to the facility within the past 12 months collaborated that when they first came to the facility, they were asked about whether they had been in jail or prison before, have ever been sexually abused, identify as being gay, lesbian, or bisexual, and if they think they might be in danger of sexual abuse at this facility. All reported yes, they remember being asked these questions. When asked when, there was a variety of responses, a couple months, about a month, during classification or education.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.41 (c)

The provision requires that assessments be conducted using an objective screening instrument.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy Number GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment 1.2.1.1 Intake screening will be conducted utilizing the PREA

Screening Application. The PREA Screening Application “Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument” is a computerized system that assesses inmates objectively.

A review of the PREA Risk Screening Guide (PREA Screening Application “Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument) gives instructions on scoring. The score results are displayed at the bottom right, indicating the offender’s level of risk. The tool asks open and closed ended questions, along with a variety of questions that address victimizations and abusiveness.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.41 (d)

The provision requires that the intake screening consider, at a minimum, the following criteria to assess confined persons for risk of sexual victimization: Whether the confined persons have a mental, physical, or developmental disability. The age of the confined persons. The physical build of the confined persons. Whether the confined persons have previously been incarcerated. Whether the confined person’s criminal history is exclusively nonviolent. Whether the confined persons have prior convictions for sex offenses against an adult or child. Whether the confined persons are or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Whether the confined persons have previously experienced sexual victimization. The confined person’s own perception of vulnerability; and whether the confined persons are detained solely for civil immigration purposes.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

An analysis of the Screening for Risk of Sexual Victimization and Abusiveness PREA Screening Application “Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument, determined all factors required by this provision of the standard are included. Informal staff conversations confirmed they are aware of the elements of the risk screening instrument.

The auditor reviews the computerized PREA screening tool. The tool has a total of 29 questions. The questions that meet the criteria for assessment are as follows:

1. First time the person has been incarcerated (Adult Jail or Person, or Juvenile).
2. Is the inmate under 18 years old?
3. Are the inmate convictions solely non-violent?
4. Does the inmate have past convictions of committing a violent sexual offense?
5. Does the inmate have a mental health status?
6. Are you Gay or Bisexual?

7. Are you Transgender?
8. Are you Intersex?
9. Have you experienced sexual abuse that has never been reported?
10. Did sexual abuse happen in a prison, jail, juvenile facility, or any other detention facility?
11. Do you have a developmental disability?
12. Do you have a physical disability?
13. Have you ever been in protective custody because of the threat of sexual?
14. Do you have any reason to fear placement in the general population? If so, why?
15. Could others perceive the confined person to be gay or bisexual?
16. Could others perceive the confined person to be gender non-conforming?
17. Does the confined person have a slight physical build (i.e., Particularly thin for their height).

Based on interviewed staff responsible for PREA screenings collaborated that the above-mentioned areas are considered when conducting the screening. The process for conducting the initial screening involves asking a series of questions and completing a computerized screening. All the above-mentioned questions areas were covered in the screening tool which is conducted in the medical/intake staff office.

The facility does not house confined persons solely for civil immigration purposes. This was collaborated by reviewing the confined person roster, conversations with the PREA Compliance Manager and warden. However, when a confined person enters the SCDC system for the first time, if they are of immigrant status it is enter into the Agency Central Office data base and facility can pull a list of civil immigrants. These confined persons are not confined solely for civil immigration purposes, they have additional criminal charges.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.41 (e)

The provision requires that the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing confined persons for risk of being sexually abusive.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The PREA screening instrument considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse if known to the facility or agency. The auditor analyzed the PREA screening instrument and

determined that the additional screening questions meet this provision's requirements.

1. Does the inmate have past convictions of committing a violent sexual offense?
2. Did sexual abuse happen in a prison, jail, juvenile facility, or any other detention facility?
3. Has the confined person ever been convicted for sexual abuse against a child?
4. Has this confined person ever been convicted for sexual abuse against an adult?
5. Aside from any convictions, does this confined person have one or more substantiated reports of institutional sexual abuse or sexual violence?
6. Do you have a history of committing sexual abuse?

Based on interviewed staff responsible for risk screening confirmed that the above-mentioned areas are considered when conducting the screening. The auditor analysis of the PREA screening instrument, and it was confirmed that the above-mentioned questions were covered in the screening tool.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.41 (f)

The provision requires that within a set time, not to exceed 30 days from the confined person's arrival at the facility, the facility will reassess the confined person's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy OP-21.04 Confined Person Classification Plan 5 Initial Medical Assessment, Orientation, Intake, Assessment, and Referral's provision (5.1.5) Within 30 days of transfer, the Classification Caseworker/CPS will reassess the confined person's risk of victimization or abusiveness based upon any additional, relevant information received from the confined person's transfer using the automated PREA screening instrument.

Based on interviewed staff responsible for risk screening reported that the reassessments are completed within 30 days. The auditor reviewed a sample of 75 reassessments. Confined persons documentation collaborated that all 75 confined persons received the initial PREA screenings.

The facility is aware that if requested by DOJ they would provide additional raw data in detail from the computerized agency system to include all 29 questions and responses for the confined person. The auditor uploaded an example of the 29 PREA questions used for reassessments.

Based on interviewed staff responsible for risk screening reported that the reassessments are completed within 30 days. The auditor reviewed a sample of 75 reassessments. Of the 75, all reassessments were completed within the 30-day time frame.

The facility is aware that if requested by DOJ they would provide additional raw data in detail from the computerized agency system to include all 29 questions and responses for the confined person. The auditor uploaded an example of the 29 PREA questions used for reassessments.

Most of the randomly confined persons interviewed that came to the facility within the past 12 months reported that they did not know if staff asked them the reassessments questions again, after the initial assessment questions.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.41 (g)

The provision requires that a confined person's risk level be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the confined person's risk of sexual victimization or abusiveness.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy requires that a confined person's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the confined person's risk of sexual victimization or abusiveness. Staff use the same initial PREA Screening Application "Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument questions to conduct the reassessments.

Based on interviewed staff responsible for risk screening reported that they reassess a confined person's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the confined person's sexual victimization or abusiveness. This may be done 30 days, after the 30 days or whenever.

A review of the reassessments included confined persons who have been victims or perpetrators of sexual abuse upon receipt of additional information.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.41 (h)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The policy prohibits disciplining confined persons for refusing to answer the questions regarding: Whether the confined person has a mental, physical, or developmental disability. Whether or not the confined person is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming. Whether or not the confined person has previously experienced sexual victimization, and the confined person's own perception of vulnerability.

Based on interviewed staff responsible for risk screening collaborated that no confined persons are disciplined in any way for refusing to disclose or answering questions. They may place a note in a confined person's file or may reassess and enter the data into the computer system. This was also confirmed by the warden during the facility tour that confined persons are not disciplined for refusing to disclose information.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.41 (i)

The provision requires that the agency implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the confined person's detriment by staff or other confined persons.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The facility protects sensitive information through the computerized PREA screening system. The system is password protected. Staff that have access to the information can be tracked by the time and date of access to information. The information is control and is disseminated to key staff and any additional staff on a case-by-case basis.

During the facility site visit the auditor observed the physical storage area of any information/documentation collected and maintained as hard copy. The hard copies of the intake/classification, PREA screening and other confined persons documentation are kept in the confined person's files and maintained in a lock file cabinet in a location in the intake/classification area. The auditor observed confined person medical records storage in the medical records room in the medical building. The PREA investigations files were stored in the Associate Warden office under lock and key. There were no confidential confined persons information located in places where other confined persons or staff can review.

Informal conversation with staff during the tour confirmed that PREA sensitive information is password protected and each member of staff who has access has their own password that could be tracked by IT. This was confirmed during the medical staff that conducted the initial PREA screening used a password to access the system.

Based on interviewed PREA Compliance Manager collaborated that the facility has outlined who should have access to a confined person's risk assessment within the facility to protect sensitive information from exploitation. Medical, Mental Health, Operations, Classification, PREA Compliance Managers/Assistant PCM's the Acting PREA Coordinator's Office, Warden, and Assistant Wardens have access. Staff are instructed through PREA training that any information obtained is limited to a need-to-know basis for staff, and only for the purpose of treatment, security, and management decisions, information as housing, work, education, and programming assignments. Information is not to be indiscriminately discussed. The administration monitor and takes immediate action if any sensitive information is exploited.

Based on interviewed staff who perform PREA Screenings reported that the facility outlined who can have access to a confined person's risk assessment within the facility to protect sensitive information from exploitations. This includes the warden, associate wardens, majors, captain, counselors, medical, investigators and a need-to-know bases.

The interview Agency PREA Coordinator confirmed that the facility outlined who can have access to a confined person's sensitive information. The facility upper management, medical, mental health, and investigations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewing staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is

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| | compliant with all provisions in this standard. |
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| 115.42 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy GA-06.09 Care and Custody of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria • SCDC Policy OP-21.04 Inmate Classification Plan • Automated SCDC Form 18-79 PREA Screening Checklist • Director Division of Classification and Inmate Records Receptions • Site Review Notes • SCDC Form M-207, Transgender Accommodation Plans (Multidisciplinary Management and Treatment Team) - 1 • Confined Persons Roster Past 12 Months • Target Confined Person List • LGBTI Housing Assignments (Roster) • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Site Review: (Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <ul style="list-style-type: none"> • Division Director of Classification & Inmate Records; Reception & Evaluation Center Notes • PREA Compliance Manager (Q-a: 5 /c: 14 /d: 15/e:16 /f: 17 /g: 13) • Staff Responsible for Risk Screening (Q-a: 9/ b: 9 /d: 10 /e:11 /f: 12) • Transgender/Intersex Inmates (Q-c: 1, 2 /e:1 /f: 3) • Transgender/Intersex/Gay/Lesbian Inmates (Q-g: 2, 4) • PREA Coordinator (Q-g: 5) <p>Compliance Determination by Provision and Corrective Actions:</p> <p>115.42 (a)</p> <p>The provision requires that the agency use information from the risk screening</p> |

required by standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those confined persons at high risk of being sexually victimized from those at high risk of being sexually abusive.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 4.

Screening for Risk of Sexual Victimization and Abusiveness Section 4.2: Each institution's classification personnel will use the information obtained from the screening tool for vulnerability/abusiveness to help determine each confined persons housing, bed, program, education, and work assignment. Determinations for housing of confined persons will be documented. Within thirty (30) days of the initial intake screening, a reassessment screening will be conducted by the institution's classification personnel as described in SCDC Policy OP-21.04, Inmate Classification Plan.

SCDC Policy Number OP-21.04 Inmate Classification Plan 5 Initial Medical Assessment, Orientation, Intake, Assessment, and Referral's (5.1.6). The Inmate PREA status is used when making decisions regarding cell assignment, job assignment, education, and program assignment. Inmates designated as PREA perpetrators will be kept to the extent possible from those designated as PREA victims.

The facility uses PREA information to make determinations for all confined persons regarding housing, bed, work, education, and program assignments. The information is used to maintain separation between confined persons at risk of being sexually victimized and confined persons likely to commit sexual abuse. The facility's physical layout is also considered in the determinations of housing. The auditor confirmed the physical layout during the facility tour and reviewed the facility layout in the staffing plan.

The interviewed PREA compliance manager corroborated that the PREA risk screening application uses a scoring system depending on how a confined person answers the questions and it will provide a color-coding representing risk levels of victims and abusers. This information is used to keep the victims' ways from the abusers. A review of the PREA Risk Screening User Guide section PREA Risk Screening Score Information Appendix page 19 confirmed the color-coding along with reviewing the completed assessment with the computerized color coding at the bottom.

Male Offenders Victimization - Max Score:66

- Low Risk Score Range: 0 - 3 Color Coded Green
- Medium Risk Score Range: 4 - 9 Color Coded Yellow (Individualized Assessment)
- High Risk Score Range: 10+ Color Coded Red (Vulnerable)

Male Offenders Perpetration - Max: 27

- Low Risk Score Range: 0 - 3 Color Coded Green
- Medium Risk Range: 4 - 9 Color Coded Yellow (Case-By-Case Determination)
- High Risk Score Range: 10+ Color Coded Red (Risk as Perpetrator)

Interviewed staff who perform PREA screening corroborated that the initial PREA screening during intake is to keep confined persons safe from being victimized or from being sexually abusive. Staff indicated that it is up to the management and classification team to place confined persons in programs, work, and housing assignments. However, they do have input on assignments.

The facility is aware that if requested by DOJ they would provide additional raw data in detail from the computerized agency system to include all 29 questions and responses for the confined person. The auditor uploaded an example of the 29 PREA questions used for reassessments.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.42 (b)

The provision requires that the agency make individualized determinations about how to ensure the safety of each confined person.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy Number GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment 1.2.1.3 Inmates who self-identify as Transgender or Intersex will be assessed and provided the minimally necessary accommodations on a case-by-case basis. For those inmates who self-identify as Transgender, information will be provided to the Agency's Multidisciplinary Management and Treatment Team (MMTT) for individualized case management and review.

Interviewed staff who perform PREA screenings confirmed that the facility uses information from the risk screening during intake to keep confined persons safe from being sexually victimized or from being sexually abusive. Staff reported that the initial PREA screen is entered into the automated PREA Screening Application Tool. This tool processes the ratings which help to determine housing the confined persons will be assigned to programming, education, and work area.

There were no Transgenders for the auditor to interview.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.42 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy Number OP-21.04 Inmate Classification Plan section 5.5.1 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 a decision will present a management or security problem.

SCDC Policy Number GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment 1.2.1.5 Those inmates' cases that are brought before the Agency's MMTT will be discussed on a case-by-case basis with the intention of ensuring the inmates' health and safety, and whether the placement would present management or security problems.

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

Interviewed agency Acting PREA coordinator confirmed that the agency ensures against placing lesbian, gay, bisexual, transgender, or intersex confined persons in dedicated facilities, units or wings solely based on their sexual orientation, genital status, or gender identity. SCDC has a Multidisciplinary Management and Treatment Team (MMTT) which make recommendations; however, classification makes decisions on which facilities would be most appropriate for placement of confined persons that identify as transgender or intersex, confined persons suffering from Gender Dysphoria, and intersex confined persons. Agency policy and classification system confirmed that LGBT confined persons are not placed in dedicated facilities, unit, or wings, solely based on their sexual orientation.

Interview with the Division Director of Classification & Inmate Records; Reception & Evaluation Center reported when a Transgender or Intersex confined persons enter the state agency Reception & Evaluation Center they are classified and send to a permanent facility. The agency has a Multidisciplinary Management and Treatment Team Accommodation Plan. The plan meets monthly and cover Health Considerations, Committee Housing Recommendations, and Disposition of Request of the Transgender

or Intersex. The following agency staff participate on the Multidisciplinary Management & Treatment and Evaluation Treatment Team Accommodation Plan: Legal and Compliance; PREA Coordinator; Classification & Confined Person Records; Legal Representative; Health Services; Behavioral & Mental Health Services and the Transgender Services Clinical Coordinator. The facility PREA Compliance Manager receives a copy of the confined persons Accommodation Plan when the Transgender or Intersex confined person is sent to their permanent facility.

Interviewed PREA compliance manager confirmed that the facility ensures against placing LGBTI confined persons in dedicated housing units by using the initial PREA screening. The facility does not have dedicated housing for the LGBTI population.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.42 (d)

The provision requires that placement, and programming assignments for each transgender or intersex confined persons be reassessed at least twice each year to review any threats to safety experienced by the confined persons. Policy requires placement and program assignment of transgender and intersex confined persons are reassessed every six months to review any threats to safety experienced by the confined persons.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.09 Care and Custody of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria section 2.2 The Multidisciplinary Management Team will be made up of the following:

- Division Director for Behavioral/Mental Health & Substance Abuse Services.
- Assistant Deputy Director of Nursing.
- Chief Medical Doctor.
- Deputy Director for health Services or designee.
- Chief Psychiatrist or designee.
- Primary Care Clinician (s) Assigned to Work with the Offender, where appropriate.
- Prison Rape Elimination Act Coordinator.
- Deputy Director for Operations or designee.
- Deputy Director of Chief Legal and Compliance Officer or designee,
- Division Director of Classification and Inmate Records or designee.

The auditor sample one (1) Multidisciplinary Management and Treatment Team Inmate Accommodation Plan that are used to document the Team review of the Transgenders or Intersex confined persons within the audit cycle. The Transgender

was within the past 12 months and is no longer at this facility.

Interviewed staff who perform PREA screenings collaborated that placement and programming assignments for each transgender or intersex confined persons reassessed each year to review any threats to safety experienced by the confined persons. The Transgender Services Clinical Coordinator meets with the confined person at the assigned facility. The Transgender Services Clinical Coordinator is also responsible for conducting the reviews of all Transgenders and Intersex confined persons.

Informal conversation with the PREA Compliance Manager confirmed that Transgender or intersex confined persons are reassessed by the Transgender Clinical Services Coordinator, and she comes to the facility to reassess the confined persons. This was confirmed by the reviews of the ten sample MMTT confined person accommodation plans.

Interview with the Division Director of Classification & Inmate Records; Reception & Evaluation Center reported that the Transgender Services Clinical Coordinator is responsible for conducting the reviews of all Transgenders or Intersex confined persons and informing the Transgenders on the committee decisions. This was confirmed by the auditor's phone interview with the Agency PREA Coordinator.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.42 (e)

The provision requires that a transgender or intersex confined persons own view with respect to his or her own safety shall be given thoughtful consideration.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 4. Screening for Risk of Sexual Victimization and Abusiveness, Section 4.6: Inmates who identify as transgender or intersex during confinement will have their own perceptions of safety and housing documented and considered on a case-by-case basis.

The auditor reviews the computerized PREA screening tool (PREA Screening Application "Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening). The tool has a total of 29 questions. The questions that meet this provision of the standard are as follows:

1. Are you Transgender?
2. Are you Intersex?

3. Do you have any reason to fear placement in the general population? If so, why?
4. Have you ever been in protective custody because of the threat of sexual abuse?

Informal conversations with the associate warden confirmed that transgender or intersex confined persons views concerning his or her safety are given serious consideration. The auditor confirmed this by reviewing the MMTT accommodation plans in response to the transgender different concerns that may include their safety. Examples are the authorization to obtain medical compression shorts for support due to prior medical procedure. Gender preference of the staff member to conduct searches, male or female. The confined person's input is confirmed by his or her signature and date on the accommodation plan.

Interviewed PREA Compliance Manager corroborated that the transgender and intersex confined persons views with respect to his or her own safety are given serious consideration in placement and programming assignments. When the facility receives a transgender or intersex confined persons, the facility would meet with each transgender or intersex coming into the facility and the confined persons would be asked if they felt vulnerable and if so, what the facility might do to make them feel safer.

There were no Transgenders for the auditor to interview.

Based on interviewed staff who are responsible for risk screening reported that a confined person's views on their own safety are considered specially when it comes to showering, using the toilet or housing.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.42 (f)

The provision requires that transgender and intersex confined persons be given the opportunity to shower separately from other confined persons.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 4. Screening for Risk of Sexual Victimization and Abusiveness, Section 4.8: Transgender and intersex inmate will be given the opportunity to shower separately from other inmates.

SCDC Policy GA-06.09 Care and Custody of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria, Section 3. Housing of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria 3.1 states, in deciding whether to house transgender inmates and inmates with gender dysphoria in a facility for male or

females, and in making other housing decisions (bathroom and shower access) and programming assignments, the Multidisciplinary Management and Treatment Team will consult with the Division of Operations as well as central classifications to create a plan with a reasonable outcome for the confined person and institution as a whole. Safety concerns will be considered.

The facility has a practice in place that ensures transgenders and intersex-confined persons are given the opportunity to shower separately. If a Transgender or Intersex do not feel safe showering in the individual shower stalls in the living units, they may request to shower after lockdown, intake, or medical area. Transgender or Intersex confined persons are given the opportunity to shower during facility count time when all confined persons report to their cells.

Site Review:

During the onsite review, the auditor observed the facility areas where confined persons may be in a state of undress, showers, toilet, and changing clothing. The areas observed were housing units, medical, intake cells/showers, recreation areas and visitation shake-down room. The showers are in a community area with individual stalls. The toilets are in each cell of the confined person's rooms/cell (two-person cell).

There were no Transgenders for the auditor to interview.

Interviewed staff who perform PREA screenings Collaborated that the confined persons' views for their own safety would be given serious consideration. They also stated if the confined persons requested to shower separately because of safety and personal issues, the facility would strive to arrange that. Housing assignments for each transgender and intersex confined persons would be made, according to staff, based on the PREA assessment and the confined persons feelings regarding safety.

Informal conversation and interview with the PREA compliance manager collaborated that Transgender or Intersex confined persons are given an opportunity to shower separately from other confined persons, they are allowed to shower during count time.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.42 (g)

The provision requires that the agency do not place lesbian, gay, bisexual, transgender, or intersex confined persons in dedicated facilities, units, or wings solely based on such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such confined persons.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy OP-21.04 Inmate Classification Plan 5 Initial Medical Assessment, Orientation, Intake, Assessment, and Referral's provision 5.1.7 Initial Housing of LGBT (lesbian, gay, bisexual, and transgender) inmate: Lesbian, gay, bisexual, transgender, or intersex confined persons will not be housed solely based on such identification unless placed for the purpose of protecting the inmates.

Interviewed Agency Acting PREA Coordinator confirmed that the policy and agency practice do not have dedicated facilities, units, or wings solely for LGBTI confined persons. To house transgenders or intersex, the agency uses the Multidisciplinary Management and Treatment Team (MMTT) to make recommendations on what facility to house this population. It is noted that the Agency Acting PREA Coordinator serves as the chairperson for the agency MMTT committee.

The auditor requested any consent decree, legal settlement, or legal judgement requiring the facility to establish a dedicated facility, unit, or wing for LGBTI confined persons, and any documentation of housing if there were a consent decree, legal settlement, or legal judgement. The PREA Compliance Manager confirmed none.

The auditor further confirmed by conducting an internet search for consent decrees, legal settlements, and legal judgements for this facility. The search results were none founded.

There were no Transgenders for the auditor to interview. Both Transgenders confirmed that they have not been placed in housing areas only for transgender or intersex confined persons. One reported that the facility does not do that here. One reported that she is in a regular population with everyone.

Seven confined persons were interviewed by the auditor's non-certified support staff who identified as gay. Seven reported that they have not been put in a housing area only for gay, lesbian, bisexual, transgender, or intersex confined persons. Some said that they are housed in general population, some stated that they are housed just like everyone else.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

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| 115.43 | Protective Custody |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy OP 22.23 Statewide Protective Custody • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Policy BH-19.04 Mental Health Services – General Provisions • SCDC Policy OP-21.04 Inmate Classification Plan • PREA Audit: Pre-Audit Questionnaire Prisons and Jails <p>Interview Guide:</p> <ul style="list-style-type: none"> • Warden or Designee (Q-a: 8 /c: 9, 10) • Staff who Supervise Inmates in Segregated Housing (Q-b: 1,2 /c: 3,4 /e: 5) • Inmates in Segregated Housing (for risk of sexual victimization/who alleged to have suffered sexual abuse): (Q-b: 2 /c: 3 /e: 4) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.43 (a)</p> <p>The provision requires that confined persons at high risk for sexual victimization not be placed in involuntary segregated housing unless and 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. If a facility cannot conduct such as assessment immediately, the facility may hold the confined person in involuntarily segregated housing for less than 24 hours while completing the assessment.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 4.mScreening for Risk of Sexual Victimization and Abusiveness, Section 4.3: Consistent with SCDC Policy OP-21.04, Confined Person Classification Plan, 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.</p> <p>Based on a review of information the facility provided in the PAQ, the number of confined persons at risk of sexual victimization who were held in involuntary</p> |

segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. In the past 12 months, the number of confined persons at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0.

Conversation with staff confirmed that confined persons at high risk for sexual victimization will not be placed 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. If an assessment cannot be conducted immediately, the confined persons may be held in involuntary segregation for less than 24 hours while completing the assessment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.43 (b)

The provision requires that confined persons placed in segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: The opportunities that have been limited. The duration of the limitation and the reasons for such limitations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Conversation with staff who work in Restricted Housing and review of the segregated documents indicated that confined persons are placed in segregated housing related to PREA and have access to 1. Daily confined persons Evaluations - responsible for conducting daily cell inspections. 2. Programs - allowed access to meaningful programs and services. 3. Religious Programming - requests to see a Chaplain will receive prompt response. 4. Medical Care - Qualified healthcare personnel will be required to visit. 5. Mental Health. 6. Access to Legal Materials. 7. Recreation. 8. Visitation 9. Correspondence Privileges 10. Personal Telephone Calls 11. Legal Telephone Calls, 12. Canteen Purchases.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.43 (c)

The provision requires that the facility assign confined persons to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

Compliance Determination:

The facility has demonstrated compliance with this provision for the standard because:

SCDC Policy OP-22.23 section 5.1 - inmates must be provided with a review within seven (7) calendar days of their initial placement in Protective Concern. The inmate will appear before the IPCC to justify or discuss his/her placement into Statewide Protective Custody housing. If placement in state protective custody is recommended, at least one (1) of the following elements must be established by the IPCC for the confined person request to be considered valid.

Site Review:

During the facility site review the auditor confirmed by reviewing the Restricted Housing Visit Log. The Restricted Housing Visit log confirmed that the upper-level management and supervisors conducted rounds.

The interviewed warden confirmed that confined persons at high risk of sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. When involuntary segregated housing assignment is made, an incident report is completed documenting the following information: the basis for concern for the confined person's safety and the reasons why no alternative means of separation can be arranged. A review is conducted every 30 days to determine the continuing need for separation from the general population.

Interviewed staff who supervise confined persons in segregated housing reported that if confined persons are placed in involuntary segregated housing, they are there until an alternative means of separation from the abusers can be arranged. The stay may be up to 30 days.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.43 (d)

The provision requires that if an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility clearly document: The basis for the facility's concern for the confined person's safety; and the reason why is no alternative means of separation can be arranged.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Conservations with the facility PREA compliance manager reported, if an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section the facility clearly documents using the Protective Concerns Documentation (SCDC Form 19-47) and incident report (SCDC Form 19-29). If an involuntary segregated housing assignment is made, an incident report is completed documenting the following information: the basis for concern for the confined person's safety and the reasons why no alternative means of separation can be arranged.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.43 (e)

The provision requires that every 30 days, the facility affords each such confined persons a review to determine whether there is a continuing need for separation from the general population.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy OP-22.23 section 2.4 - If placement in Protective Custody is approved by the warden/duty warden or approved designee the inmates will be transferred to available Short Term (ST) bed space for a period of up to seven (7) calendar days for further investigation.

A review of the RHU logbooks indicated that the facility provides confined persons a review every 30 days to determine the continuing need for separation from the general population.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SC Victim Assistance Network • SCCAVASA Member Services to Incarcerated Victims • Statewide Partnerships with Sexual Assault Centers • Agency Language Translation Instructions • Consular Notification and Access Manual • Inmate Mail - Website • Inmate Visitation - Website • PREA Poster English and Spanish 1 • PREA Poster English and Spanish 2 • MOU Between SC Law Enforcement Division (SLED) and SCDC • Site Review Notes • PREA Audit Posted Notices • Required # of Inmate Interviewed • Incident Reports Review in Investigation Files Notes • MOU for Outside Reporting Services (Report Sexual Abuse or Sexual Harassment *22) • MOU for Outside Emotional Support Services (Treatment for Sexual Abuse or Sexual Harassment *63) • Let's Talk About Safety PREA Brochure Female English and Spanish (with local emotional support services and Reporting information.) • Let's Talk About Safety PREA Brochure Male English and Spanish (with local emotional support services and reporting information.) • PREA Audit Posted Notices • Confined Persons Target List • Confined Persons Roster 12 Months • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Site Review: (Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <ul style="list-style-type: none"> • Random Sample of Staff (Q-a: 7 /c: 8 /d: 6) • Random Sample of Residents (Q-a: 9 / b: 9. 10/ c: 11) • PREA Compliance Manager (Q-b: 7, 8) |

Compliance Determination by Provisions and Corrective Actions:

115.51 (a)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 5. Inmate Reporting Section 5.1: Inmates Reporting: Inmates incarcerated in an SCDC institution will have multiple ways of reporting actual or suspected acts of sexual abuse or sexual harassment. Inmates may make a report by utilizing the inmates phone system to call in an allegation by dialing *22 or write or make a verbal report to any agency employee volunteer, intern, or contractor. Inmates may also utilize the kiosk system to write to the South Carolina Law Enforcement Division (SLED) or ask a family member or friend to file a report on their behalf through the PREA Tips page on the Agency's public website at <http://www.doc.sc.gov/preaweb/>.

The agency provided each facility with PREA Brochure for Males in English and Spanish and for Females in English and Spanish. These brochures were developed with the assistance of Just Detention International. This project was supported by Grant No. 2013-RP-BX-0001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. The Brochure Title, Let's Talk About Safety - SCDC has Zero-Tolerance for Sexual Abuse and Harassment. Topics included, Safety Talk, a Week Later; Staff, Contractors, Volunteers, and Confined Persons Cannot...; How Can I Get Help? Support and Additional Information; You Have the Right to...; Things to Remember. There is a place on the back for local information.

The agency/facility has multiple internal ways for residents to privately report sexual abuse, sexual harassment, retaliation by other confined persons or staff for reporting sexual abuse and sexual harassment, and staff violated their responsibilities that may have contributed to the sexual abuse. Internal ways to report: Use the PREA hotline, file a grievance, file a report for medical request and ask for help, with confined person lawyer, a friend or family member to request help. Report to a volunteer or contractor. Writing an anonymous note.

Site Review:

During the site review,

- The auditor observed the facility signage regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, persons confined in the facility, and visitors. The notice was posted in the living units, common areas, facility

entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible.

- The auditor observed the facility signage regarding access to outside confidential (emotional support services *63) information was posted in all areas frequented by persons confined in the facility, including housing/living units. This information is posted near the phones.
- The auditor observed the facility signage regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in persons confined in the facility housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible.
- Informal conversation with during the tour indicated that confined persons have access to writing instruments, paper, and forms to report.
- The auditor observed how mail moves from person of confinement to the facility mailroom. It starts with the person in confinement placing the mail in a lock drop box which was located where confined persons have access. The drop box is only accessible by designated staff.
- The auditor tested the facility systems by which persons confined in the facility can report sexual abuse and/or sexual harassment electronically via kiosk, tablet, phones, and internal grievance process or written format. The auditor requested that confined persons demo the steps of reporting by kiosk, tablet, and phones. There was also informal conversation regarding where and who received the reports.
- The facility has a copy of the U.S. Department of State Consular Notification and Access on file for resident who are listed as foreign national (consular information). This information is in the law library.

A review of the investigation files confirmed that confined persons use multiple internal ways to privately report sexual abuse, sexual harassment, and retaliation. The total number of sexual abuse and sexual harassment investigations for the past 12 months 27. Number of staff-on-resident sexual abuse classified by facility investigations 4; Number of staff-on-resident sexual harassment classified by facility investigations 3; Number of residents-on-residents sexual abuse classified by facility investigations 13; Number of residents-on resident's sexual harassment classified by facility investigations 7. Total number of on-going cases 8; Total number of referred to prosecution 1; and Total number of terminated staff or contractors 1. The total number of investigation files the auditor reviewed was 15. Note: raw evidence is uploaded in standard 22 (a) in each confined person individual investigation file.

Fourteen random staff were interviewed by the auditor's non-certified support staff. five Blacks and nine Whites. Staff gender, four Black Male, one Black Female, five White Males, four White Female, and zero Hispanic. Staff reported that the confined persons can privately report sexual abuse or sexual harassment by using hotline number #22, their tablets, Kiosk, grievance, speak to staff or notify family, or friends. Some staff indicated *63, it was explained that *63 is for emotional support services

and if confined person reports the outside agency will report to the Agency PREA Coordinator. The reports can be made verbally or in writing. All interviewed reported that if a confined person makes a report verbally or in writing, regarding sexual abuse or harassment, the allegations are responded to immediately and they would immediately document the allegation.

Forty confined persons were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for confined persons. Twenty were randomly selected from different housing units, and twenty were target confined persons. Of the forty, 25 Blacks, 13 Whites and 2 Hispanic. All interviewed confined persons could describe more than one way they could report sexual abuse, sexual harassment, or retaliation if they needed to. The ways were: confined persons reported filing a grievance, using the facility kiosk, reporting thru their tablet, request to visit medical and ask for help, tell their lawyer, a friend, or family member for help, dial *22 from any confined person phone located each living units (PREA reporting line set up by the SCDC to leave a message regarding any violation in the facility). Call Sexual Assault Hotline or Dial *22 to report sexual abuse or sexual harassment. *63 for emotional support services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.51 (b)

The provision requires that the agency also provide at least one way for confined persons to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive, and immediately forward confined persons reports of sexual abuse and sexual harassment to agency officials, allowing the confined persons to remain anonymous upon request. People who are confined to providing solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Conversations during the facility tour confined persons reported the following are ways they can report sexual abuse or sexual harassment to public or private entity. Use the PREA hotline to outside entities, report to a confined person, lawyer, a friend or family member to request help. The confined persons can report to any outside third party.

The facility does not house confined persons solely for civil immigration purposes. However, if they did, the facility would notify any confined persons detained solely for civil immigration purposes about how they can access immigrant services agencies

and provide mailing addresses and regular and toll-free telephone numbers which is in the law library.

Interviewed facility PREA compliance manager reported that confined persons have the following ways to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency is South Carolina Law Enforcement Division (SLED). Any confined person can write to SLED to make a report outside of the facility and can choose to remain anonymous. If they can tell a friend or family member to use the SCDC Anonymous PREA Tips website, Legal Counsel, Attorney Visits, Legal Correspondences, Grievance Process (Mail outside).

Forty confined persons were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for confined persons. Twenty were randomly selected from different housing units, and twenty were target confined persons. Of the forty, 25 Blacks, 13 Whites and 2 Hispanic. Twenty-nine confined persons reported that they are allowed to make a report of sexual abuse or sexual harassment without having to give your name. Eleven reported that they did not know that they could make an anonymous report. The auditor's assistant explains that they can report without giving their names or they can stay anonymous.

Forty confined persons were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for confined persons. Twenty were randomly selected from different housing units, and twenty were target confined persons. Of the forty, 25 Blacks, 13 Whites and 2 Hispanic. Most of the confined persons reported that there is someone who does not work at this facility who they could report to about sexual abuse or sexual harassment, by telling other family members, like mother, father, brother, sister, telling a friend, a lawyer or call the hotline.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.51 (c)

The provision requires that staff accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 5. Inmate reporting 1. Preventive Planning Section 5.2: Consistent with SCDC policy, all employees, contractors, and volunteers are mandated to report any knowledge of alleged, communicated, or suspected abuse of an inmates immediately as per SCDC Policy GA-06-11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, SCDC Policy ADM-11.34, Employee- Inmates Relations; SCDC Policy

ADM-11-39, Staff Sexual Misconduct with inmates; and the SC Employee Code of Ethics.

The facility mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports immediately, but always before leaving the shift. Staff can report sexual abuse and sexual harassment, privately and the agency informs staff through shift briefing, management meetings and PREA training.

Fourteen random staff were interviewed by the auditor's non-certified support staff. five Blacks and nine Whites. Staff gender, four Black Male, one Black Female, five White Males, four White Female, and zero Hispanic. Staff reported that confined persons could make a report of sexual abuse or sexual harassment verbally, in writing, anonymously, and through third parties. And they would immediately respond to allegations, contact supervisor, and complete an incident report. Staff indicated that verbal reports would be documented ASAP, but before the end of the shift.

Forty confined persons were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for confined persons. Twenty were randomly selected from different housing units, and twenty were target confined persons. Of the forty, 25 Blacks, 13 Whites and 2 Hispanic. Forty confined persons report that they could make a report sexual abuse or sexual harassment in person or in writing. They also reported that they could ask a friend or relative to make a report for them so they could remain anonymous. Some reported they have family they could report to so they could remain anonymous.

Forty confined persons were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for confined persons. Twenty were randomly selected from different housing units, and twenty were target confined persons. Of the forty, 25 Blacks, 13 Whites and 2 Hispanic. Thirty-nine confined persons reported that they have not reported to the authorities in person or in writing that they were sexual abused. One reported that he did report a sexual abuse at the facility. The non-certified support staff completed the random interview questions and completed the target interview questions for reporting sexual abuse at the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.51 (d)

The provision requires that the agency provide a method for staff to privately report sexual abuse and sexual harassment of confined persons.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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| | <p>SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) Inmate Reporting Section 5.3 Employees, Volunteers, Contractors, or anyone who has knowledge of alleged, communicated, or suspected abuse can report anonymously to SCDC via SCDC’s public PREA website at http://www.doc.sc.gov/preaweb/.</p> <p>Informal conversation with staff during the tour indicated that staff can privately report sexual abuse and sexual harassment by use the PREA hotline or using a third-party.</p> <p>Fourteen random staff were interviewed by the auditor’s non-certified support staff. five Blacks and nine Whites. Staff gender, four Black Male, one Black Female, five White Males, four White Female, and zero Hispanic. The random staff representing staff from all shifts. Staff reported that they can privately report sexual abuse and sexual harassment of confined persons by using the hotline number, notifying supervisor, the Warden, the facility PREA Compliance Manager or notifying the Agency PREA Coordinator. All the interviewed staff could also articulate at least one method in which staff could make a private report. Most staff reported they would notify their supervisor. Privacy would occur by discussing away from others.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. |

- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.
- SCDC Policy GA-01.12 Inmate Grievance System
- MOU Between SC Law Enforcement Division (SCLED) and SCDC
- Site Review Notes
- Grievance Review for Investigation Files
- Online PREA Audit: Pre-Audit Questionnaire Prison and Jails

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

- Inmate who Reported Sexual Abuse (Q-d: 15,16,17,18)

Compliance Determination by Provisions and Corrective Actions:

115.52 (a)

The provision requires that an agency be exempt from this standard if it does not have administrative procedures to address a confined person's grievances regarding sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-01.12 Inmates Grievance System section 15.2.6 states that the inmates Grievance Coordinator (IGC) will not investigate allegations of a violation of PREA. A copy of any grievance alleging PREA violations will be provided to the PREA Compliance Manager within 24 hours of receipt for investigation and providing recommended responses to grievances. The PREA Compliance Manager will maintain a copy of the grievance and maintain a log of PREA allegations grievances.

The agency/facility has an administrative process to address confined person's grievances regarding sexual abuse.

The facility PREA compliance manager provided the auditor with copies of the PREA Compliance Manager Management Training Minutes. One of the agenda topics: Grievance transferal Memo/Grievance Routing Slip. SCDC Form 19-190, Grievance Transferal Memo: This is the form that the institutional Grievance Coordinator will forward to the PCM (along with the actual grievance) that is a PREA-related grievance. The Grievance Office cannot investigate PREA related grievances, and the PCM must interview the confined persons, and provide PREA Coordinator@doc.sc.gov with documentation. All allegations must come to PCM so that a case can be opened and will follow all the same protocols as every other allegation.

Informal conversation with the PREA compliance manager reported that any Sexual Abuse or Sexual Harassment submitted through the Grievance System the grievance coordinator picks it up and it is immediately forward to PREA investigations for actions. This ends the grievance process and begins the PREA investigation process.

A review of the investigation files confirmed that the agency addresses confined person grievance through the PREA investigation process. The auditor reviewed documentation from the investigation files. Of the 15 cases reviewed: Confined Person Grievance - 0; Grievance Transferal Memo - 0; and PCM confined persons Grievance Review Routing Slip - 0. Note: raw evidence is uploaded in standard 22 (a) in each confined person individual investigation file.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.52 (b)

The provision requires that the agency does not impose a time limit on when a confined person may submit a grievance regarding an allegation of sexual abuse. The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The agency shall not require a confined person to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. Nothing in this section should restrict the agency's ability to defend against a confined person's lawsuit on the grounds that the applicable status of limitations has expired.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-01.12 Inmates Grievance System section 15.2.1 states, there will be no time frame for filing a grievance alleging sexual abuse. The inmates will not be required to attempt any informal resolution.

The facility does not impose a time limit on when a confined person may submit a grievance regarding an allegation of sexual abuse. Confined persons can submit grievance any time regardless of when the incident is alleged to have occurred. According to staff interviews, the facility does not require a confined person to use any informal grievance process as it relates to PREA, or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.52 (c)

The provision requires that the agency ensures that: A confined persons who alleges sexual abuse may submit grievance without submitting it to a staff member who is the subject of the complaint, and such a grievance does not refer to a staff member who is the subject of the complaint.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 5. Inmate Reporting Section 5.5: Consistent with SCDC Policy GA-01.12, Inmates Grievance System, the Grievance Branch will ensure that grievance receptacles are available and secure in all institutions. Inmates will not be required to give grievance to any staff member who is subject to the complaint. Inmates may also file grievances through an available kiosk or provided mobile device.

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

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

During the facility site review conversation with the confined persons reported that they turn their grievance in using the grievance box.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.52 (d)

The provision requires that 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 5. Inmate Reporting Section 5.6: The Institutional PREA Compliance Manager (PCM) will notify the inmates of the process of the investigation when provided the information from the assigned investigator, consistent with SCDC Policy OIG-23.01, Investigations. The investigator assigned to the allegation will ensure that PCM is notified of the investigation after receiving the allegation.

Informal conversation with the facility PREA manager reported if confined persons report a sexual abuse or sexual harassment through the grievance process, the grievance coordinator immediately forwards the grievance to the facility PREA Investigator to be investigated. This process ends the grievance process and begins the investigation process. All grievance timeframes are met.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.52 (e)

The provision requires that third parties, including fellow confined persons, staff members, family members, attorneys, and outside advocates, shall be permitted to assist confined persons in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of confined persons.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 5. Inmate Reporting Section 5.7: Anyone who has knowledge of the alleged event may also assist the inmates with filing a grievance, file a report on behalf of the alleged victim, or file a report themselves.

If a third-party report on behalf of a confined person, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

If the confined persons decline to have the request processed on his or her behalf, the agency will document the confined person's decision.

Informal conversations with the PREA compliance manager reported that third parties include individuals such as fellow confined persons, staff members, family members, attorneys, and outside advocates, are all permitted to assist confined persons in filing requests for administrative remedies relating to allegations of sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.52 (f)

The provision requires that the agency establish procedures for the filing of an emergency grievance alleging that a confined person is subject to a substantial risk of imminent sexual abuse.

Confined persons who report a sexual abuse or sexual harassment through the grievance process, the grievance coordinator immediately forwards the grievance to the facility PREA Investigator to be investigated. This process ends the grievance process and begins the investigation process. All grievance timeframes are met.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

After receiving an emergency grievance alleging a confined person is subject to a substantial risk of imminent sexual abuse, the agency will 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.

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

Informal conversation with the PREA compliance manager reported after receiving an emergency grievance alleging a confined persons are subject to a substantial risk of imminent sexual abuse, SCDC immediately would forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to investigations and/or a level of review at which immediate corrective action may be taken.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.52 (g)

The provision requires that the agency may discipline a confined person for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the confined persons filed the grievance in bad faith.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of confined persons grievances alleging sexual abuse resulted in disciplinary action by the agency against the confined person for having filed the grievance in bad faith: 0.

SCDC Policy: GA-01.12 Inmates Grievance System states that the agency may discipline an inmate for filing a grievance related to the alleged sexual abuse if there

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| | <p>is evidence that the inmate filed the grievance in bad faith.</p> <p>Staff indicated that the facility may discipline confined persons for filing a grievance related to alleged sexual abuse when the confined persons filed the grievance in bad faith.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • PREA Facility Brochure (Spanish and English) • PREA Posters • Agency Language Translation Instruction Flyer Quick Reference Guide (Interpreter Call) • US Department of State Consular Notification and Access • Inmate Mail • SC Victim Assistance Network • SCCAVASA Member Services to Incarcerated Victims • Statewide Partnerships with Sexual Assault Centers • Inmate Consular List • Site Review Notes • Zero Tolerance Poster |

- Outside Emotional Support Services Flyer
- Additional Outside Emotional Support Services Information Reviewed in Investigation Files
- MOU for Outside Emotional Support Services (Treatment of Sexual Abuse or Sexual Harassment *63)
- Required Number of Confined Persons Interviewed
- Audit PREA Posted Notices
- Confined Persons Target List
- Confined Persons Roster Past 12 Months
- Online PREA Audit: Pre-Audit Questionnaire Prison and Jails

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

- Inmate Random Interview (Q-a: 13,14,15,16 /b: 17)
- Inmate who Reported Sexual Abuse (Q-a: 10,11 /b: 12)

Compliance Determination by Provisions and Corrective Actions:

115.53 (a)

The provision requires that the facility provide confined persons with access to outside victim advocates for emotional support services related to sexual abuse by giving confined persons mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between confined persons and these organizations and agencies, in as confidential a manner as possible.

Compliance Determination:

The facility demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 5. Inmate Reporting Section 5.9: Inmates will have access to available outside victim advocates for emotional support. Information for advocacy centers will be provided throughout all SCDC institutions and as a part of the inmate orientation program in all correctional institutions.

SCDC has a Statewide Partnership with Sexual Assault Centers. The 10 sexual assault centers serve the counties where SCDC prisons maybe located. Confined persons at any facility can call the appropriate sexual assault center for their region simple by dialing *63 on the inmate phone. This call is not recorded, and the confined person does not have to put in his/her Inmate Personal Identification Number (PIN) to make the call. If a confined person chooses not to call, the confined persons are provided the mailing address of the sexual assault center as an alternative. All statewide Partnership with Sexual Assault Centers provides counseling and work with confined

persons needs victim advocacy services.

As a part of the PREA Education process confined persons are informed that their tablet is format to call emotional support services *63 at any time.

Documentation in the investigation files corroborated that 13 confined persons who alleged sexual abuse or sexual harassment were given additional information regarding outside emotional support services during the investigation process. The Additional Information and Support Service states: If you'd like to speak with someone for emotional support, you can request to meet with someone from the Behavioral/Mental Health and Addictions Recovery Services. For additional emotional support services/information, you can contact Palmetto Citizens Against Sexual Assault, an outside community organization dedicated to providing services to survivors of sexual abuse. Trained counselors can be reached through the inmate phones by dialing #63. Calls are free and confidential. You can also write to 106 North York Street, Lancaster, SC 29720. The mail sent to the following address will not be opened by SCDC staff and does not require postage. Note: raw evidence is uploaded in standard 22 (a) in each confined person individual investigation file reviewed.

PREA requires the auditor to conduct outreach to relevant national, state, and local advocacy organizations. The outreach is to communicate with community-based or victim advocates who may have insight into relevant conditions and outside services provided to the residents. On September 11, 2024, the auditor contacts Just Detention International (JDI) by email. The Senior Operations Officer on September 11, 2024, responded. The email stated that a review of our (JDI) database indicates that the agency has not received any information regarding the facilities submitted.

Site Review:

During the facility tour the auditor observed PREA posters on the wall. The posters observed was Auditor PREA Notice of the upcoming PREA audit; PREA Brochure- Let's Talk About Safety SCDC Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Poster - Reporting PREA Externally (South Carolina Law Enforcement Division (SLED)); Poster - How to Report Sexual Assault/Harassment; PREA flyer - Zero Tolerance Against Sexual Abuse/Sexual Harassment; and Wall Painting of PREA. The outside emotional support services are on the Palmetto Citizens Against Sexual Assault flyer, which includes the following mailing address 106 North York Street, South Carolina. This information was continuous throughout the facility to included posting near the phones in the housing units, medical, Education, Dining Hall, Common areas, Visitation, front entrance, and the Intake area. The posters and brochures are eligible, has the outside toll-free numbers.

The auditor observed how mail moves from confined persons to the facility mailroom. It starts with the confined persons placing the mail in a lock drop box which is located where confined persons have access in front of the dining hall. The drop box is only accessible by designated staff. The auditor visits the mailroom and has an informal conversation with a mailroom clerk that confirmed sending and receiving PREA confidential mail is treated as legal mail.

In each of the living units, the confined persons had access to eight telephones and three kiosks. The auditor tested the phones by picking up the receiver and listening for a dial tone. Random phones were checked to ensure that the confined persons have access to Palmetto Citizens Against Sexual Assault, that provides the local emotional rape crisis support services. The auditor received a dial tone, press #63 then a message to press 1 for English or 2 for Spanish. The auditor pressed the number, and the call went to the outside agency. The staff from Palmetto Citizens Against Sexual Assault answered the phone. It was not required for the person confined to enter a personal ID PIN. The call was unmonitored. A review of the Palmetto Citizens Against Sexual Assault flyer includes a statement to inform confined persons that the PREA calls are unmonitored. The locations of the phones did provide some privacy for the confined person.

The Confined persons that are in Restricted Housing Unit (RHU) have access to the outside victim advocates for emotional support service through the “rolling phone” with instructions *63. This was confirmed during the auditor’s site visit.

Informal conversations with confined persons during the tour collaborated that they are aware of the outside emotional support services painted on the walls and posters, however, they never used it.

The auditor confirmed the outside emotional support services by contacting the Executive Director on September 24, 2024, at 9:08am. It was confirmed that the MOU is still active. It has not been terminated by either party. The MOU is updated every 5 years. The Palmetto Citizens Against Sexual Assault staff confirmed that the confined person can and have contacted them for emotional support services through the facility toll free PREA line *63. Most of the services provided by Palmetto Citizens Against Sexual Assault are coping skills, listening, confined persons want someone to talk regarding the sexual abuse and other issues.

The facility does not house confined persons solely for civil immigration purposes. The auditor requested a list of confined persons that requested consular notification. The agency central office provided a list of 11 confined persons. These confined persons are not at the facility for the sole purpose of civil immigration, they have criminal charges. The auditor observed and reviewed the Civil Immigration information from the United States Department of State Consular Notification and Access Manual located in the confined person law library. A review of the manual has the following mailing address: Consular Notification & Access (CAN) -U.S. department of State, SA-17 12th Floor Washington, DC 20522-1712, and telephone numbers. It has information in different languages.

The auditor observed PREA information in the control booth located in each of the housing units. The PREA Auditor notices that the confined persons and staff were posted in the control booth. Some were posted on the door of the control room booth.

Staff and confined person informal conversations during the tour indicated that confined persons confirmed having access to writing instruments, paper, and forms to report. They use them in education, library, and programs as well as during free time in the living units. Staff indicated that confined persons could request them from

staff.

Forty confined persons were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for confined persons. Twenty were randomly selected from different housing units, and twenty were target confined persons. Of the forty, 25 Blacks, 13 Whites and 2 Hispanic. Thirty-six reported that they were aware of services available outside of the facility for dealing with sexual abuse if they needed it. The kind of services reported ranges from victim advocate, counseling, PREA for advocate, emotional support services, and rape counseling. Most of the confined persons said that mailing addresses and phone numbers were given to them by pamphlet or on posters. The confined persons reported that the kind of services provided was victim services, rape counseling crisis, some said they were not sure because they never call or did not read the information. Most of the confined persons said the outside services numbers were free, and some said they did not know because they never used it. Most of the confined persons reported that they think they can talk with outside service at any time when they are out of their cells.

Forty confined persons were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for confined persons. Twenty were randomly selected from different housing units, and twenty were target confined persons. Of the forty, 25 Blacks, 13 Whites and 2 Hispanic. Confined persons were asked, do you know what you say to people from these services remain private? Interview confined persons give a variety of responses: don't know never use the services, it's confidential unless you report a crime, danger, if someone is hurt, or in trouble. They also said that the services can tell someone else about what they talk about: when they give permission, PREA information, unsafe conditions, agree to share, their approval, give consent and verbal consent.

Five confined persons that reported sexual abuse at this facility were interviewed by the auditor's non-certified support staff. One is an ongoing case. They were asked, does the facility give you mailing addresses and telephone numbers for outside services.

Five confined persons that reported sexual abuse at this facility were interviewed by the auditor's non-certified support staff. One is an ongoing case; one was added based on a confined person random sample interviewed question number 12; and one was sexual harassment. Confined persons were asked, does the facility give you mailing addresses and telephone numbers for outside services? Five said they were not aware. The auditor and the PMC conducted a follow-up and determined that the confined persons received mailing addresses and telephone numbers outside emotional support services from PREA brochure give doing intake, and during the facility tour the audit observed the Palmetto Citizens Against Sexual Assault posters on the walls and near the phones. In addition, the confined person received a "The Additional Information and Support Service during the investigation process that states: If you'd like to speak with someone for emotional support, you can request to meet with someone from the Behavioral/Mental Health and Addictions Recovery Services. For additional emotional support services/information, you can contact Palmetto Citizens Against Sexual Assault, an outside community organization

dedicated to providing services to survivors of sexual abuse. Trained counselors can be reached through the inmate phones by dialing #63. Calls are free and confidential. You can also write to 106 North York Street, Lancaster, SC 29720. The mail sent to the following address will not be opened by SCDC staff and does not require postage. Note: raw evidence is uploaded in standard 22 (a) in each confined person individual investigation file reviewed.

Confined persons were asked under what circumstances are you able to talk with people who provide these services? Four said they did not received services, and one was sexual harassment. The auditor follow-up determines that the confined persons have access to outside emotional support service 7/24 hours. They can make *63 calls from their tablet.

Confined persons were also asked if you can communicate (talk or write) with these people in a confidential way? Could your conversations with them be told to or listened to by someone else? The confined persons said they have not spoken to anyone.

The auditor requested that the facility compliance manager follow-up with confined persons by reminding them of the posted outside emotional support services information on the wall and on their tablet. The information clearly states, "Dial *63 on the inmate phone to reach trained counselors. The call is not recorded, and you do not have to put in your inmate Personal Identification Number (PIN) to make the call. Calls are free and confidential. Mail sent will not be opened by SCDC staff and does not require postage."

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.53 (b)

The provision requires that the facility inform confined persons, 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 5. Inmate Reporting Section 5.10: Any monitored communications of inmates, recording or live listening of conversations with advocacy centers, will be expressed to inmates and/or others prior to authorization for use.

The facility informs confined persons through a flyer prior to communicating with

outside organizations that phone calls (not the PREA numbers) may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities by mandatory reporting laws.

The facility flyer collaborated that the Palmetto Citizens Against Sexual Assault How to Access Emotional Support Services for Survivors of Sexual Abuse dial *63 for the confined phone to reach trained counselors' flyer that the call is not recorded, and you do not have to put in their confined person Personal Identification Number (PIN) to make the call. Calls are free and confidential.

Most of the interviewed confined persons reported that they did not know if their conversation would remain private because they never use outside services. Some say that they think their conversation would remain private unless they reported a crime. However, the auditor support assistance remind them of the Palmetto Citizens Against Sexual Assault outside emotional support services flyer states, "call are free and confidential".

Interviewed PREA compliance manager collaborated that the confined persons are informed at orientation and by Medical and Classification staff when completing the PREA Screening Application the extent to which reports of abuse will be forwarded to authorities as mandated reporters.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.53 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 2. Responsive Planning Section 2.7: The Agency's PREA Coordinator will attempt to make available written Memorandum of Understanding /Agreement's with local/ regional Rape Crisis Centers to provide emotional support services. Such attempts will be documented through written memorandums and retained for monitoring purposes.

The facility/agency maintains a memorandum of understanding (MOU) or other agreements with community service providers that can provide confined persons with emotional support services related to sexual abuse. Informal conversations with the PREA compliance manager confirmed the facility have an agreement with outside

emotional support services for confined persons. The agreement is documented as required and a copy of the agreement is maintained in the PREA Compliance Manager's office.

The auditor reviewed the Memorandum of Understanding between SCDC Kershaw Correctional Institution and Palmetto Citizens Against Sexual Assault. The Palmetto Citizens Against Sexual Assault is responsible for: facilitating an agreement between the parties for services related to goals and implementation of federal Prison Rape Elimination Act (PREA) mandates.

- 24-hour hotline
- 24-hour hospital accompaniment to Lancaster Springs Memorial Hospital
- Crisis intervention/At office physical location
- Information via mail
- Support by phone

The auditor confirmed the MOU by contacting the Executive Director on September 24, 2024, at 9:08am. It was confirmed that the MOU is still active. It has not been terminated by either party. The MOU is updated every 5 years.

During the meeting the Executive Director reported that there have been no SAFE or SANE referral for the past 12 months. There were confined persons that received services within the past 12 months, however, they would and could not share any information. Palmetto Citizens Against Sexual Assault confirmed that confined person could contact them for emotional support services through the facility toll free PREA line *63. Most of the services provided are coping skills, listening to confined persons who want someone to talk to about their abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

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| 115.54 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Evidence Relied upon in Making Compliance Determination:

Documentation:

- SCDC and Statewide Partnership for Victim Services
- MOU Between SC Law Enforcement Division (SLED) and SCDC
- SCDC PREA Tip Line - Anonymous
- SCDC Official Website (Third-Party Reporting)
- Report Sexual Abuse or Sexual Harassment of an Inmate by (Clicking Here) Website
- Online PREA Audit: Pre-Audit Questionnaire Prison and Jails

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

Compliance Determination by Provision and Corrective Actions:

115.54 (a)

The provision requires that the agency establish a method to receive third party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a confined persons.

Documentation:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 5. Inmate Reporting Section 5.12: Consistent with SCDC Policies PS-10.08, Inmates Correspondence Privileges, and SCDC Policy OP-22.09, Inmates Visitation, inmates will be allowed confidential access to their attorneys or other legal representation.

The auditor reviews the agency website that which is one established method for receiving reports of sexual abuse and sexual harassment from third parties and ensure that the reports are handled the same way as other reports of sexual abuse or sexual harassment, including ensuring that any identified or potential victims are safe and receive necessary support services, and that reports are thoroughly investigated.

The auditor reviewed the SCDC website under the PREA section, it gives the public access to third party reporting by completing an automated form to make a report of sexual abuse inside a correctional institution in South Carolina and can choose to remain anonymous which is forwarded to the PC Office for review and distribution. If the public have access to the website, they can just click on the link and enter required information. Tip line allows third-party reporters to indicate the date of the incident, location of the incident, type of incident and describe in detail the incident the third-party is reporting.

SCDC has established a reporting line that is housed at Headquarters of the Office of Inspector General. This is a system in which an individual can leave a message, either by name or anonymously. The agency/facility publicizes information on third-party

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| | <p>reporting, through its public website; by posting in public areas of the facility lobby or visitation area and pamphlets.</p> <p>Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewing staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy OIG-23.01 Investigation • MOU Between South Carolina Law Enforcement Division (SLED) and South Carolina Department of Correction (SCDOC) • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Interview Guide:</p> <ul style="list-style-type: none"> • Random Sample of Staff (Q-a: 5 /b: 5) • Medical and Mental Health Staff (Q-c: 3, 4, 5) |

- Warden or Designee (Q-d: 15 12 /e:)
- PREA Coordinator (Q-d: 11)

Compliance Determination by Provisions and Corrective Actions:

115.61 (a)

The provision requires that 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; retaliation against confined persons or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) coordinated Response Following and Inmate's Report section 6.1 All employees are required to immediately report any knowledge, suspicion, information or allegation of sexual offenses consistent with SCDC Policy GA-06.11, "Prevention, Detection, and Response to Sexual Abuse/sexual Harassment", SCDC Policy ADM-11.17, Employee Conduct; SCDC Policy ADM-11.34, Employee Inmate Relations, and SCDC Policy OP-22.25, Reporting Incidents and Accidents Management Information Notes (MINS) and Other Methods of Reporting.

The policies collectively address provisions of the standard including providing all staff immediately report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment, or incidents of retaliation and according to mandatory reporting laws.

Staff consistently described a process for reporting any information related to sexual abuse incidents as: reporting immediately, taking the confined persons to medical, isolating the confined persons from other confined persons, don't allow the confined persons to bathe, shower, or brush teeth, preserve evidence; and report to someone else for the investigation.

Interviewed staff who conducts medical services reported that staff are required to report any knowledge, suspicion, or sexual harassment to a designated supervisor or official immediately upon learning. In accordance with SCDC policy, all employees must report incidents immediately to one of the following: Institutional Investigator, Warden, PREA Compliance Manager, appropriate member of the Director's staff, Division Director of Human Resources or the PREA Coordinator immediately upon learning of the incident.

Informal conversation with staff during the tour reported all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators are the management team.

Fourteen random staff were interviewed by the auditor's non-certified support staff. five Blacks and nine Whites. Staff gender, four Black Male, on Black Female, five White Males, four White Female, and zero Hispanic. The random staff representing staff from all shifts. All staff reported that if they learn of a confined person at risk of imminent sexual abuse, they will protect the confined person by immediately notifying their supervisor, separating the confined persons, monitor until supervisor arrives.

Fourteen random staff were interviewed by the auditor's non-certified support staff. five Blacks and nine Whites. Staff gender, four Black Male, on Black Female, five White Males, four White Female, and zero Hispanic... Staff were asked, if you are the first person to be alerted that a confined person has allegedly been the victim of sexual abuse, what is your responsibility in that situation? Staff indicated that they would prevent a confined person from bathing or doing any hygiene, collect clothing, send to medical, remove victim from abuser, secure crime scene and evidence, speak only to those involved to include investigations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.61 (b)

The provision requires that apart from reporting to designated supervisors or officials, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Reporting according to mandatory reporting laws and the facility policy was evident through document review regarding disclosures by confined persons of allegations that did not occur in the facility or an institutional setting. A review of documentation demonstrates information reported to staff is reported to the appropriate authorities. Staff members are instructed to immediately report all allegations of sexual abuse or sexual harassment to a supervisor or the PREA compliance manager.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.61 (c)

The provision requires that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of this section and to inform confined persons of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 6.

Coordinated Response Following and Inmate's Report section 6.2: All employees are obligated to inform inmates of their duty to report sexual abuse and harassment as well as their limits of confidentiality.

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that any employee, (to include contract and temporary) who knowingly or intentionally submits inaccurate or untruthful information concerning sexual abuse as defined by state statute is guilty of the misdemeanor of falsely reporting sexual abuse and, upon conviction, must be imprisoned for not more than one (1) year. In addition, such conduct will result in corrective action up to, and including, termination pursuant to SCDC Policy ADM-11.04, "Employee Corrective Action."

Informal conversation with medical staff reported at the initiation of services to a confined person during intake they disclose the limitations of confidentiality and their duty to report and mandated reporters. Staff are expected to abide by the confidentiality requirements as medical professionals. Staff is also required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their designated supervisor immediately upon learning of the incident.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.61 (d)

The provision requires that if the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the agency reports the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The auditor checks rosters to ensure that the facility does not house youthful offenders. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person statute, the agency is required to report the

allegation to the designated State or Local Services agency under applicable mandatory reporting laws.

Interviewed warden reported that there are no confined persons under the age of 18 at this facility, but if there was, the facility would ensure the sexual abuse or sexual harassment for confined persons under the age of 18 is investigated and reported to State Children Services. The facility is aware of the South Carolina Code of Laws Unannotated Title - 43 - Social Services (Vulnerable Adults) and Title 20 Juveniles.

Interviewed agency Acting PREA Coordinator reported that when an allegation is received, the alleged victim and the alleged perpetrator are immediately separated. Security supervisors and the Institutional PREA compliance manager are notified, so that the proper procedures, documentation, and notifications are completed. For individuals under the age of 18, the Youthful Offenders Program Manager is notified so that the juvenile's family is notified of the allegation, and all mandatory required agencies are informed. The juvenile is provided an opportunity to call and work with the local rape crisis center (RCC) and/or Qualified Mental Health Professional within the institution. However, this facility does not house confined persons under the age of 18.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.61 (e)

The provision requires that the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policies collectively provide for all allegations to be reported to the PREA compliance manager, including third-party and anonymous reports as also verified by staff interviews. The policy requires staff members, including medical and mental health staff, to immediately report any knowledge, suspicion, or information of any incident in any facility, even in a facility that is not a part of the agency.

The interviewed warden confirmed that staff have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift, and allegations will be investigated.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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| | <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewing staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.62 | Agency protection duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy OP-22.23, Statewide Protective Custody • SCDC Policy OP-21.04 Inmate Classification Plan • Agency Head Designee Notes • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Interview Guide:</p> <ul style="list-style-type: none"> • Agency Head (Q-a: 12) • Warden or Designee (Q-a: 7) • Random Sample Staff (Q-a: 13) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.62 (a)</p> <p>The provision requires that when an agency learns that a confined person is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the confined persons.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 6.</p> |

Coordinated Response Following an Inmate's Report Section 6.3: SCDC will take immediate action to protect an inmate who is at a substantial risk of imminent sexual abuse consistent with SCDC Policy OP-22.23, Statewide Protective Custody.

According to the Pre-Audit Questionnaire, in the past 12 months, the number of times the agency or facility determined that a confined person was subject to a substantial risk of imminent sexual abuse was zero.

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee reported, if there is a specific source of the imminent sexual abuse, the potential abuser will be relocated so that there is no contact between the potential victim and perpetrator during an investigation and afterwards, if the investigation supports the potential for sexual abuse. Potential victimization and potential perpetrator conduct are taken into consideration in all housing and work assignments. As a last resort, the potential victim may be housed in protective custody until an investigation can be conducted and potential abusers identified.

The interviewed warden reported that when he learns that a confined person is subject to a substantial risk of imminent sexual abuse the facility will protect them by removing the confined person to another housing unit or facility.

Fourteen random staff were interviewed by the auditor's non-certified support staff. five Blacks and nine Whites. Staff gender, four Black Male, one Black Female, five White Males, four White Female, and zero Hispanic. The random staff representing staff from all shifts. All staff reported that if they learn of a confined person at risk of imminent sexual abuse, they will protect the confined person by immediately notifying their supervisor, separating the confined persons, monitor until supervisor arrives.

Fourteen random staff were interviewed by the auditor's non-certified support staff. five Blacks and nine Whites. Staff gender, four Black Male, one Black Female, five White Males, four White Female, and zero Hispanic. Staff were asked, if you are the first person to be alerted that a confined person has allegedly been the victim of sexual abuse, what is your responsibility in that situation? Staff indicated that they would prevent a confined person from bathing or doing any hygiene, collect clothing, send to medical, remove victim from abuser, secure crime scene and evidence, speak only to those involved to include investigations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit

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| | Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard. |
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| 115.63 | Reporting to other confinement facilities |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • MOU with SC Law Enforcement Division • Agency Head Designee Notes • Warden-to-Warden PREA Notification Reviewed in Investigation Files • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Interview Guide:</p> <ul style="list-style-type: none"> • Agency Head (Q-d: 5) • Warden or Designee (Q-d:16, 17) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.63 (a)</p> <p>The provision requires that upon receiving an allegation that a confined person was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 6. Coordinated Response Following an Inmate’s Report Section 6.4: 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 seventy-two (72) hours of receiving the allegation and will be documented utilizing SCDC Form 19.184, Warden-to-Warden PREA Notification.</p> <p>According to the Pre-Audit Questionnaire, in the past 12 months, the number of allegations the facility received that a confined person was abused while confined at</p> |

another facility was 5.

The facility provides that upon receiving an allegation that a confined person was sexually abused while confined at another facility, the Director/designee notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours and send to the appropriate investigative agency.

A review of the investigation files confirmed that upon receiving an allegation that a confined person was sexually abused while confined at another facility, the head of the facility notified the head of the facility where the alleged abuse occurred. Of the 15 investigation files reviewed, 0 had a Warden-to-Warden PREA Notification. Note: raw evidence is uploaded in standard 22(a) in each confined person individual investigation file.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.63 (b)

The provision requires that such notification be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 6. Coordinated Response Following and Inmate's Report Section 6.4: 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 seventy-two (72) hours of receiving the allegation and will be documented utilizing SCDC Form 19.184, Warden-to-Warden PREA Notification.

Notification is made as soon as possible but no longer than 72 hours after receiving the information. The facility head/designee documents the notification as required. It is the responsibility of the receiving agency to ensure an investigation is completed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.63 (c)

The provision requires that the agency document that it has provided such notification.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The facility uses the Warden-to-Warden PREA Notification as documentation. There was no warden-to-warden notification for the past 12 months.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.63 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 6. Coordinated Response Following an Inmate's Report Section 6.5: Upon notification of an allegation of sexual abuse occurred while an inmate was housed at an institution outside the authority of SCDC, the SCDC institutional Warden will contact the institution head of the institution where the alleged abuse occurred and will notify SCDC OIG. This notification will be provided within seventy-two (72) hours of receiving the report and will be documented and provided to the institution's PREA Compliance Manager and the Agency's PREA Coordinator.

According to the Pre-Audit Questionnaire, in the past 12 months, the number of allegations the facility received that a confined person was abused while confined at another facility was 2.

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee reported that when a facility/agency (or a facility within the agency) receives an allegation the PREA coordinator reviews the allegation and refers it to the institutional PREA compliance manager for documentation that might exist and for administrative investigation if the allegation warrants an administrative investigation or the Office of Inspector General if a criminal investigation is necessary. When asked regarding examples, she reported the this is specific to the institution, so the answer is determined by the institution if there was an allegation from one or another.

Interviewed warden reported when the facility receives an allegation from another facility that the incident of sexual abuse or sexual harassment occurred in his facility, he would contact the facility PREA compliance manager to begin the investigation process. PREA compliance manager may contact the facility where the confined person is at for additional information.

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| | <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Sexual Abuse Response Protocol • SCDC Policy ADM-17.01 Employee Training Standards • MOU with SC Law Enforcement Division • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Interview Guide:</p> <ul style="list-style-type: none"> • Security Staff and Non-Security Staff First Responders (Q-a: 1/ b:1) • Inmate who Reported Sexual Abuse (Q-a: 1,2,3) • Random Sample of Staff) Q-b: 11) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.64 (a)</p> <p>The provision requires that upon learning of an allegation that a confined person was sexually abused, the first security staff member to respond to the report shall be required to: Separate the alleged victim and abuser. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse</p> |

occurred within a time that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) 7. Investigation section 7.2 Consistent with SCDC Policy GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report will ensure that the alleged victim is separated from the alleged perpetrator, will preserve and protect the crime scene, will not allow the alleged victim or perpetrator (if known and applicable) to possibly destroy evidence through washing, brushing, or using bodily functions, and will notify supervisory staff, to include the institution's PREA Compliance Manager. All actions taken will be documented on SCDC Form 19-29A, Incident Report.

Conversations with facility PREA compliance manager reported that upon learning of an allegation that a confined person was sexually abused, the staff member to respond to the report are required to: 1. Separate the alleged victim and abuser. 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse occurred within a time that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence. 4. If the abuse occurred within a time that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence.

Fourteen random staff were interviewed by the auditor's non-certified support staff. five Blacks and nine Whites. Staff gender, four Black Male, on Black Female, five White Males, four White Female, and zero Hispanic. Staff were asked, if you are the first person to be alerted that a confined person has allegedly been the victim of sexual abuse, what is your responsibility in that situation? Staff indicated that they would prevent a confined person from bathing or doing any hygiene, collect clothing, send to medical, remove victim from abuser, secure crime scene and evidence, speak only to those involved to include investigations.

Five confined persons that reported sexual abuse at this facility were interviewed by the auditor's non-certified support staff. One is an ongoing case; one was added based on a confined person random sample interviewed question number 12; and one was sexual harassment. Confined persons were asked, how soon after you were sexually abused did a staff person come to help you? Four said within hours or immediately, and one said within weeks.

Confined persons were asked, did you tell someone at the facility about the abuse or did they find out about the abuse in another way? Two said they reported by kiosk and hotline, and three reported to staff.

Confined persons were asked, do you feel that the staff who first got to the scene after you had been sexually abused responded quickly? Three reported staff response was quick or the next day, one said within hours and one said about a week. The auditor follow-up on the "week" and determined that the confined persons was interviewed because he said yes to random question #12. It is also noted that he was a mental health inmate.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.64 (b)

The provision requires that if the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11 Attachment A - SCDC Sexual Abuse Response Checklist and Attachment B SCDC Sexual Abuse Response Protocol give guidelines to staff that have a duty to respond rapidly, professionally, and thoroughly when an inmate has been sexually victimized. The guide gives requirements for the duties of the security and non-security staff.

According to the Pre-Audit Questionnaire, of the allegations that a confined person was sexually abused in the past 12 months, the number of times a non-security staff member was the first responder was 3.

The agency/facility through training distinguishes the roles of non-security first responders. First responders do not conduct any part of the investigation, and their role is to protect the victim, separate the victim and alleged abuser until a security staff arrives.

During the facility site review a non-security staff reported their responsibilities as the first responder would immediately contact security (nearest) and report, stay with the confined person until security arrived. They would not let the confined person use the bathroom, drink water, or change clothing.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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| | <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewing staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.65 | Coordinated response |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Compliance Determination:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • PREA Coordinator Response Protocol • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Interview Guide:</p> <ul style="list-style-type: none"> • Warden or Designee (Q-a: 18) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.65 (a)</p> <p>The provision requires that the facility develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 6. Coordinated Response Following and Inmate’s Report Section 6.7: All SCDC institutions will develop a written institutional sexual abuse coordinated response plan that is in accordance with SCDC Policy GA-06.11, Prevention, Detection, and</p> |

Response to Sexual Abuse/Sexual Harassment, and the National PREA Prison and Jail Standard 115.65, Coordinated Response. Each SCDC Warden will ensure the members of their institution's Sexual Assault Response Team (SART) are aware of their roles and are active participants in the institution's response to allegations of sexual abuse. Each member of staff assigned to each institution in any capacity will be informed and/or trained on the institution's coordinated response plan within thirty (30) calendar days from the date of its publication or update.

The auditor reviewed the Coordinated Response Plan which is aligned with detailed information in the policy regarding the response to an allegation or incident of sexual abuse. The plan includes protocol divided by timeframes, as follows:

- Following a reported risk of imminent sexual abuse
- Following suspected or alleged incident of sexual abuse
- Prior to transport to a medical forensic exam
- During the medical forensic exam
- Following the exam or after acute care is provided
- Follow-up care/long term duties

The plan outlines the actions of the identified staff members and their roles.

- Staff First Responder
- Security Staff First Responder
- PREA Compliance Manager
- Institution Medical Staff
- Institutional Mental Health Staff
- Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner at Self Regional Healthcare
- Rape Crisis Advocate
- Police Service Investigator
- District Attorney or Designee

The coordinated plan is signed.

The interview warden reported that the Coordinator Response Plan does coordinate actions among staff first responders, medical, and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewing staff and confined persons, local advocates, and online PREA Audit: Pre-Audit

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| | Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard. |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • Copy of any Collective Bargaining Agreements - None • Agency Designee Notes • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Interview Guide:</p> <ul style="list-style-type: none"> • Agency Head (Q-a: 1) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.66 (a)</p> <p>The provision requires that neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged sexual abusers from contact with any confined persons, confined persons pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The auditor requests collective bargaining agreement from the facility. There are no current agreements that limit the agency’s ability to remove alleged staff sexual abusers from contact with confined persons pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There have not been any collective bargaining agreements since August 20, 2012.</p> <p>Interviewed Deputy Director of Legal and Compliance/Agency Head Designee reported that the agency does not have a collective bargaining agreement.</p> |

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| | <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>115.66 (b)</p> <p>The provision requires that nothing in this standard restrict the entering into or renewal of agreement that govern: The conduct of the disciplinary process, if such agreements are not inconsistent with the provisions of standards 15.72 and 115.76; or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency/facility is not involved in any form of collective bargaining and can remove any staff alleged to have violated an agency sexual abuse or sexual harassment policy.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Evidence Relied Upon in Making Compliance Determination: |
| | Documentation: |
| | <ul style="list-style-type: none"> • SCDC Policy ADM-11.15 South Carolina Whistleblower Act Section, Retaliation |

Against an Employee for Filing a Report

- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021.
- SCDC PREA Tip Line Anonymous
- Agency Head Designee Notes
- Sexual Abuse Retaliation Monitoring Sheets Reviewed in the Investigation Files
- Online PREA Audit: Pre-Audit Questionnaire Prison and Jails

Interview Guide:

- Agency Head (Q-b: 7 / e: 8)
- Warden (Q-b: 19 /c: 20 / e: 19, 20)
- Designated Staff Member Charged with Monitoring Retaliation (Warden if non-Available) (Q-b: 1,2,3 / c: 4,5,6 / d: 4)
- Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) (Q-b: 1)
- Inmate who Reported Sexual Abuse (Q-b: 25)

Compliance Determination by Provisions and Corrective Actions:

115.67 (a)

The provision requires that the agency establish a policy to protect all confined persons and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other confined persons or staff and shall designate which staff members or departments are charged with monitoring retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 6.

Coordinated Response Following and Inmate's Report Section 6.8: In accordance with SCDC Policy GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of ninety (90) days while maintained within the same institution. Monitoring will be documented on SCDC Form 19-182, Sexual Abuse Retaliation Monitoring, and filed for auditing purposes.

The facility prohibits retaliatory behavior by confined persons or staff regarding the reporting of sexual abuse, sexual harassment, or cooperation with investigators as it relates to PREA related incidents and allegations. The PREA compliance facility manager is responsible for monitoring retaliation along with upper management staff.

Auditor's Review Notes from SCDC 2022 PREA Training Module Slide #17. Sexual Abuse Retaliation Monitoring process. Monitoring staff were training on things you should ask a confined person How are you doing? Do you feel safe? Do you feel

you are being retaliated against for reporting the allegation? Then relay the answers to the PCM who will complete SCDC Form 19-182, Sexual Abuse Retaliation Monitoring Form.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.67 (b)

The provision requires that the agency employ multiple protection measures, such as housing changes or transfers for confined persons victims or abusers, removal of alleged staff or confined persons abusers from contact with victims, and emotional support services for confined persons or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee reported that the facility/agency protect confined persons and staff from retaliation from sexual abuse or sexual harassment by removed the perpetrator from the area that might allow contact with the victim. Consults with the agency PREA coordinator or facility PREA compliance manager to conduct wellness checks with the victim for at least 90 days to ensure the victim is not subjected to retaliation. The victim is also offered mental health counseling.

Interviewed warden reported that for allegations of sexual abuse or sexual harassment the different measures that the facility would take to protect the confined persons and staff from retaliation is to have the PREA compliance manager to monitor, make housing changes, transfer the abuser.

Interviewed designated staff charged with monitoring for retaliation is the facility PREA compliance manager. They reported that they understand their role is to prevent retaliation against confined persons and staff who report sexual abuse and sexual harassment. They monitor by making rounds through the facility, visiting the area where the confined persons live or work. For staff they check schedules, promotions, and other staff reactions.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.67 (c)

The provision requires that for at least 90 days following a report of sexual abuse, the agency monitors the conduct and treatment of confined persons or staff who reported the sexual abuse and of confined persons who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by confined persons or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any confined persons disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy Discussion: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that wardens would ensure that all inmates, employees, witnesses, and reporters of alleged sexual abuse or sexual harassment are monitored for retaliation or reprisal for a minimum of ninety (90) days while housed or employed at the same institution. Institutional PCMs will ensure all individuals monitored are documented on SCDC Form 19-182, "Sexual Abuse Retaliation Monitoring" and this form is filed for auditing and review.

According to the Pre-Audit Questionnaire, the number of times an incident of retaliation occurred in the past 12 months was 0.

Interviewed designated staff charged with monitoring for retaliation is the facility PREA compliance manager. They reported that they look for the confined person and staff response when reporting sexual abuse or sexual harassment. They monitor confined people's disciplinary reports, housing changes, program changes. For staff they check schedules, promotions, negative performance reviews or reassignments of staff. The monitoring lasts for 90 days, if concern that potential retaliation might occur, the maximum length of time would vary.

A review of the investigation files confirmed that the facility has a system in place to protect confined persons and staff from retaliation of reporting or cooperate with sexual abuse and sexual harassment investigations. Of the 15 investigation files reviewed, 12 had a Sexual Abuse Retaliation Monitoring Sheet. Note: raw evidence is uploaded in standard 22 (a) in each confined person individual investigation file.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.67 (d)

The provision requires that in the case of confined persons, such monitoring also includes periodic status checks.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The facility PREA compliance manager and upper management Team monitors for retaliation through periodic checks on daily inspections and randomly speaking with confined persons and staff.

Interviewed designated staff changed with monitoring for retaliation is the facility PREA compliance manager. They reported that they look for the confined person and staff response when reporting sexual abuse or sexual harassment. They monitor confined people's disciplinary reports, housing changes, program changes. For staff they check schedules, promotions, negative performance reviews or reassignments of staff. The monitoring lasts for 90 days, if concern that potential retaliation might occur, the maximum length of time would vary.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.67 (e)

The provision requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall respond appropriately to protect that individual against retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment 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. Inmates may report retaliation using any of the procedures for reporting sexual abuse, as described in standard 115.33. Allegations of reprisal may also be investigated by the Inspector General or Division of Investigations.

The facility has several protection and reporting measures for confined persons. They can utilize the grievance process to document retaliatory acts or other PREA related concerns and issues. The process is over-seen by the facility PREA compliance manager who works in concert with the facility management team to ensure the removal of alleged staff or confined person abusers from contact with victims, and emotional support services for confined persons or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee reported that if a confined person or staff cooperates with an investigation expresses a fear of retaliation the agency/facility take measures to protect them by having the

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| | <p>PREA compliance manager to monitor, make housing changes, transfer the abuser.</p> <p>Interviewed warden reported that the measure taken when suspect retaliation has the facility PREA compliance manager monitors the alleged victims, witnesses, and staff for up to 90 days and documents their interactions. Additionally, the alleged abuser and alleged victim are separated until the completion of the investigation. For substantiated and unsubstantiated cases, the alleged victim and alleged perpetrator are given a separation order and are placed in separate housing units or institutions.</p> <p>Five confined persons that reported sexual abuse at this facility were interviewed by the auditor’s non-certified support staff. One is an ongoing case; one was added based on a confined person random sample interviewed question number 12; and one was sexual harassment. Confined persons were asked, do you feel protected enough against possible revenge from staff or other inmates because you reported what happened to you? Note: if the inmate victim is female and the reported incident involved sexual abuse by a male staff person or resident, ask question #23. This is an all-male facility.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>115.67 (f)</p> <p>The provision requires that an agency’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: The auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewing staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Evidence Relied Upon in Making Compliance Determination:

Documentation:

- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021.
- Investigations File Reviewed Notes
- Online PREA Audit: Pre-Audit Questionnaire Prison and Jails

Interview Guide:

- Warden (Q-a: 8,9,10,11)
- Staff who Supervise Inmates in Segregated Housing (Q-a: 1,2,3,4,5)
- Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse (Q-a: 2,3,4)

Compliance Determination by Provisions and Corrective Actions:

115.68 (a)

The provision requires that any use of segregated housing to protect confined persons who are alleged to have suffered sexual abuse be subject to the requirements of standards 115.43.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that inmates identified to be at high risk for sexual victimization will not be placed in protective custody or involuntarily segregated, unless there is no available location or method of keeping the inmates separated from likely abusers.

Based on a review of information the facility provided in the PAQ, the number of confined persons who alleged to have suffered sexual abuse were assigned to involuntary segregated housing in the past 12 months for longer than 24 days while awaiting alternative placement was zero. The number of confined persons who alleged to have suffered sexual abuse were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was zero.

The facility may designate housing that is safer for confined persons who are at risk of sexual abuse. If there was no place to safely house a potential or actual victim, the victim will be temporarily housed in the administrative segregation area but would be expeditiously transferred to another facility where he could feel safe.

The interviewed warden reported that the agency policy prohibits placing confined

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| | <p>persons at higher risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas unless an assessment has determined there is no available alternative means of separation for potential abuse. They are the only place until an alternative means of separation for safety. If they are placed in segregation, they only stay there until a safety place is located.</p> <p>Interviewed staff who supervise confined persons in segregated housing reported that when confined persons are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to programs, privileges, and education. The facility does document restrictions on any programs in the RSU logbook or computerized sheet. Confined persons have access to the following: Programs (Education- the teacher would bring the materials to the confined person's cell to complete); Counselor (Programmatic information to work on); Access to the phone, store, showers, exercise, and visitation.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewing staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Evidence Relied Upon in Making Compliance Determination: |
| | <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy OIG-23.01 Investigation • MOU Between South Carolina Law Enforcement Division (SLED) and South Carolina Department of Correction (SCDC) |

- Online NIC Investigation Specialized Training
- OIG Investigation Notes
- Termination of Employment Letter
- Investigator Training List
- PREA Investigation File Review Notes
- Online PREA Audit: Pre-Audit Questionnaire Prison and Jails

Site Review:

(Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

- OIG Investigator (Q-a: 5,8 /b: 1,2,3/c: 6,7,9 /d: 10/ e: 11, 12/ f: 16.17/ g:18/ h: 13/ j: 14/ l: 15)
- Inmates who Reported Sexual Abuse (Q-e: 13)
- PREA Coordinator (Q-l: 9)
- PREA Compliance Manager) Q-l: 9)
- Warden (Q-l: 9)

Compliance Determination by Provisions and Corrective Actions:

115.71 (a)

The provision requires that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy Discussion: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, SCDC will ensure that all allegations of sexual abuse and sexual harassment are thoroughly investigated promptly. PREA allegations of sexual abuse or sexual harassment may be received in numerous ways to include: PREA Tips – SCDC public website page that the public can use to report an allegation of sexual abuse/sexual harassment; *22 Hotline Call; Warden-to-warden PREA Notification; Grievance; Request to Staff Member (RTSM) or Automated Request to Staff Member (ARTSM); Note, Letter, or Verbally.

A review of the policy requires that investigations into all allegations of sexual abuse and sexual harassment will be done so promptly, thoroughly, and objectively, for all allegations, including those reported third-party and an anonymously and a preponderance of evidence will be imposed or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

All allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Office of Inspector General (OIG) initiated the investigation and notified South Carolina Law Enforcement Division (SLED) when sexual misconduct by staff, contractors or volunteers is alleged.

OIG will conduct an internal investigation in accordance with SCDC Policy OIG-23.01, Investigations.

The interview Inspector General reported that an investigation is initiated as soon as the allegation is received and reviewed by OIG. Time from incident date to referral to OIG does vary depending on circumstances out of OIG control (institutional processing, means by which the allegation is made, etc.). The first steps initiating an investigation in all cases are different, normally, it starts with OIG receiving the referral and it is entered into the OIG Intake Portal. The agent would interview the victim. Initial interviews are conducted as quickly as possible, after the investigation is initiated. If the victim is taken to the hospital for injuries sustained in an assault and OIG are notified immediately. Agents often respond to the hospital to conduct the initial interview. The computer system will send incident to the Regional Agent, tracks time and deadlines. Evidence collection if available. Interviewed and follow-up interviews take place. Report is written and reviewed through supervisory chain. Once the report is finalized, the appropriate operational staff and PREA staff are notified of the outcome of the investigation so any administrative matter can be handled. If criminal charges are made, the case is then prepared for prosecution through the courts. All anonymous or third-parties report of sexual abuse or sexual harassment are handling the same as other allegations.

Interviewed Inspector General reported when discovering evidence that a prosecutable crime may have taken place they may consult with prosecutors before conducting compelling interviews. Agents are trained investigator and are not required to consult with prosecutors before conducting interviews. The attorney is a staff member that provides guidance when necessary.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.71 (b)

The provision requires that where sexual abuse is alleged, the agency use investigators who have received special training in sexual abuse investigations pursuant to standard 115.34.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

The interview Inspector General reported that staff receive specific training in conducting sexual abuse investigations in confinement settings. All agents receive law enforcement training and the National Institute of Corrections (NIC). The NIC courses are taken online. In addition, the agents have arrest powers.

Interviewed facility Administrative Investigator who is the facility PREA compliance manager. PCMs are required to complete the National Institute of Corrections (NIC) online PREA Specialized Investigations training in addition to the general PREA training. If the case may be criminal, it is referred to OIC. The first steps in initiating an investigation would be to immediately ensure the victim's safety, collect statements from the staff and other confined person witnesses, secure the area where the incident occurred to preserve possible evidence and DAN for OIG.

Interviewed Inspector General reported policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. OIG is the legal authority to conduct criminal investigations. Ninety percent of the criminal cases are investigated by OIG, there may be times that South Carolina Enforcement Division (SLED) investigates. The first steps in initiating an investigation would be to enter the case into the OIG Intake Portal. Date and Time tracking deadlines, agent interviews victim, suspect, collects DNA evidence for the facility or hospital.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.71 (c)

The provision requires that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: OIG-23.28 Evidence Protocol - Purpose: The purpose of this policy is to establish guidelines for maintaining the integrity of the evidence collected or received by the SCDC Office of Inspector General (OIG). SCDC Policy: OIC-23.28 Evidence Protocol section 1.2 - The impounding agent shall effectively manage, mark, and package all evidence, and transport and log-in all physical evidence to the evidence room, or other authorized secure location, prior to the end of the officer's tour of duty or as soon as practical thereafter. Contraband must be delivered within seventy-two (72) hours.

Evidence/Security Procedures: if there is evidence that a sexual assault has occurred, the area will be treated as a possible crime scene and the following steps will be implemented immediately upon discovery: 1. Identify and maintain the crime scene, preserve evidence, including on the victims' and alleged perpetrator's bodies or clothes, and maintain custody of evidence until released to law enforcement officials. 2. Items should not be cleaned or removed. 3. Photos shall be taken of the suspected crime scene and any evidence. 4. Allow only authorized personnel to enter the area. 5. If the incident occurred within the last 5 days, request that the victim - and ensure that the alleged perpetrator (s) refrain from actions that could destroy evidence, such as bathing, brushing teeth, changing their clothes, urinating, defecating, drinking, or eating until they have been examined by qualified medical personnel. 6. Ensure that any alleged staff, volunteer, or contractor perpetrators are immediately separated from contact with confined persons.

Interviewed Inspector General reported that anonymous or third-party reports of sexual abuse or sexual harassment are handled as all other investigation processes. Direct and circumstantial evidence the investigators would be responsible for in an investigation is alleged victim and witness interviews, evidence collections, suspect interviews, follow-up interviews, written reports, any physical evidence, and video tapes. The interviewer's Inspector General also reported they may judge the credibility of an alleged victim, suspect or witness by demeanor during interviews, personnel records, confined person past credibility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.71 (d)

The provision requires that when the quality of evidence supports criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

A review of the investigation files confirmed that if the quality of evidence supports criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors.

A review of the investigation files confirmed that the agency ensures that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The total number of sexual abuse and sexual harassment investigations for the past 12 months 27. Number of staff-on-resident sexual abuse classified by facility investigations 4; Number of staff-on-resident sexual

harassment classified by facility investigations 3; Number of residents-on-residents sexual abuse classified by facility investigations 13; Number of residents-on resident's sexual harassment classified by facility investigations 7. Total number of on-going cases 8; Total number of referred to prosecution 1; and Total number of terminated staff or contractors 1. The total number of investigation files the auditor reviewed was 15. Note: raw evidence is uploaded in standard 22 (a) in each confined person individual investigation file.

The auditor methodology used to determine investigations sample: Twenty or less the auditor review at least 10 files. Twenty-one or more the auditor reviewed 10 plus an additional 10 percent of the remaining files.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.71 (e)

The provision requires that the credibility of an alleged victim, suspect, or witness be assessed on an individual as is and not be determined by the person's status as confined person or staff. No agency requires confined persons who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Compliance Determination:

The facility demonstrated compliance with this provision of the standard because:

The interviewed Inspector General reported that credibility is judged in several ways such as corroborating the information through investigation, prior incidents, observing their demeanor during interviews, information from SCDC personnel who may have had prior interactions with the victim, suspect or witness, confined persons records, whether the individual has been credible before.

Interview with the Inspector General reported that under no circumstances a confined person who alleges sexual abuse submits to a polygraph examination device as a condition for proceeding with an investigation.

Conversation with the facility investigators reported that they do not have authority to conduct these types of examinations. The investigation will continue. A confined person who alleges sexual abuse is not required to submit to a polygraph examination device as a condition for proceeding with the investigation.

Five confined persons that reported sexual abuse at this facility were interviewed by the auditor's non-certified support staff. One is an ongoing case; one was added based on a confined person random sample interviewed question number 12; and one was sexual harassment. Confined persons were asked, were you required to take a polygraph test as a condition for proceeding with a sexual abuse investigation? Five

indicated that they were not required to take a polygraph test.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.71 (f)

The provision requires that administrative Investigations: include an effort to determine whether staff actions or failures to act contributed to the abuse; and be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that Administrative Investigations: All allegations of sexual abuse or sexual harassment that do not meet the level of a criminal offense will be investigated for violations of agency policies, procedures, rules, or guidelines.

A review of the investigation files confirmed that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuses. An administrative investigation is reviewed for all investigations. The total number of sexual abuse and sexual harassment investigations for the past 12 months 27. Number of staff-on-resident sexual abuse classified by facility investigations 4; Number of staff-on-resident sexual harassment classified by facility investigations 3; Number of residents-on-residents sexual abuse classified by facility investigations 13; Number of residents-on resident's sexual harassment classified by facility investigations 7. Total number of on-going cases 8; Total number of referred to prosecution 1; and Total number of terminated staff or contractors 1. The total number of investigation files the auditor reviewed was 15. Note: raw evidence is uploaded in standard 22 (a) in each confined person individual investigation file.

The auditor methodology is used to determine investigations sample: Twenty or less the auditor review at least 10 files. Twenty-one or more the auditor reviewed 10 plus an additional 10 percent of the remaining files.

The auditor reviewed the investigation cases documentation (Criminal and Administrative), the following were included:

- PREA Investigative Folder checklist - 15
- Incident Report - 15
- Incident Report Checklist for PREA Reviews - 7
- Confined Persons Search Detail Report / Disciplinary History - 15
- PREA Confined Persons Voluntary Statements - 15

- Disposition of PREA Report (Confined Persons Notification Signature) - 13
- Additional Information and Emotional Support Services - 13
- Report of Finding Agency PREA Coordinator and OIG - 2
- Sexual Abuse Retaliation Monitoring Sheets - 12
- Email refers to - 15
- Warden-to-Warden PREA Notification - 0
- Confined Person Grievance - 0
- Grievance Transferal Memo - 0
- PCM confined persons Grievance Review Routing Slip - 0
- Medical Incident showing Confined Person when to Medical - 5

Interviewed facility PREA investigator report that administrative investigations are documented in written reports. Reports includes available physical evidence and any available electronic monitoring data, interview alleged victims, perpetrators, and witnesses, and review any available prior complaints and reports of sexual abuse or sexual harassment involving the alleged or suspected perpetrators. In addition, administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Administrative investigations utilize the preponderance of the evidence as the standard for determining whether an allegation of sexual abuse or sexual harassment is substantiated.

Interviewed facility PREA investigator reported that the efforts used in an administrative investigation to determine whether staff actions or failures to act contributed to sexual abuse include policies violations, leaving POST or assigned area. In nature, the complete investigative report, with the findings, is turned over to the proper authorities, for any action they deem necessary. This is done in cooperation with the PREA Coordinator. This includes if the administrative investigations findings are policies or agency violations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.71 (g)

The provision requires that criminal investigations to be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual

Harassment indicated that Criminal Investigations: Any allegation that provides evidence of criminal sexual abuse will be forwarded to the proper authorities for prosecution.

Agents with SCDC's OIG Services will gather and preserve direct and circumstantial evidence, including available physical evidence, and any available electronic monitoring data, interview alleged victims, perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the alleged or suspected perpetrator.

Interviewed Inspector General ensures that criminal investigations documented, and the report contains all OIG investigations which are in written forms. All information received, and documents generated, are in the report.

Interviewed Inspector General reported the agency procedures require that a confined person who makes an allegation of sexual abuse is informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The investigation report is submitted to the facility and the facility PREA compliance manager informed the confined persons.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.71 (h)

The provision requires that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

According to policy, if allegations of conduct that are criminal are substantiated, referral will be made to the appropriate solicitor for prosecution of the local area.

Based on a review of information the facility provided in the PAQ, the number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit was zero.

Interviewed Inspector General reported when the agency refer cases for prosecution is anytime the allegation is found to be criminal under the SC Code of Laws.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.71 (i)

The provision requires that the agency write all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC has a general investigative record retention schedule of physical destruction of 7 years after adjudication or until the confined person discharges from a sentence, dies while incarcerated, whichever comes first, the records can then be destroyed. The schedule has been corrected to meet standard requirements.

SCDC Policy: HS-18.07 Inmates Health Records section 10 - Inactive health records will be maintained by the Central HIR office in hard copy form for 25 years or on microfilm and/or on electronic media for 99 years.

Conversations with the agency PREA coordinator reported that the agency/facility requires that all written reports pertaining to administrative or criminal investigations of alleged sexual assault or sexual harassment be kept for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.71 (j)

The provision requires that the departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Agency policy includes that the departure of the alleged abuser or victim from employment or control of the facility or agency will not terminate the investigation.

Interviewed Inspector General reported that when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct the agency continues with the investigation. The fact that the suspect is no longer employed has no bearing on the investigation. Their employment status means nothing to the investigative process. The same is for a victim who alleges sexual abuse or sexual harassment, or an alleged abuser leaves the facility prior to a completed investigation into the incident. The agency continues with the investigation. Where the alleged victim or suspect currently resident has no bearing

on the case.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.71 (k)

The provision requires that any State entity or Department of Justice component that conducts such investigations do so pursuant to the above requirements.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Auditor is not required to audit this provision.

115.71 (l)

The provision requires that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The interviewed warden reported that OIG handles all criminal investigations and provides the agency PREA coordinator and facility with the final reports.

Interviewed agency Acting PREA coordinator reported that SCDC conducts its own investigations, but if an outside agency assists or investigates, SCDC ensures that all reports are received and are provided to the Acting PREA Coordinator. The Office of the Inspector General stays in constant communication with outside agencies. SCDC has an agreement with the South Carolina Law Enforcement (SLED) for investigations. However, if an outside agency investigates an incident of sexual abuse in the facility OIG would still open a case as an assisting agency and assist the outside agency with the investigation, evidence collection, and interviews.

Interviewed facility PREA compliance manager reported that the South Carolina Department of Corrections conducts investigations of all allegations that alleged events that the potential to be deemed criminal in nature on federal, state, and local laws. Those allegations that do not have criminal intent are investigated by internal administrative investigators that have completed specialized investigations training provided online by the National Institute of Corrections. The agency Acting PREA coordinator keeps the facility informed of the results of all PREA investigations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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| | <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewing staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.72 | Evidentiary standard for administrative investigations |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA 05.01 Investigations and Procedures • SCDC Policy OIG-23.01 Investigation • PREA Investigation Folder Reviewed • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Interview Guide:</p> <ul style="list-style-type: none"> • Inspector General Notes • Investigative Staff (Q-a: 19) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.72 (a)</p> <p>The provision requires that the agency impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 2. Responsive Planning Section 2.3.1: All administrative investigations will be based upon preponderance of the evidence and shall include an effort to determine whether staff actions, or failures to act, contributed to the abuse/harassment.</p> |

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| | <p>The interviewed facility investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.</p> <p>The interviewed Inspector General reported that the preponderance of the evidence is the standard of decision used.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.73 | Reporting to inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023 • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Policy OIG-23.01 Investigation • Disposition of PREA Report Notification Signature Reviewed in Investigation Files • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Interview Guide:</p> <ul style="list-style-type: none"> • Inspector General Notes • Investigative Staff (Q-a: 20) • Warden (Q-a:14) • Inmate who Reported Sexual Abuse (Q-a: 14 /c: 20 /d:21) <p>Compliance Determination by Provisions and Corrective Actions:</p> |

115.73 (a)

The provision requires that following an investigation into a confined person's allegation that he or she suffered sexual abuse in an agency facility, the agency inform the confined persons as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 7.

Investigation Sections 7.3: SCDC will ensure that, following a report of sexual abuse/sexual harassment, the alleged victim is notified of the outcome of the investigation. When the alleged perpetrator is a staff member, the institution's PCM will ensure the alleged victim is notified of the progress of the investigation as specified in PREA standard.

The agency/facility addresses the confined persons being informed by staff when the investigation is completed, informed of the outcome of the investigation, and the documentation of the notification. The PREA compliance manager remains abreast of an investigation conducted by any of the investigative entities by serving as the primary contact persons (s), as determined by the interviews. The facility indicated that any confined persons who make an allegation of sexual abuse will be informed verbally by the management team member following an investigation, as to whether the allegation was substantiated, unsubstantiated, or unfound.

A review of the investigation files confirmed that following an investigation into a confined person's allegation that involved sexual abuse, the facility informs the confined persons as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Of the 15 investigations files reviewed, 13 had a Disposition of PREA Report (Inmate Notification sheet). Note: raw evidence is uploaded in standard 22 (a) in each confined person individual investigation file.

Interviewed Inspector General reported that the responsibility of notifying the alleged victim of the outcome of the investigation falls to the PREA compliance manager of the institution. OIG has no procedure or policy that requires them to notify the victim of the outcome.

The interviewed warden reported that the facility notifies a confined person who makes an allegation of sexual abuse when the allegation has determined that the allegation is substantiated, unsubstantiated, or unfounded following an investigation. The PREA compliance manager used the SCDC form to document confined person notifications. Notification is normally made within 30 days of the closing of the investigation or when an investigation is received.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and

informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.73 (b)

The provision requires that if the agency did not conduct the investigation, it requests the relevant information from the investigative agency to inform the confined persons.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Based on a review of information the facility provided in the PAQ, the number of investigations of alleged persons confined to sexual abuse in the facility that were completed by an outside agency in the past 12 months was three.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.73 (c)

The provision requires that following a confined person's allegation that a staff member has committed sexual abuse against the confined persons, the agency subsequently informs the confined persons (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the confined persons unit. The staff are no longer employed at the facility. The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Conversations with the facility PREA compliance manager reported that the agency/facility requires that following a confined person's allegation that a staff member committed sexual abuse against the confined persons, the confined persons will be informed of the results, unless it has been determined that the allegation is unfounded as stated above. The facility uses SCDC Form 19-165 to document notification.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.73 (d)

The provision requires that following a confined persons allegation that he or she has been sexually abused by another confined persons, the agency shall subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment Updated July 8, 2020 section 3.4 indicated that following an investigation into an inmate allegation that he or she suffered sexual abuse in an institution, the institution's PCM will ensure the alleged victim is provided notification of whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded by completing and having the inmate sign that he/she has received a copy of SCDC Form 19-165, "Disposition of PREA Report." The original is placed in the inmate PREA case file in the PCM's office.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.73 (e)

The provision requires that all such notifications or attempted notifications should be documented.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, in the past 12 months, the number of notifications to confined persons that were provided pursuant to this standard was 0. However, on further onsite review the auditor reviewed the investigation cases documentation (Criminal and Administrative), and there were 13 Disposition of PREA Reports (Confined Persons Notification Signature) of confined persons notified of the determination of the PREA allegations.

Review of the policy requires the institution's PCM to ensure that alleged victim is provided notification of whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded by completing and have the confined persons sign that he/she has received a copy of SCDC Form 19-165, "Disposition of PREA Report." The original is placed in the confined person's PREA case file in the PCM's office.

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| | <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>115.73 (f)</p> <p>The provision requires that an agency’s obligation to report under this standard terminates if the confined persons are released from the agency’s custody.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: Interviewed staff indicated that if the confined persons are released from the agency’s custody the facility will terminate.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewing staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy ADM-11.04 Employee Corrective Action • SCDC Policy HR-11.17 Employee Conduct |

- SCDC Policy OIG-23.01 Investigation
- Online PREA Audit: Pre-Audit Questionnaire Prison and Jails
- SCDC Policy ADM 11.34 Employee Inmate Relations
- SCDC Policy ADM-11.39 Staff Sexual Misconduct with Inmates

Interview Guide:

Compliance Determination by Provisions and Corrective Actions:

115.76 (a)

The provision requires that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 7. Investigations Section 7.6: Consistent with SCDC Policy 11.34, Employee- Inmate Relations, the presumptive disciplinary sanction for staff who have engaged in sexual relations with an inmate are terminated. Additionally, the presumptive disciplinary sanction for volunteers, interns, and others is removal from SCDC and prosecution, if appropriate.

During the documentation review of investigations files, there was one termination relative to sexual abuse/sexual harassment.

Conservation with warden if allegations of conduct that appears to be criminal are substantiated, referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to agency corrective action for violating agency sexual abuse or sexual harassment policies up to and including termination.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.76 (b)

The provision requires that termination is the presumptive disciplinary sanction for having engaged in sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of staff from the facility who have violated agency sexual abuse, or sexual harassment policies was 2. In the PAQ, in the past 12 months, the number

of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was 2.

Conservation with warden if allegations of conduct that appears to be criminal are substantiated, referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to agency corrective action for violating agency sexual abuse or sexual harassment policies up to and including termination. The agency/facility standard will be the presumptive disciplinary sanction for having engaged in sexual abuse is termination.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.76 (c)

The provision requires that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than engaging in sexual abuse) was 0.

Conversation with warden, violating agency sexual abuse and sexual harassment policies will be commensurate with past act in the personal files and comparable offenses by other staff with similar histories to make disciplinary decisions.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.76 (d)

The provision requires that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

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| | <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 7. Investigations Section 7.8: Any employee, contractor, volunteer, intern, or visitor investigated and substantiated for sexual abuse/sexual harassment of an inmate will be reported to the appropriate licensure authority.</p> <p>Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination) or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies was 0.</p> <p>The agency/facility indicated that all terminations for violations of the facility's sexual abuse or sexual harassment policies, or staff resignations related to violations of the policy, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, it will be reported to relevant licensing bodies.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy ADM-11.39, Staff Sexual Misconduct with Inmates |

- SCDC Policy PS-10.04 Volunteer Services Programs
- Volunteers Training Curriculum
- Volunteers Orientation Training Power Point
- Online PREA Audit: Pre-Audit Questionnaire Prison and Jails

Interviews:

- Warden (Q-b: 21)

Compliance Determination by Provisions and Corrective Actions:

115.77 (a)

The provision requires that any contractor or volunteer who engages in sexual abuse is prohibited from contact with confined persons and shall be reported to law enforcement agencies, unless the activity is clearly not criminal, and to relevant licensing bodies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of confined persons was zero.

Conversations with the PREA compliance manager reported if criminal, any contractor, or volunteer who engages in sexual abuse will be prohibited for contact with confined persons and reported to law enforcement.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.77 (b)

The provision requires that the facility take appropriate remedial measures and consider whether to prohibit further contact with confined persons, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviewed warden reported that any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will always prohibit further contact with confined persons. The contractor or volunteer person's visitation access to the institution may be barred, suspended, or temporarily reassigned to a different location or program until further notice.

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| | <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.78 | Disciplinary sanctions for inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy OP-22.14 Inmate Disciplinary System • SCDC Policy OIG-23.01 Investigation • SCDC Policy BH-19.06 Mental Health Services – Disciplinary Detention for Inmates Classified as Mentally III • Online PREA Audit: Pre-Audit Questionnaire <p>Interview Guide</p> <ul style="list-style-type: none"> • Warden (Q-b: 22 /c: 22) • Medical and Mental Health Staff (Q-d: 6,7) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.78 (a)</p> <p>The provision requires that confined persons are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the confined persons engaged in confined persons -on- confined persons sexual abuse or following a criminal finding of guilt for confined persons -on- confined persons’ sexual</p> |

abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of administrative findings of confined persons-on-confined persons sexual abuse that have occurred at the facility was 0. In the PAQ, in the past 12 months, the number of criminal findings guilty of confined persons-on-confined persons were 0.

The agency/facility has a disciplinary process in place for confined persons who violate the rules of the facility which includes incidents of sexual abuse. Sanctions for confined persons violating agency policy vary depending upon the level of the violation.

Disciplinary staff confirmed that policy requires once the confined persons is formally charged (and entered the Offender Management System), the hearing will be held within 21 calendar days. SCDC Form 19-69 will be used to document the charges and the results of the hearing. The charges will be explained by the Hearing Officer to the people confined in terms she/he can understand. Confined persons may not be subjected to any form of coercion designed to persuade them to waive their rights to 48-hour notice. If confined persons are offered the opportunity to waive the 48-hour notice, they must be fully informed, in terms understandable to them, of the nature of the right at stake. In addition, a confined person may waive his/her right to a hearing, the Hearing Officer will review the waive section of the SCDC Form 19-69, conduct the hearing in the absence of the confined persons, determine guilt or innocence; if guilty, decide on appropriate penalties, and notify the confined persons of the same using SCDC Form 19-69. Should a confined person refuse to sign a waiver and/or attend the hearing, the hearing will be held in the confined person's absence and recorded.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.78 (b)

The provision requires that sanctions are commensurate with the nature and circumstances of the abuse committed, the confined person's disciplinary history, and the sanctions imposed for comparable offenses on other confined persons with similar histories.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: OP 22.14 Inmates Disciplinary System section 7.1 and 7.2 - Inmate will

be served with notice of disciplinary charges at least forty-eight (48) hours prior to their hearings, Should the inmate refuse to sign SCDC Form 19-69, Confined Person Disciplinary Report and Hearing Record, he/she will forfeit the opportunity to request that their accuser and/or witness (s) be present at their scheduled hearing.

Interviewed warden reported that the agency has a disciplinary policy with sanctions of confined persons subject to administrative or criminal finding that the confined person engaged in confined person-on-confined person related to sexual abuse. The sanctions proportionate to the nature and circumstances of the abuse committed, the confined person disciplinary histories and the sanctions are imposed to similar offenses by other confined persons.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.78 (c)

The provision requires that the disciplinary process consider whether a confined persons mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, in any, should be imposed.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: OP-22.14 section1.4 - If the inmate has a mental health issue noted on his/her MEDCLASS screen or is acting in such a manner that indicates a mental health concern, then a copy of SCDC Form 19-29A, "Incident Report." Must be forwarded to the mental health staff. This referral must be documented on SCDC Form 19-29A. In these instances, a memorandum from the mental health care professional must be included as an attachment to SCDC Form 19-29A, attesting to the inmate's mental status and accountability for his/her actions. Refer to SCDC Policy HS-19.01, "Placement of confined persons Mental Health Observation and Evaluation Status," for additional information).

Interviewed warden reported that the agency/facility reported that the disciplinary process considers whether a confined persons mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivation for the abuse, the facility considers whether to require the offending confined persons participate in such interventions as a condition of access to programming or other benefits.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and

informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.78 (d)

The provision requires that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The facility offers therapy, counseling, or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending offender to participate in such interactions as a condition of access to programming or other benefits. Policy affirms that a confined person may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. These confined persons will receive a treatment plan.

Interview with the Medical staff reported that the facility offers counseling and outside intervention services designed to address and correct the underlying reasons or motivations for sexual abuse medical consider whether to offer these services to the confined persons when they are available. Confined persons are not required to participate as a condition of access to programming or other facilities services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.78 (e)

The provision requires that the agency may discipline a confined person for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Informal conversation with the facility PREA compliance manager indicated that the facility may discipline a confined person for sexual contact with staff only upon finding that the staff member did not consent to such contact and if the discipline confined person been proven that staff member did not consent to the conduct.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.78 (f)

The provision requires that for disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 7. Investigations Section 7.9: inmate who willingly submit a false report will be subject to discipline consistent with SCDC Policies OIG-23-01, Investigations, and OP-22.14 Inmate Disciplinary System.

A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient to substantiate the allegation. Any confined persons conclusively found to have filed an intentionally false report alleging sexual abuse will be subject to disciplinary action through the confined persons disciplinary system.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.78 (g)

The provision requires that an agency may, in its discretion, prohibit all sexual activity between confined persons and may discipline confined persons for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 7. Investigations Section 7.10: Any inmate who engages in a consensual or non-consensual sexual act or intimate physical contact of a sexual nature with another inmate, solicits sexual acts from another inmate, or engages in any non-consensual sex with an employee, visitor, vendor, contractor or a volunteer may be subject to

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| | <p>discipline consistent with SCDC Policy OP-22.14, Inmate Disciplinary System.</p> <p>Conversation with the warden reported that SCDC prohibits sexual activity between confined persons and may discipline confined persons proven but does not consider such activity sexual abuse unless an investigation and preponderance of the evidence proves otherwise.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.81 | Medical and mental health screenings; history of sexual abuse |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy HS-18-12, Informed Consent • SCDC Policy HS-18-13, Health Screening and Exams • SCDC Policy BH-19-04, Mental Health Services – General Provisions • SCDC Policy BH-19-11, Mental Health Services-Reception & Evaluation: Mental Health Screening, Evaluation, And Classification. • Site Review Notes • Confined Persons Target List • Required # of Inmate Interviewed • Online PREA Audit: Pre-Audit Questionnaire Prisons and Jails <p>Site Review: (Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> |

Interview Guide:

- Inmates who Disclose Sexual Victimization at Risk Screening (Q-a:1)
- Staff Responsible for Risk Screening (Q-a: 13 /b: 14)
- Medical and Mental Health Staff (Q-e: 8, 9)

Compliance Determination by Provisions and Corrective Actions:**115.81 (a)**

The provision requires that if the screening pursuant to standard 115.41 indicates that a prison confined persons has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the confined persons is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06. Applying the Prison Rape Elimination Act (PREA) – 8. Medical and Mental Health Care Section 8.1: Consistent with SCDC Policy GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, SCDC Policy HS-18.13 Health Screening and Exams, SCDC Policy OP-21.04, Inmate Classification Plan, and SCDC Policy BS-19.04, Mental Health Services-General Provisions, inmate will be screened for prior sexual abuse, victimization and potential for abusiveness. Results from the screening will be used for physical and mental health evaluations, program inclusion, and housing assignments.

The agency facility provides that confined persons who reported during initial screening that they were a victim or perpetrator of sexual abuse are offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. A review of documentation demonstrates confined persons are offered follow-up meetings in a timely manner. This information was also confirmed through the interview with target-confined persons.

The interviewed staff who perform PREA Screenings reported that when a confined person has experienced prior sexual victimization whether in an institutional setting or in the community, they offer a follow-up meeting with medical or mental health staff. The confined persons may choose to refuse. If the confined person wants to have a follow-up with mental health or medical, the staff makes the referral.

Seven confined persons were interviewed by the auditor's assistant who disclosed prior sexual victimization during risk screening. They reported that when they told someone at the facility that they were sexually abused prior to coming here, two reported they were told, one said they did ask him, and he said no because it was a long time ago. One answered that because that is private, and one could not recall, or he was asked.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.81 (b)

The provision requires that if the screening pursuant to standard 115.41 indicates that a prison confined persons has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the confined persons is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Compliance Determination:

The facility has demonstrated compliance with the provision of the standard because:

The interviewed staff who perform PREA Screenings reported that they do not obtain informed consent from confined person under the age of 18 because they are not house at this facility. However, other confined persons received this information at intake within 14 days.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.81 (c)

The provision requires that if the screening pursuant to standard 115.41 indicates that a jail confined person has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the confined person is offered a follow-up meeting with a medical or mental health practitioner with 14 days of intake screening.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency provides that a confined person who indicates during initial screening that they were a victim or perpetrator of sexual abuse is offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. A review of documentation demonstrates confined persons are offered follow-up meetings in a timely manner.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.81 (d)

The provision requires that any information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Agency/facility provides that medical and mental health practitioners obtain informed consent from confined persons before reporting information about prior sexual victimization that did not occur in an institutional setting unless the confined persons is under the age of 18. The facility has created the informed consent form to document this type of situation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.81 (e)

The provision requires that medical and mental health practitioners obtain informed consent from confined persons before reporting information about prior sexual victimization that did not occur in an institutional setting unless the confined persons are under the age of 18.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Agency/facility provides that medical and mental health practitioners obtain informed consent from confined persons before reporting information about prior sexual victimization that did not occur in an institutional setting unless the confined persons is under the age of 18. The facility has created the informed consent form to document this type of situation. However, there is no confined person under the age of 18 at this facility.

Interviewed staff who provide medical services," do you have a separate informed consent process for confined persons under the age of 18?" Staff indicated no, these individuals are wards of the state and do not require a separate informed consent process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and

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| | <p>informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.82 | Access to emergency medical and mental health services |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy HS-18-12, Informed Consent • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails • SCDC Policy HS-18.13, Health Screenings and Exams <p>Interview Guide:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff (Q-a: 10,11,12 /c: 13) • Inmates who Reported Sexual Abuse (Q-a: 4 / c :6) • Security Staff and Non-Security Staff First Responders (Q-b: 1) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.82 (a)</p> <p>The provision requires that confined persons 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.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 8. Medical and Mental Health Care Section 8.3: Pursuant to South Carolina State Law and SCDC</p> |

Policies HS-18.09, Institutional Health Care Authority and Responsibilities, SCDC Policy HS-18.13, Health Screenings and Exams, and SCDC Policy GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, all inmate who are victims of sexual abuse will have unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception and sexually transmitted injection prophylaxis without financial cost to the confined persons.

The agency/facility mandates the victim receives timely and unimpeded access to emergency medical treatment, crisis intervention services and advocacy services. The victim would be transported to the local hospital for a forensic examination, at no cost to the victim. Interviews revealed the mental health services are determined according to the professional judgement of the practitioner. Confined persons are informed of medical services during intake and sign acknowledgement statements indicating key information reviewed in the education session which includes treatment services. The confined persons have access to medical request forms.

Interviewed staff who conducts medical services, "Do confined persons victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services?" Yes, in accordance with SCDC policy all confined persons who are victims of sexual abuse will have unimpeded access to emergency medical treatment. This process happens within 24 hours of receiving the report.

Interviewed medical staff indicated that confined person victims of sexual abuse receive immediate, timely and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services are determined according to their professional judgement.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.82 (b)

The provision requires that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviewed non-security staff reported describe the actions he take as a first responder to an allegation of sexual abuse would be to separate the alleged victim and abuser; preserve and protect the crime scene until for the collection of any evidence; do not let the alleged victim not take actions that could destroy physical evidence like washing, brushing teeth, changing clothes, urinating, defecating,

smoke, drinking, or eating; ensuring that the alleged abuser does not take any actions that could destroy evidence; and immediately notifying medical and supervisor.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.82 (C)

The provision requires that confined persons victims of sexual abuse while incarcerated are 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Information conversation with nurse while visiting the medical area confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed are provided by the facility's medical and mental health staff. It was also indicated that the local hospital may give and share the sexually transmitted infection with the confined persons as well.

Interviewed staff who conduct medical services reported that victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection or prophylaxis. When a confined person returns from outside.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.82 (d)

The provision requires that treatment services are 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviewed medical staff who conducts medical services were asked, "Are the medical and mental services offered consistent with community level of care?" Staff reported that the services provided by the facility are consistent with community

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| | <p>level of care or better because the confined persons have access to the services. These services are provided at no cost to the confined persons.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023 • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Policy HS 18.15 Level of Care • SCDC Policy GA-06.09 Care and Custody of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria • SCDC Policy HS-18-02, Emergency Care • SCDC Policy HS-18-12, Informed Consent • List of SC Sane Program Locations • MOU Outside Services • Site Review Notes • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Site Review: (Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> |

- Medical and Mental Health Staff (Q-a: 14 /c: 15/ e: 16, 17 /h: 18)
- Inmate who Reported Sexual Abuse (Q-a: 5 /d: 22/ d:23/ f: 7/ g: 8)

Compliance Determination by Provisions and Corrective Actions:

115.83 (a)

The provision requires that the facility offer medical and mental health evaluation and, as appropriate, treatment to all confined persons who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that victim support: 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, and medical follow-up (i.e., baseline testing for infectious diseases, etc.). In the case of female inmates, a pregnancy test will be completed as appropriate.

The facility offers medical and mental health evaluations and treatment to all confined persons who have been victimized by sexual abuse. Confined persons receive a continuum of care as appropriate for victims of sexual abuse. Additional services may be provided by the local rape crisis center as needed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.83 (b)

The provision requires that the evaluation and treatment of such victims are included, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or replacement in, other facilities, or their release from custody.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Informal conversation with medical staff during facility tour reported that ongoing medical and mental health care will be provided as appropriate and will include but not limited to any recommendations and medications from the local hospital, follow-up on confined persons, additional testing, and medical services. Provide information to confined persons regarding community support and instruction on medication taken with the confined persons for release from custody.

Medical staff confirmed that evaluation and treatment of confined persons who have been victimized entail basic first aid, lab work/STDs, noninvasive assessment (medical), referral to trauma counseling.

The auditor reviewed the Memorandum of Understanding between SCDC Kershaw Correctional Institution and Palmetto Citizens Against Sexual Assault. The Palmetto Citizens Against Sexual Assault is responsible for: facilitating an agreement between the parties for services related to goals and implementation of federal Prison Rape Elimination Act (PREA) mandates.

- 24-hour hotline
- 24-hour hospital accompaniment to Lancaster Springs Memorial Hospital
- Crisis intervention/At office physical location
- Information via mail
- Support by phone

The auditor confirmed the MOU by contacting the Executive Director on September 24, 2024, at 9:08am. It was confirmed that the MOU is still active. It has not been terminated by either party. The MOU is updated every 5 years.

During the meeting the Executive Director reported that there have been no SAFE or SANE referral for the past 12 months. There were confined persons that received services within the past 12 months, however, they would and could not share any information. Palmetto Citizens Against Sexual Assault confirmed that confined person could contact them for emotional support services through the facility toll free PREA line *63. Most of the services provided are coping skills, listening to confined persons who want someone to talk to about their abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.83 (c)

The provision requires that the facility provides such victims with medical and mental health services consistent with the community level of care.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency/facility is committed to providing medically necessary care to confined persons throughout their incarceration period. Services provided by agency/facility medical staff are in keeping with accepted medical standards of the community and will be the most reasonable level of service available for treatment of medical condition.

Interviewed medical staff confirmed that medical and mental health services provided

at the facility are consistent with community level of care or better because the confined persons have access to the services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.83 (d)

The provision requires that confined persons victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviewed medical staff reported "if pregnancy results from sexual abuse while incarcerated, victims will be given timely information and access to all lawful pregnancy related services. Staff stated that this does not apply to this facility. The facility is male only.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.83 (e)

The provision requires that if pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

N/A. This facility is a male facility.

115.83 (f)

The provision requires that confined persons victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Medical staff informal conversation ensures that victims of sexual abuse will be

provided with testing for sexually transmitted infections as medically appropriate. Testing would be done at the local hospital and follow-up services could be done at the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.83 (g)

The provision requires that treatment services are 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.

Compliance Determination:

The facility has demonstrated compliance with this standard because:

Interviewed medical staff reported that the treatment services provided are without financial cost to the confined persons.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.83 (h)

The provision requires that all prisons attempt to conduct a mental health evaluation of all known confined persons on- confined persons abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviewed medical staff reported that mental health evaluation of all known confined person-on-confined person abusers and offer treatment if appropriate. After learning about the abuse history of the confined person they would typically conduct the evaluation within 60 days, when possible.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

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| | <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewing staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • Annual PREA Report September 2023 • Site Review Notes • PREA Incident Review Forms • PREA Report on Finding Forms • SSV Summary 2022 Report • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Interview Guide:</p> <ul style="list-style-type: none"> • Warden (Q-c: 23/ d: 24, 25) • PREA Compliance Manager (Q-d: 19, 20,21) • Incident Review Team (Q-d: 1, 2, 3, 4) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.86 (a)</p> <p>The provision requires that 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.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 9 Data Collection and Review Section 9.2 Preventive Planning Section 9.2: All SCDC</p> |

institutional Sexual Abuse Response Teams (SART) will conduct a sexual abuse incident review within thirty (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, PREA Incident Review, and filed with the institution's PREA Compliance Manager and the Agency's PREA Coordinator. All recommended changes to policy, procedures and/or practices will be documented on the SCDC Form 19-183, PREA Incident Review, and submitted to the policy authority for implementation, unless otherwise directed, which will also be documented on SCDC Form 19-183.

Based on a review of information the facility provided in the PAQ, the past 12 months, the number of criminal and / or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents was 3.

A review of the investigation files confirmed that the facility has a system in place to conduct PREA Incident Review Team meetings. The PREA Incident Review Team meetings are documented on SCDC Form 19-183. The report information includes PREA Case Log Number; Investigative Case Number; Date of Incident; Date Report Received; Date Investigation Concluded; Date of Incident Review. Type of Investigation; Investigation Outcome. Section C of the report - Review Information: There are six (6) areas that the team addresses that covers the requirements of this provision. The Incident Review Meeting Attendees/Reviewers. The agency attorney is present during the meeting by phone. If the attorney provides legal advice the facility checks a box. Of the 15 investigation files reviewed, six had a PREA Incident Review Meeting form. Note: raw evidence is uploaded in standard 22 (a) in each confined person individual investigation file.

An interview with the Agency Attorney confirmed that she is a part of the sexual abuse Incident Review Team at each of the SCDC facilities and she participates in all conference calls.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.86 (b)

The provision requires that such a review ordinarily occurs within 30 days of the conclusion of the investigation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) 9. Data Collection and Review Section 9.2: All SCDC institutional Sexual Abuse Response

Teams (SART) will conduct a sexual abuse incident review within thirty (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, PREA Incident Review, and filed with the institution's PREA Compliance Manager and the Agency's PREA Coordinator. All recommended changes to policy, procedures and/or practices will be documented on the SCDC Form 19-183, PREA Incident Review, and submitted to the policy authority for implementation, unless otherwise directed, which will also be documented on SCDC Form 19-183.

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: 3. Response. Section 3.5. Incident Review and Corrective Action: Following an investigation into an allegation of sexual abuse, the institution's PCM will ensure an incident review is conducted within thirty (30) calendar days following the PCM receiving OIG's written investigative report, or upon the PCM's completion of an administrative investigation and completing SCDC Form 19-188, "PCM Report of Findings."

Based on a review of information the facility provided in the PAQ, in the past 12 months the number of criminal and or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review with 30 days, excluding only "unfounded" incidents was 4.

The auditor reviewed 7 of the facility PREA Incident Review Team Forms, they all were within the 30 days.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.86 (c)

The provision requires that the review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: 3. Response: Section 3.5.2 Incident Review will be conducted in coordination with the Acting Agency's PREA Coordinator's and General Counsel's Office.

The interviewed warden reported that the facility has a sexual abuse incident review team. The upper-level management officials and input from the supervisors,

investigators, medical and mental health staff, PREA compliance manager and the agency attorney. This information is from the team meeting and is used for identifying any policy, training, or other related issues that indicate a need for changes.

The interview with the Agency Attorney confirmed that the facility Review Team includes upper management officials from the facility, with input from line supervisors, investigators, medical and mental health staff. She also indicated that sometimes there are more staff members on the call.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.86 (d)

The provision requires that the review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise cause by other group dynamics at the facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) of this section, and any recommendations for improvement and submit such a report to the facility head and PREA compliance manager.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The interviewed warden reported that the facility has a sexual abuse incident review team. The upper-level management officials and input from the supervisors, investigators, medical and mental health staff, PREA compliance manager and the agency attorney. This information is from the team meeting and is used for identifying any policy, training, or other related issues that indicate a need for changes.

Interviewed warden reported that 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. Examine areas in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Review staffing level and monitoring technology should be deployed.

Interviewed facility PREA compliance manager reported that the facility prepares a

report of findings from the review, to include any determinations per standard 115.86 (d-1 through 5) and any recommendations for improvements. Then the reports are reviewed by the PREA compliance manager. The Final report is submitted to the warden for approval for any actions.

Interview with the Agency Attorney confirmed that the Incident Review Team considers whether the allegation or investigation indicates a need to change policies and procedures, or facility practices to better prevent, detect, or respond to sexual abuse. They consider race, ethnicity, gender identity, LGBTI identification, as well as gang activity.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.86 (e)

The provision requires that the facility implement recommendations for improvement or document its reasons for not doing so.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: 3. Response Section 3.5.3 Incident Reviews will be documented on SCDC Form 19-183, "PREA Incident Reviews". Completed forms will be filled as directed by the Acting Agency's PREA Coordinator's office.

Facility implements recommendations for improvement or document its reasons for not doing so. The upper-management team is familiar with this practice. The facility has a form they use to document incident reviews, it allows for documentation of the considerations of the standard. The form and meeting provide recommendations for improvement by the team members. This information is compiled and published in the SCDC Annual PREA Report.

According to the SCDC 2022 Annual Report, in calendar year 2023, to ensure SCDC continues its path to full compliance with PREA, the Office of Legal and Compliance and PREA Coordinator's Office, in coordination with institutions PREA compliance Managers, have implemented several corrective actions to address issues for 2022.

- Video Monitoring: SCDC continues to purchase additional cameras and mirrors to improve sexual safety in institutions with grant funds.
- Documentation: SCDC continually reviews and adjusts documentation and procedures to better capture information and data to streamline investigational processes.
- Physical Plant: Due to the age of the buildings, several institutions require repairs and upgrades. The PREA Coordinator's Office is collaborating with Facilities

Maintenance to address concerns raised by PREA auditors.

- Screening for Risk of Sexual Victimization and Abusiveness: SCED continues to improve its initial and 30-day reassessment processes for PREA Risk Screening. In addition, the PREA Office has collaborated with other divisions and the Resource and Information Management Team to purchase an electronic multifunctional database to better manage cases and systems soon.
- Inmate Education: SCDC is creating a digital orientation video that includes a pre-recorded inmate peer-led inmate education video that will ensure timely receipt of PREA information to the population. Classification staff will answer any questions inmates have and assist with the presentation process.
- Training: SCDC continues to provide relevant updates SCDC annual PREA training to all staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

Overall Findings:

This standard is rated excellent. The facility has gone above and beyond this standard, in addition to meeting the requirements of the sexual abuse incident review team. The agency ensures the mandatory inclusion of the Agency legal staff to be present at each of the incident reviews, SCDC intends to ensure that every case is reviewed for both practicality and legal aspects that are in the best interest of the confined persons and staff of the facility. The process: following the conclusion of each sexual abuse case, the closing documents are sent to Division Directors, Regional Directors, Wardens, and the Agency PREA Coordinator’s Office where it is reviewed. After careful review, the PREA Coordinator’s Office corresponds with the facility PREA Compliance Manager and SCDC’s Office of General Counsel to schedule an Incident Review with an SCDC attorney. All SCDC attorneys are certified by the SC Bar Association to practice law in the State of South Carolina. Once an incident review is scheduled, the incident review is then conducted by the facility PMC and the Facility’s management team with a representative attorney listening to the meeting. The Incident Review process is scripted and provided to the PCM on SCDC Form 19-183, PREA Incident Review”, to ensure all aspects of Standard 115.86 are reviewed.

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewing staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility went beyond this standard requirement.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making Compliance Determination:

Documentation:

- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021.
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.
- Annual PREA Report – September 2023
- CoreCivic PREA Annual Report 2022
- SSV Summary 2021 Report
- Online PREA Audit: Pre-Audit Questionnaire Prison and Jails

Interview Guide:

Compliance Determination by Provisions and Corrective Actions:

115.87 (a)

The provision requires that 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy OP-22.25, Reporting Incidents and Accidents “Management Information Notes” (MIN) and other Methods of Reporting section 2 Reporting indicates that all significant incidents, events, and/or accidents at SCDC facilities, at the Broad River Complex, or other SCDC locations, or involving SCDC vehicles and/or employees during their work time will be entered into the CRT system as a MIN. The significant incident, event, or accident (s) will be automated as MIN by a designated creator as soon as possible after the incident/accident/event occurs. Note: MINs must be entered into the CRT immediately following an incident as soon as is feasible. All MINs will include a concise description of the significant incident, event, or accident, to include the basic reporting elements, i.e., when, where, who, what, why, and how.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.87 (b)

The provision requires that the agency aggregate the incident-based sexual abuse data at least annually.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The 2022 Annual Report included but is not limited to: 2022 Aggregation of Data: 1. 2022 Aggregate of Sexual Abuse/Sexual Harassment with Female Victim Vs Male Victim; 2. Comparison; 3. Comparison 2021 - 2022; 4. Data by Institutions; 5. Analysis; 6. Type of Cases and Percentage of Total Volume; 7. Allegation Breakdown; 8. Corrective Actions; 9. Notable Successes; and 10. Schedule of Audits.

The agency/facility aggregates the incident-based sexual abuse data at least annually as a part of the agency PREA annual report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.87 (c).

The provision requires that the incident-based data collected 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (BJS) is tasked with annual data collection responsibilities under PREA. The agency has collected the required data using the Survey of Sexual Violence (SSV) including administrative data reported to the agency.

The SCDC website listed a links of SSV reports from 2006 through 2022 submitted to BJS. The agency PREA coordinator provided the auditor with the latest copy of the SSV Report.

A review of the Survey of Sexual Victimization, 2022 State Prison Systems Summary Form confirmed that the agency is collecting the required data needed by the Department of Justice.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies

corroborated that the facility is complying with the provisions of this standard.

115.87 (d)

The provision requires that the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Based on the review of the SSV reports, the agency maintains, review, and collects the required data, including reports, investigation files, and sexual abuse incident reviews.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.87 (e)

The provision requires that the agency obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its confined persons.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Informal conversations with the acting agency PREA coordinator provided the auditor with a copy of Core Civic 2021 PREA Annual Report.

The auditor reviewed the private facility report provided by the agency of the Annual PREA Report Addendum dated September 2022, stating that the SCDC contract with Core Civic (private facility) for the housing of certain SCDC confined persons in confinement. Core Civic must also comply with the Federal PREA Standards. The Core Civic Safety - Tallahatchie County Correctional Facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.87 (f)

The provision requires that upon request, the agency provides all such data from the

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| | <p>previous calendar year to the Department of Justice no later than June 30.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The auditor reviewed the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistic (BJS) is tasked with annual data collection responsibilities under PREA. The South Carolina Department of Corrections has collected the required data using the Survey of Sexual Violence (SSV) including administrative data reported to the Central Office. The SCDC website listed a links of SSV reports from 2006 through 2021 submitted to BJS.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023 • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • Annual PREA Report 2023 • CoreCivic PREA Annual Report 2022 • SSV Summary 2022 Report • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails <p>Interview Guide:</p> |

- PREA Compliance Manager (Q-a: 18)
- Agency Head /Designee (Q-a:9 /c: 10)
- Agency PREA Coordinator (Q-a:6,7 /d: 8)

Compliance Determination by Provisions and Corrective Actions:

115.88 (a)

The provision requires that the agency review data collected and aggregated pursuant to standard 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: Identifying problem areas. Taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 10. Data Tracking and Reporting Section 10.2: Consistent with National PREA standards, SCDC will collect data that will assist SCDC in reducing the risk of sexual abuse and/or sexual activity 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, to provide insight into potential strategies for its reduction or elimination.

The agency requires data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices, and training. A review of the 2021 and 2022 Annual Report indicated compliance with the standard and included all the required elements. This annual report is posted on the website for public review.

A review of the SCDC 2021 Annual Report, in calendar year 2021, SCDC received 364 reported allegations of sexual abuse/sexual harassment. The SCDC Office of Inspector General (OIG) investigated 25% of the allegations of sexual abuse/sexual harassment for criminal intent. Seventy-five percent of the allegations were investigated by institutional investigators. 31% of reports were allegations of confined persons -on-confined persons abuse, and 23% were allegations of staff-on- confined persons' abuse. Of the 364 allegations, 6% of the allegations were substantiated, 48% were unsubstantiated, 36% were unfounded, and 16% of the cases are ongoing.

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee was asked, "How do you use incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training?" The agency reviewed incident-based information relating to sexual abuse to analyze locations of abuse, the frequency with which offenders may be identified as a perpetrator or victim, patterns within certain institutions, and the times and days of abuse. The information is used to determine locations for electronic surveillance equipment, facility renovation needs, staffing allocations within institutions,

institutional training, and the need to take protective measure for specific confined persons.

Interviewed agency Acting PREA Coordinator reported his office collects, review data and aggregated the data based on standard 115.87 to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, and training. This data is collected from all SCDC facilities. The collected data is securely retained in a computerized system with passwords.

The interviewed agency Acting PREA coordinator reported that the agency takes corrective action on an ongoing basis. The PREA Office also prepares an annual report of findings from the collected data review and any corrective actions for each facility.

Conversation with the PREA compliance manager reported that the facility through the agency reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training, what role does the facility and facility data play in the reviews. The facility PREA Compliance Manager also indicated that the facility would submit facility data to the agency PREA coordinator who will collect data from all institutions. The data will be aggregated into an annual report with corrective actions. The agency PREA coordinator holds semi-annual meetings to discuss the data with division heads.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.88 (b)

The provision requires that such a report includes a comparison of the current year's data and corrective actions with those from prior years and should provide an assessment of the agency's progress in addressing sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

A reviewed of the SCDC 2022 Annual Report, in calendar year 2023, SCDC received 391 reported allegations of sexual abuse and sexual harassment. The SCDC Office of Inspector General (OIG) investigated 28% of these allegations for criminal intent, while institutional investigators examined 72%. Out of the total number of reports, 30% were allegations of inmate-on-inmates abuse, and 27% were allegations of staff-on- inmate abuse. Of the 391 allegations, 5% were substantiated, 46% were unsubstantiated, and 45% were unfounded. There are also 4% of the cases still pending outcomes. The report has comparison data for the current year and corrective actions per report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.88 (c)

The provision requires that the agency's report be approved by the agency heard and made readily available to the public through its website or, if it does not have one, through other means.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee was asked, "Do you approve the PREA annual reports written?" The Deputy Director of Legal and Compliance and the Director of the South Carolina Department of Corrections review and approve written PREA annual reports. The annual reports are available on the agency website.

The Annual PREA Report (2022) was approved by the Agency Heard and the Chief Legal & Compliance Officer in September 2022 and posted on the agency website.

Note: Signatures on File.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.88 (d)

The provision requires that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviewed agency Acting PREA coordinator was asked, "What types of material are typically redacted from the annual reports? Does the agency indicate the nature of material redacted?" Yes, personal identifying information (PII) is redacted. The annual report does not include personal identifying information like facility staff names, confined person's names or ID numbers, etc.

A review of the Annual PREA Report (2022), the agency redacts specific material from the report that would present a threat to the safety and security of each facility. The report is publication on the SCDC website.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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| | <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewing staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.89 | Data storage, publication, and destruction |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023 • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Policy HS 18.07 Inmate Health Records • Email: Retention Policy are not put in policies anymore • Online PREA Audit: Pre-Audit Questionnaire Prison and Jails • SCDC Policy OP-21.10, Agency Records Management <p>Interview Guide:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator (Q-a:6) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.89 (a)</p> <p>The provision requires that the agency ensure that data collected pursuant to standard 115.87 are securely retained.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 10. Data Tracking and Reporting Section 10.3: SCDC will maintain data collected in accordance the National PREA standards and with SCDC Policy OP-21.10, Agency Records Management.” SCDC’s PREA Coordinator will ensure that data collected pursuant to</p> |

the PREA standards are securely retained for at least ten (10) years after the date of the initial collection.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 10. Data Tracking and Reporting Section 10.4: Agency, through the PREA Coordinator, will retain all investigative written reports regarding sexual abuse/sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

Interviewed agency Acting PREA Coordinator reported his office collects, review data and aggregated the data based on standard 115.87 to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, and training. This data is collected from all SCDC facilities. The collected data is securely retained in a computerized system with passwords.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.89 (b)

The provision requires that 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 10. Data Tracking and Reporting Section 10.5: SCDC will publish a yearly report, approved by the Agency Director, all aggregated sexual abuse data in accordance with the National PREA Standards. This annual report will include all findings and corrective actions for each institution as well as the Agency as a whole. Additionally, the annual report will include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. This report will be made public through the agency's public website.

The auditor reviews the 2022 PREA Annual Report. The report provides a review of the incident-based and aggregated data for calendar year and a comparison of aggregated data for past calendar years. The report provides corrective actions developed to further reduce sexual abuse and sexual harassment.

The auditor reviews the Annual PREA Report Addendum dated September 16, 2021, stating that the SCDC (private facility) contract with Core Civic for the housing of

certain SCDC confined persons in confinement. Core Civic must also comply with the Federal PREA Standards. The Core Civic Safety - Tallahatchie County Correctional Facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.89 (c)

The provision requires that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The informational conversation with the agency PREA coordinator and review of the Annual Report indicated that all personal identifiers were removed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.

115.89 (d)

The provision requires that 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.

Compliance Determination:

The facility has demonstrated compliance with this standard because:

SCDC Policy: HS-18.07 Inmates Health Records section 10 - Inactive health records will be maintained by the Central HIR office in hard copy form for 25 years or on microfilm and/or on electronic media for 99 years.

Informational discussions with staff indicated that the record retention standard is determined in state statutes and would require the legislature to make a change to the state law. This is an area that SCDC and OIG do not have control over. This provision will be rated compliance with the understanding that the PREA Coordinator explores options and recommendations to the SC legislators to change state law.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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| | <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborated findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.401 | Frequency and scope of audits |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • Facility Past Final Audit Report (On Website) • Audit Posted Notice • Agency PREA Website • Agency Annual PREA Report <p>Interview Guide:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • PREA Compliance Manager <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.401 (a)</p> <p>The provision requires that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> |

The auditor confirmed that during the three-year period and each three-year period thereafter, the agency ensures that each facility operated by the agency, or a private organization on behalf of the agency is audited. A review of the agency website PREA section listed all final PREA audits to include private facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.401 (b)

The provision requires that during each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The auditor confirmed during each one-year period the agency ensured that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency is audited. The auditor reviews the agency website, and the Final Audit Reports are listed by audit cycles.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.401 (h)

The provision requires that the auditor has access to, and shall observe, all areas of the audited facilities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

During the site review, the auditor reviewed PREA related documentation and materials located on bulletin boards and walls. The auditor observed camera

surveillance, physical supervision, and electronic monitoring capabilities. Other areas of focus during the tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing. Housing units, medical area, visitation, intake area, gatehouse, administrative areas, mail room. Kitchen, dining, storage, work areas were toured. During the site review that facility gives full access to the auditor.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.401 (i)

The provision requires that the auditor be permitted to request and receive copies of any relevant documents (including electronically stored information).

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The Acting PREA Coordinator and the facility provided the auditor with all relevant documents to include electronically stored information through the agency system.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.401 (m)

The provision requires that the auditor be permitted to conduct private interviews with confined persons.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email and pictures confirming the posted notices and observed the posted notices on-site.

During the onsite visit the auditor requested and received areas to interview confined persons in private.

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| | <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>115.401 (n)</p> <p>The provision requires that confined persons be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email and pictures confirming the posted notices and observed the posted notices on-site.</p> <p>There were two confidential communications from confined persons and none from staff. Staff interview indicated that confined persons are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Evidence Relied Upon in Making Compliance Determination:

Documentation:

- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021.
- Facility Past Final Audit Report (On Website)
- Audit Posted Notice
- Agency PREA Website
- Agency Annual PREA Report

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager

Compliance Determination by Provisions and Corrective Actions:

115.403 (f)

The provision requires that the agency ensures that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The auditor reviewed the agency website and confirmed that the agency’s final PREA reports are published on the website. The posted PREA final reports range from 2018 - 2024.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined persons, and a review of relevant policies collaborated that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

| Appendix: Provision Findings | | |
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| 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 | yes |

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| | 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.) | |
| 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? | na |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into | yes |

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| | consideration: Any applicable State or local laws, regulations, or standards? | |
| | 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 |

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| 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).) | no |
| | 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).) | no |
| | 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).) | no |
| 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 | na |

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| | facility does not have female inmates.) | |
| 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 | |
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| | 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 | yes |

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| | with inmates with disabilities including inmates who: Have intellectual disabilities? | |
| | 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 | yes |

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| | 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? | |
| | 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 |

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| 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 | |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 | yes |

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| | Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | |
| | 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 | yes |

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

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| | screening instrument? | |
| 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) | yes |

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| | Whether the inmate is detained solely for civil immigration purposes? | |
| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.41 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive | yes |

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| | information is not exploited to the inmate's detriment by staff or other inmates? | |
| 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 | yes |

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| | present management or security problems? | |
| 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 | yes |

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| | solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) | |
| 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 | |

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| | 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 | yes |

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

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| | this standard.) | |
| | 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 | |

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| | 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, | na |

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| | 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.) | |
| | 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 | yes |

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| | abuse or sexual harassment or retaliation? | |
| 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 |

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| 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 | yes |

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| | response to an incident of sexual abuse? | |
| 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 | yes |

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| | 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? | |
| | 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 | yes |

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| | 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).) | |
| | 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 |

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| | 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 |

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| 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 | yes |

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| | 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? | |
| 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 |

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| | 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 | yes |

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| | evidence sufficient to substantiate the allegation? | |
| 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). | yes |
| 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.) | yes |
| 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). | na |
| 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 | yes |

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| | sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | |
| 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 | |

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| | 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 |

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| 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 |

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| 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 | yes |

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| | 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? | |
| 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 | |

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| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 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.) | yes |
| | 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.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 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 | Audit contents and findings | |

| (f) | | |
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| | 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 |