

PREA Facility Audit Report: Final

Name of Facility: Perry Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/22/2024

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: 02/22/ 2024

AUDITOR INFORMATION	
Auditor name:	Barnett, Adam
Email:	adam30906@gmail.com
Start Date of On-Site Audit:	01/08/2024
End Date of On-Site Audit:	01/10/2024

FACILITY INFORMATION	
Facility name:	Perry Correctional Institution
Facility physical address:	430 Oaklawn Road, Pelzer, South Carolina - 29669
Facility mailing address:	

Primary Contact	
Name:	Curtis Earley
Email Address:	earley.curtis@doc.sc.gov
Telephone Number:	864-243-7400

Warden/Jail Administrator/Sheriff/Director	
Name:	Bryan Stirling
Email Address:	stirling.bryan@doc.sc.gov
Telephone Number:	803-896-8555

Facility PREA Compliance Manager	
Name:	Susan Duffy
Email Address:	duffy.susan@doc.sc.gov
Telephone Number:	O: (864) 243-4700

Facility Health Service Administrator On-site	
Name:	Katherine Burgess
Email Address:	katherine.burgess@doc.sc.gov
Telephone Number:	864-243-4700

Facility Characteristics	
Designed facility capacity:	870
Current population of facility:	802
Average daily population for the past 12 months:	732
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:	18-85
Facility security levels/inmate custody levels:	level 2, MI, ME, CL, SD, AP
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	230
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	415

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	Bryan Stirling
Email Address:	Stirling.Bryan@doc.sc.gov
Telephone Number:	803-896-8555

Agency-Wide PREA Coordinator Information

Name:	Kenneth James	Email Address:	james.kennethl@doc.sc.gov
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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:

3	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.73 - Reporting to inmates • 115.86 - Sexual abuse incident reviews
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Number of standards met:

42

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-01-08
2. End date of the onsite portion of the audit:	2024-01-10

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	870
15. Average daily population for the past 12 months:	732
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	794
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	5
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	5
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:	2
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:	3
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:	2
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:	3

<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>3</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>1</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>3</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>236</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>60</p>

<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>3</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>1</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>Auditor request inmate roster with geographically information and discussions with staff.</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>

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:	15
<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:	2
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:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1

<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>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>Auditor request inmate roster with geographically information and discussions with staff. Based on information obtained from the PAQ, documentation reviewed onsite.</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>2</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>3</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>3</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>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>One case pending and other inmates said they report sexual harassment.</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>3</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>

<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>Auditor request inmate roster with geographically information and discussions with staff. Based on information obtained from the PAQ, documentation reviewed onsite.</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>12</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>

<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>16</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>Agency Head Designee.</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>

79. Were you able to interview the PREA Compliance Manager?

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom Staff Commissary Staff Canteen 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:	2
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
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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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.

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

85. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<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>
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<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>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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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	8	1	8	0
Staff-on-inmate sexual abuse	15	2	20	0
Total	23	3	28	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	2	0	3	0
Staff-on-inmate sexual harassment	11	0	11	0
Total	13	0	14	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	2	0	0	0	0
Total	3	0	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	3	0
Staff-on-inmate sexual abuse	0	10	0	0
Total	0	12	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	2	0	0
Staff-on-inmate sexual harassment	0	7	4	0
Total	0	9	4	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

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>3</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>4</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>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input 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>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
<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>
<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 checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	1

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 the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Facility Chart • PCM Position Description • Agency Organizational Chart • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails • Observations <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator

- PREA Compliance Manager

Compliance Determination by Provisions and Corrective Action:

115.11 (a)

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

Compliance Determination:

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

- 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.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.1: SCDC Policy GA 06.11 (formerly numbered SCDC Policy OP-21.12, 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.

Corrective Actions:

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

115.11 (b)

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

Compliance Determination:

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

- The evidence shows the agency has designated an upper-level position of Agency PREA Coordinator as verified through the organizational chart; Policy; Review of the PREA Pre-audit Questionnaire; Interview with facility PREA compliance manager; and Agency PREA Coordinator.

- The Agency PREA Coordinator has demonstrated he has sufficient time and authority to accomplish his PREA-related responsibilities in conjunction with his team.
- The Department of Corrections has twenty-two institutions. The institutions are categorized into four distinct security levels: close security, medium security, minimum security, and community-based pre-release/work centers. The architectural design of the institution, type of housing, operational procedures, and the level of security staffing determine an institution's security level. Confined persons are assigned to institutions to meet their specific security, programming, medical, educational, and work requirements.
- The Agency PREA Coordinator oversees 22 PREA Compliance Managers throughout the agency. He interacts with them through email, text, phone calls, monthly meetings, and communication via Regional PREA Compliance Managers (either in person or virtual).
- 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.

Corrective Actions:

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

115.11 (c)

Where an agency operates more than one facility, each facility shall designate 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 organization chart shows the PREA Compliance Manager reports to the Warden as confirmed by staff interviews. The interview with the PREA Compliance Manager and observations revealed she has the time and authority to perform her PREA duties.
- The Warden has identified a PREA Compliance Manager with enough time to manage all PREA-related responsibilities. The PREA Compliance Manager indicated and confirmed that she has sufficient time and resources to coordinate all PREA activities. She has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities.
- When the PREA Compliance Manager identifies an issue with complying with a PREA standard, it is immediately brought to the attention of the Warden. The compliance changes would be in line with the agency/facility PREA policy and federal standard. When necessary, a meeting with the Regional PREA Manager and/or Agency PREA Coordinator will be held to discuss and devise a plan to become compliant with the

standard.

- 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 functions are listed as essential.
- 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.

Corrective Actions:

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

Overall Findings:

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 and work with the twenty-two facilities and facility PREA managers.

The process: When the PCM receives a report of sexual abuse or sexual harassment, they send the initial documentation to the PREA Coordinator’s office, the RPM reviews the documentation and determines if it will be investigated administratively or referred to the APC for review to be sent to OIG to review and open a criminal investigation or return it to the facility to investigate. The PREA Case Manager logs the report information into the database and monitors the status of the case. At the conclusion of the administrative investigation, the PCM sends the case file to the PC’s office for review by an RPM; once reviewed the case file is returned to the PCM for additional information, if needed, or to close out. Once the OIG completes a criminal investigation, 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 (PCM) and SCDC’s Office of General Counsel to schedule an Incident review. At the conclusion of all investigations, the PCM notifies the victim of the findings by completing SCDC Form 19-165, “Disposition of PREA Report”, explaining the outcome; both the victim and the PCM sign the form and victim receives a copy of the form. The case file is sent to the PC’s office for final review by the RPM, closed out and the PREA Case Manager enters the information into the database.

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

115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Memo – PREA Compliance Monitoring • Addendum to the Annual PREA Report • Confined persons Housing Agreement Between SCDC and CoreCivic, Inc. • CoreCivic PREA Audit • CoreCivic PREA Annual Report (Private Facility) • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 <p>Interviews:</p> <ul style="list-style-type: none"> • Deputy Director of Legal and Compliance/ Agency Contract Administrator <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.12 (a)</p> <p>A public agency that contracts for the confinement of its confined persons with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency has contracts with other entities for the confinement of confined persons that are adjudicated. The agency monitors these entities to ensure compliance with the National PREA Prison and Jail Standards on a yearly basis. • Deputy Director of Legal and Compliance/ Agency Contract Administrator: Agency 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 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 discuss PREA related issues. • The South Carolina Department of Corrections has contracted for the confinement of confined persons’ private entities. The PREA Coordinator provided the auditor with

a fully executed copy of the contract between SCDC and CoreCivic. 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 PREA Coordinator monitor CoreCivic’s PREA compliance activities.

Corrective Actions:

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

115.12 (b)

Any new contract or contract renewal shall 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 auditor was provided with a MEMO from the agency Legal and Compliance Director dating June 25, 2019 (which is still in effect) stating that the Agency PREA Coordinator monitor Core Civic’s PREA compliance to ensure SCDC’s compliance of the same.
- Deputy Director of Legal and Compliance/ Agency Contract Administrator: Agency PREA Coordinator ensures that PREA compliance results have been completed for each contract entered within the past 12 months. PREA audits have been completed for the institutions that SCDC contracts with and are posted on its website.
- Agency PREA Coordinator ensures that contract facilities completed and submitted PREA compliance results. The PREA audit reports are posted on the CoreCivic website.

Corrective Actions:

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

Overall Findings:

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

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- Unannounced Round Logs
- Duty Warden's Checklist
- Unannounced Rounds: SCDC Form 19-164A "Unannounced Rounds Logs"
- Deviation From Staffing Plan
- Job Status Report
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy OP-22.48, Institutional Weekly Rounds
- SCDC Policy Number 22.24 Post Orders
- SCDC Policy ADM 11.12 Post/Shift Assignments
- SCDC Policy ADM-17.01 Employee Training Standards
- SCDC Policy GA-06.09 Care and Custody of Transgender Confined Person and Confined Person Diagnosed with Gender Dysphoria
- SCDC Policy OP-21.04 Confined Person Classification Plan
- PREA Training Curriculum

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Warden
- Higher Level Staff Who Conducted Unannounced Rounds

Compliance Determination by Provision and Corrective Actions:**115.13 (a)**

The agency shall ensure that each facility it operates shall 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 determine 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 persons 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:

- A review of the staffing plan indicates that the facility calculating of adequate staffing levels and determine the need for video monitoring, accepted correctional practices, confined person populations, physical structure, and other relevant factors are considered.
- The agency ensures that each facility it operates develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect confined persons against sexual abuse.
- Physical Plant: The facility consists of 13 buildings accessible to confined persons which are included in the chart. The facility has 8 housing units with double-occupancy rooms and a capacity of housing 1,121 confined persons. The facility currently houses confined person between the ages of 20 to 79 years old. The facility employs 175 Security Officers, Qualified Mental Health Professionals, Medical Personnel, Classification case workers, and Administration Personnel.
- Staffing: A review of the Job Status Report dated 1/8/2024 indicated that the facility has a total of 280 security positions, 47 are vacant.
- The facility reports staff shortages with its security staff. However, the agency/facility has been working to recruit individuals to work at the facility. The facility and agency recruit daily by ads (TV and Radio), hired signs outside of the facility, one-time bonds for staff referrals (\$5,000.00), etc.
- The staffing plan shows a total of 9 housing units, with one off-line.
- The staffing plan also includes Organizational Chart, Facility Demographics, Facility Breakdown, Cameras, Physical Plant, Staffing Pattern, Post Assignment, Post Chart and Minimum Staffing.
- 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.
- The PREA Compliance Manager assesses adequate staffing levels and the need for video monitoring and 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 resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors.
- The Warden indicated 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 warden. 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.

Corrective Actions:

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

115.13 (b)

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

Compliance Determination:

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

- The facility PREA Compliance Manager ensures that in the event the staffing plan is unable to be maintained during exigent circumstances the reason(s) will be documented. These deviations from the staffing plan include, but are not limited to, reasons for the deviation, corrective action plan, and a determination on whether the change is permanent or temporary.
- Staffing: The auditor randomly reviewed the Reason (s) for the deviations from the staffing plan for twelve days. The Reasons varied. 12/08/2023 Reason (s) from Deviation: "The following units will be unmanned due to staff shortages, F6 East yard and Medical. One Lieutenant in F2, while one Sergeant will be manning both F4 and F6 East yard. One officer in F1 and F3, and One Lieutenant in F5, West Yard. The Shift Lieutenant is manning both F5 and medical. One Sergeant and Officer in F7/RHU (Restricted Housing). All officials were notified. 11/22/2023 "Units will be unmanned due to staff shortages East yard F4 will be unmanned due to staff shortages the officers that are assign to the East yard will conduct rounds and security checks in the unit West yard F1, F3 and F5 will remain unmanned, and rounds will be conducted in medical/infirmary by the officers assign to the East and West yard. Cafeteria movement will be conducted with the officers that are assigned to the East and West yard. The Shift Lieutenant will also assist with the unmanned dorms and conduct rounds and security checks". 11/30/2023 "The following units will be unmanned due to staff shortages: F1, F3, F5, F2, F4, F6. One Lieutenant in F1, F3, F5, West yard. One Lieutenant F2, F4, F6, East yard. One Lieutenant in medial/infirmary, assist on yards and units. One officer in F7 North and South. One Sergeant and One Officer to do hospital duty, due to confined person getting admitted. Emergency Action Center Sergeant Walker and all officials were notified".
- 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 check for compliance with the staffing plan for compliance through post assignments, routine unannounced rounds, staff/shift briefings, reviewing incident reports, calls outs, shift reports, post assignments, the sign-out of safety equipment (radios, keys, etc.), review of minute attendance sheets, staff meetings and briefing. The facility documents all instances of non-compliance with the staffing plan on SCDC form 19-212 and the reason for deviation is explained in the narrative. A written corrective action plan will be included. All documentation of non-compliance will be provided to the institution's PREA Compliance Manager for filing purposes.
- The PREA Compliance Manager reviews and follows up on deviations from the staffing plan. In situations in which a deviation is made from the staffing plan, written justification for such deviation is documented and sent to the Associate Warden and PREA Compliance Manager by the facility supervisors.

115.13 (c)

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 facility has cameras located in and around the facility that are always monitored. The cameras in the facility cover the inside of the visiting room, rear, front, and administration building inside front lobby, recreation areas, etc. There are no cameras in general confined person population rooms.
- The facility has identified blind spots within the institution that are accessible to confined persons. To ensure the safety of the confined persons in the areas of the blind spots, officers are directed to be observant of those areas and are not allowed to have one-on-one contact outside of the camera's view. Officers are briefed on the locations of all blind spots and those identified areas are checked during supervisory security checks and unannounced rounds.
- The Division of Operations is responsible for developing all staffing plans for each facility. Once the staffing plan had been developed, the Deputy Director would forward the plan to the facility's Warden for review. The Warden may make comments in response to the plan, the final version was determined by the Division of

Operations. The PREA Coordinator is required to be one of the signatories to the finally approved staffing plan.

- Agency PREA Coordinator 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 PREA Coordinator for review. Once reviewed by the PC, the staffing plan is then discussed in coordination with the PCM and the PC, then signed by the PC if the staffing plan meets the requirements of the PREA standards.

- The PREA Compliance Manager reviews the staffing plan at least once every year and is consulted regarding any necessary adjustments. The staffing plan is reviewed annually. Per protocol, the PREA Compliance Manager would be notified in advance if there were any adjustments made to the plan.

Corrective Actions:

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

115.13 (d)

Each agency operating a facility shall 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 shall have a policy to prohibit 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.

Compliance Determination:

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

- The agency/facility 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. The practice is implemented for night shifts as well as day shifts.
- Agency/facility practices include staff not alerting other employees that supervisory rounds are occurring unless such an announcement is related to the legitimate operational function of the facility.
- Higher-level staff who conducted unannounced rounds indicated that the duty officer conducts rounds, and the supervisors conduct PREA rounds. Staff are prevented from alerting other staff because they do not tell or call staff ahead of time.
- The unannounced rounds are documented on Unannounced Round Logs SCDC Form 19-164A "Unannounced Rounds Logs", and Duty Warden's Checklist and sometimes in the housing logbooks.

	<ul style="list-style-type: none"> • Staffing Plan: The facility’s higher-level supervisors are required to conduct and document unannounced rounds on SCDC Form 19-164a “Unannounced Rounds Log”, pursuant to 115.13 (e), to identify and prevent sexual abuse and sexual harassment of offenders by officers. The requirement for the mandate rounds is directed from SCDC Policy OP-22.48, Institutional Weekly Rounds. • Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.6: In accordance with SCDC 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. • Policy 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 confined persons and documenting such unannounced rounds utilizing SCDC Form 19-164.A, “General Population Housing Unit Unannounced Rounds Log”. • SCDC Policy OP-22.48 Institutional Weekly Rounds The policy included section 4. “Documentation of Rounds”: provision 4.2 all intermediate or higher-level supervisors, to include Warden, Associate Wardens, Duty Wardens, Majors, and shift supervisors, who conduct unannounced rounds shall document “Unannounced Round” or “UAR” in the Reason for visit column of the RHU Visitation Log (SCDC Form 19-164 or GP Visitation Log (SCDC Form 19-164a) in each area visited. <p>Corrective Actions: N/A. There are no corrective actions for this provision:</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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 the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment

(formerly numbered SCDC Policy GA-6.11) Updated July 8, 2020.

- GA-06.11 Applying the Prison Rape Elimination Act (PREA)
- SCDC Policy OP-21.04 Confined Person Classification Plan
- OP-22.39 Young Offender Parole and Reentry Services
- Online PREA Audit: Pre-Audit Questionnaire Prisons and Jails

Interviews:

- PREA Compliance Manager

Compliance Determination by Provisions and Corrective Actions:

115.14 (a)

A youthful, confined person shall not be placed in a housing unit in which the youthful, confined persons will have sight, sound, or physical contact 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:

- On Site Observations: Youthful offenders were not observed during the tour of the facility. Nor were youthful offenders among the randomly selected or special category of confined persons who were interviewed.
- The PREA Compliance Manager – the facility does not house youthful, confined persons under the age of 18. If the facility housed youthful, confined persons, 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.
- Management staff were asked, if youthful, confined persons arrive at the facility for a few hours or day, what will be the facility process for handling the youthful, confined persons? Staff indicated that youthful, confined persons under the age of 18 will be separated for adult confined persons 18 or older. Youthful, confined persons will remain out of sight and sound of other confined persons until transferred. Staff decisions and documentation indicated that no youthful, confined persons were housed at this facility during the audit period.
- 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.

Corrective Actions:

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

115.14 (b)

In areas outside of housing units, agencies shall either:

- Maintain sight and sound separation between youthful, confined persons and adult confined persons, or
- Provide direct staff supervision when youthful, confined persons and adult confined persons have sight, sound, or physical contact.

Compliance Determination:

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

- 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.

115.14 (c)

Agencies should make their best efforts to avoid placing youthful, confined persons in isolation to comply with this provision. Absent exigent circumstances, agencies shall 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:

- 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.

Overall Findings:

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

Documentation:

- Staff Roster
- 2021 PREA PowerPoint Training
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.
- SCDC Policy Number: OP 22.19 Searches of Confined Person
- SCDC Policy OP-22.19, Search of Confined Person
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021.
- 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 Confined Person and Confined Person Diagnosed with Gender Dysphoria
- Pre-Audit Questionnaire

Interviews:

- Random Sample Staff
- Random Sample Residents
- PREA Compliance Manager

Compliance Determination by Provisions and Corrective Actions:

115.15 (a)

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

Compliance Determination:

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

- All staff reported that they are not allowed to conduct cross-gender pat down searches. When probed, most of the interviewed staff could articulate that they are to search in a professional and respectful manner and that they receive training that is conducted in-service.
- Transgender and intersex confined persons are allowed to indicate in writing which gender they feel most comfortable being searched by to include frisk (pat) searches. This preference is recorded in the confined persons' 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.

- Random Sample of Staff: Twelve (12) staff were randomly selected and interviewed by the auditor's non-certified support staff. The random staff representing staff from all shifts. There were seven white males, three white females, one Korean male and one black female. They were asked: Have you 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? All staff indicated yes. Twelve out of twelve staff members stated they received training and refresher training during annual training. Discussion with the Assistant Agency PREA Coordinator confirmed that the agency has developed an additional training that includes conducting searches of transgender and intersex.
- According to the Pre-Audit Questionnaire, in the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of confined persons: 0
- 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 Confined Persons, 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.
- Policy HS-18.13 Health Screening and Exams section 5 – Body Cavity Searches: An confined person 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.

Corrective Actions:

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

115.15 (b)

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:

- The facility documents all cross-gender strip searches and cross-gender visual body cavity searches.
- The facility only housed male confined persons.
- The facility allows Transgender and Intersex confined persons to select the gender to conduct searches.

Corrective Actions:

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

115.15 (c)

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

Compliance Determination:

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

- 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.
- Policy Number: OP 22.19 Searches of Confined Person 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.

Corrective Actions:

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

115.15 (d)

The facility shall 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 shall require staff of the opposite gender to announce their presence when entering a confined persons housing unit.

Compliance Determination:

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

- Onsite Observations: 1. During the site review, the auditor observed the facility function of cross-gender viewing. Areas where confined persons may be in a state of undress, showers, toilet, and changing of clothing. The areas observed were housing units, medical, intake cells/showers, recreation areas and visitation shake-down room. 2. The auditor observed the function of cross-gender announcements. The auditor observes staff announcing their presence when entering housing unit/living areas of the opposite gender. 3. 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 on showers and toilets. 4. The auditor observed the physical storage area of 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 was no confidential confined persons information located in places where other confined persons or staff can review. 5. Confined persons and staff informal interviews were conducted regarding PREA information, staff announcing their present, and using the tablet, kiosk, phone, and using the showers and toilets. 6. There were lock boxes located where the confined persons could submit grievance and/or PREA issues.

- 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 confined persons to shower, perform bodily functions, and change clothing without being completely viewed by other confined persons, 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 Confined Person and Confined Person Diagnosed with Gender Dysphoria, Section 3. Housing of Transgender Confined Person and Confined Person Diagnosed with Gender Dysphoria 3.1 states, in deciding whether to house transgender confined person and confined persons 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.

- Random Sample of Staff: Twelve (12) staff were randomly selected and interviewed by the auditor's non-certified support staff. The random staff representing staff from all shifts. There were seven white males, three white females, one Korean male and one black female. They were asked: Are confined persons able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. One hundred percent of staff interviewed stated that confined persons are allowed to dress, shower, use the toilet without being viewed by staff of the opposite gender. Informal discussion indicated that while conducting rounds and count checks, they may see confined person in the cells.

- Random Sample of Staff: Twelve (12) staff were randomly selected and interviewed by the auditor's non-certified support staff. The random staff representing staff from all shifts. There were seven white males, three white females, one Korean male and one black female. They were asked: "Do you or other officers announce your presence when entering a housing unit that houses residents of the opposite gender (from yourself)?" Twelve staff reported that opposite gender staff announce their presence when entering the housing unit. The staff reported that they will make announcement by saying "female on dorm" or "female on the floor/rock".

- Confined Person Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve Black, sixteen White and three Hispanic confined persons. The target confined

persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined persons A1. They were asked: Do female staff announce their presence when entering your housing area? Most of the confined persons said yes. Some said not all the time, some said not constantly, and some said do not hear they if they are in the back.

- Confined Person Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve Black, sixteen White and three Hispanic confined persons. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined person A1. They were asked: Are you and other confined persons ever naked in full view of female staff (not including medical staff such as doctors, nurses)? All confined persons reported that they are never naked in full view of female staff while showering, dressing, or while using the restroom.

Corrective Actions:

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

115.15 (e)

The facility shall not search or searching or physically examining a transgender or intersex confined persons for the sole purpose of determining the confined persons' genital status. If the confined persons 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:

- The agency/facility prohibits search or physically examine a transgender or intersex confined persons for the sole purpose of determining the confined persons' genital status. If the confined persons' 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.

- Policy Number GA-06.09 Care and Custody of Transgender Confined Person and Confined Person Diagnosed with Gender Dysphoria - indicated that Transgender Confined Person and Confined Person 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.

- Random Sample of Staff: Twelve (12) staff were randomly selected and interviewed by the auditor's non-certified support staff. The random staff representing staff from all shifts. There were seven white males, three white females, one Korean male and one black female. They were asked: "Are you aware of the policy prohibiting staff from searching or physically examining a transgender or intersex for the purpose of determining that confined persons' genital status?" All staff reported yes that they were aware of the policy prohibiting staff from searching or physically examining a transgender or intersex for the purpose of determining the confined persons' genital status. Some staff were able to further articulate that such a determination would be addressed to medical staff. Staff indicated that they receive training during the annual training, and some said refresher training.

Corrective Actions:

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

115.15 (f)

The agency shall 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:

- 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 is necessary and take into consideration the gender expression of the confined persons.

- The auditor reviewed the SCDC Multidisciplinary Management and Treatment Team Confined Person Accommodation Plan. The plan included but not limited to: Previously Hormones by a Licensed Practitioner; Psychiatric Consult to Rule out Gender Dysphoria/Other (implants, injectables, surgical history): Committee Housing Recommendations: Housing Recommendations, Clothing/Commissary (Authorized to have female/male undergarments), Showing, Grooming, Recreation, Programming, Transportation, Canteen, Uses of feminine pronouns (she/her). Gender Preference of staff member to conduct searches. The following staff participated/office member: Legal and Compliance; PREA Coordinator; Classification and Confined Person Records; Legal Representative, Health Services; Behavioral and Mental Health; Chief Psychiatric Officer; Chief Medical Officer; Nursing and the Transgender Services Clinical Coordinator. The confined person is presented with a copy of the recommendations from the Multidisciplinary Management and Treatment Committee where they print and sign their names.

- Auditor’s Review Notes from SCDC 2022 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. 2. Slide #25 - Cross-gender frisk searches of female confined persons are prohibited, except in exigent circumstances. 3. 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. 4. 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. 5. Slide #34 - No Excuse! You cannot refuse to strip search a transgender. Being uncomfortable is not an exigent circumstance. 6. 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.

- 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 confined persons in a respectful manner, and consistent with security needs.

- The facility also has a policy prohibiting cross-gender strip searches and cross-gender visual body cavity searches. Again, if an exigent circumstance occurs the facility will document the process.

- PREA compliance manager - staff receive training on 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. They received this training during in-service and/or online.

Corrective Actions:

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

Overall Findings:

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

115.16	Inmates with disabilities and inmates who are limited English proficient
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- Facility PREA Brochure (Spanish and English)
- Resident Target List
- Disabled Resident (Wheelchair and one Wheelchair and Blind)
- Disabled Resident (Hard of Hearing)
- PREA Poster
- Female and Male Brochure UEB Code 4 Braille Pages
- SC Braille Production Center
- Confined Person Orientation Manual (Handbook) - Tablet
- Braille Documentation (Central Office)
- School for the Deaf and the Blind Braille Production
- SCDC Policy GA-06.08, Confined Person with Disabilities and the Americans with Disabilities Act (ADA)
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021.
- GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy OP-21.04, Confined Person Classification Plan
- Language Translation Via Telephone Instructions
- Language-line Interpretative Services Contract (SCDA)
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- Deputy Director of Legal and Compliance/Agency Head Designee
- Target Resident
- Random Sample of Staff

Compliance Determination by Provisions and Correction:

115.16 (a)

The agency shall 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, to ensure 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.

In addition, the agency shall ensure that written materials are provided in formats or

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

Compliance Determination:

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

- The facility provided the auditor with a spreadsheet of target confined persons that includes the target confined persons names if they have the following targets:

Confined persons with Physical disabilities (i.e. wheelchairs); Confined persons with Low Intellectual Disabilities; Confined persons Blind or Low Vision; Confined persons Deaf or Hard of Hearing; Confined persons Limited English Proficient; Confined persons Identify as Lesbian, Gay, Bisexual; confined persons Identify as Transgender or Intersex; Confined persons reported Sexual Abuse; Confined persons Disclosed Prior Sexual Victimization/Risk Screening; Confined persons in Segregated Housing/ Isolation; and Youthful confined persons.

- The agency and the facility appear to be committed to ensuring confined persons with disabilities, including confined persons who are deaf/hard of hearing, blind or low vision, intellectually disabled, psychiatrically disabled or speech disabled have access to interpretive services that are provided expeditiously through professional interpretive services. They also appear to be committed to ensuring confined persons with limited English proficiency have access to interpretive services. These interpretive services may be accessible through statewide contracts that can be accessed by the facility. Language Line Solutions, staff Bi-Lingual Staff, PREA Brochures in Spanish, and PREA Video are provided to ensure all confined persons have access to and the ability to participate in the agency's efforts at prevention, detection, responding and reporting sexual abuse and sexual harassment.

- Confined Person Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve Black, sixteen White and three Hispanic confined persons. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined persons A1.

- Target Confined Persons: Two disabled confined persons (Wheelchair and One Blind and in Wheelchair) were interview by the auditor's non-certified support staff. They were asked: Does the facility provide information about sexual abuse and sexual harassment that you are able to understand? One said yes, it is posted on the walls. He can read it from his wheelchair. One is in a wheelchair and blind. He said he can read it. However, doing the interview he requested a tablet that has a voice feature to read to him. The auditor discussed the confined person's request with the facility. The

facility indicated that the confined persons is legally blind, has requested a tablet that has a text-to-speech ability. The technology is not currently offered. The confined persons cannot read braille, therefore the PREA procedures have been read to him and he was able to listen to the corresponding video. He has access to staff that will be available to read the procedure again if needed. The PREA videos have written captions.

- Target Confined Persons: One disabled confined person was interviewed by the auditor's non-certified support staff. He was asked: Does the facility provide information about sexual abuse and sexual harassment that you are able to understand? The confined persons said yes, I can read it and understand.
- A Literacy Remedial Teacher and staff are available to ensure that confined persons with limited educational skills receive and understand how to access all the aspects of PREA, including prevention, detection, responding and reporting. Staff would read the PREA information to the confined persons upon admission and additionally, PREA Education is provided through the PREA Video and orally to clarify any issues. Language Line is available for telephone interpretive services, video interpretive services and on-site services and for translation services.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.13: Consistent with SCDC Policy OP-21.04, Confined Person Classification Plan, SCDC will make available an Americans with Disabilities Act (ADA) Coordinator who shall take appropriate steps to ensure confined persons 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.
- Policy: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment states, during each confined person orientation and training session, confined person education materials will be provided in formats which are accessible to all confined persons. This includes providing documentation and materials to confined persons who are limited English, proficient, deaf, visually impaired, or otherwise disabled, as well as to confined persons who have limited reading skills.
- OP-21.04 Confined Person Classification Plan section 4.15 Initial Orientation: Each confined person arriving at R&E will receive written orientation materials. Confined persons that do not speak English shall be helped/translations in their own language. Confined persons with hearing impairments will be provided with sign language services and visually impaired confined persons will receive verbal orientation. During the initial orientation, a brief overview of the entire reception process will be delivered.
- Deputy Director of Legal and Compliance/Agency Head Designee - 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 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.

Corrective Actions:

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

115.16 (b)

The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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 confined persons stated that he did receive sexual abuse and sexual harassment information from the facility when they arrived. The confined persons also indicated that they received information from staff regarding their rights in this facility. Officers and counselors help with the understanding of facility rules.
- In addition to the education, facility ensures 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.
- 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.
- The following information is included on the Zero-Tolerance against Sexual Abuse/ Sexual Harassment Spanish and English Posters: "You have a right to be free from sexual abuse and sexual harassment. No confined persons will be subjected to retaliation, reprisal, harassment, or disciplinary action for reporting allegations or knowledge of abuse. Ways To Report - Dial *22, written report to any agency staff member, contractor, employee, volunteer, Police Services, or SLED (You can report anonymously to SLED as well at the following address (SLED, P.O. Box 21398, Columbia, South Carolina 29221). Confined persons may contact their local Sexual Assault Center (SAC) for confidential support by dialing *63. They may write their local SAC."
- 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.

- PREA information has been added to the Kiosk system (English and Spanish) 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 onetime function. This ensures that all confined persons receive PREA information and use as confined person PREA refresher.

Corrective Actions:

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

115.16 (c)

The agency shall 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:

- The facility does not rely on confined persons interpreters, confined persons readers, or other types of confined persons assistance 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 or the investigation of the confined persons allegations. Interviewed staff indicated that they would document the limited circumstances in individual cases where confined persons interpreters, readers, or other types of confined persons assistance are used.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.14: SCDC will not rely on confined persons interpreters, confined persons readers, or any other type of confined persons assistance in obtaining information regarding investigations that may compromise the safety of the confined persons.
- Random Sample of Staff: Twelve (12) staff were randomly selected and interviewed by the auditor's non-certified support staff. The random staff representing staff from all shifts. There were seven white males, three white females, one Korean male and one black female. They were asked: Does the agency ever allow the use of confined persons interpreters, confined person readers, or other types of confined persons assistants to assist confined persons with disabilities who are limited English proficient when making an allegation of sexual abuse or sexual harassment? All staff reported that confined persons interpreters are not allowed; nor have confined persons interpreters, confined persons readers, or other type of confined persons

	<p>assistance been used in relation to allegations of sexual abuse or sexual harassment. Some staff indicated they would use another staff, get help from the agency language line, the agency provide interpreters, and they would never use a confined persons for sexual abuse allegations.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.17	Hiring and promotion decisions
	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"> • Active Employee NCIC Documentation Background Checks • Contract Employees NCIC Documentation Background Checks • Staff Roster • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • Section 24-3-950, South Carolina Code of Laws, 1976, as amended; Section VII (707.02), SC Office of Human Resources Regulations; Title VII of the 1964 Civil Rights Act; Article 7, Sections 8-13-700 through 8-13-795, Rules of Conduct; SC Code Ann. 8-11-170; Section 8-13-1110 of the South Carolina Code of Laws • ADM-11-17. Employee Conduct • SCDC Policy ADM-11.28 Applicant Selection Process • SCDC Policy ADM-11.34 Employee Confined Person Relations • SCDC Policy ADM-11.39 Staff Sexual Misconduct with Confined Person • SCDC Policy ADM-17.01 Employee Training Standards • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Agency HR Staff • Agency PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.17 (a)

The agency shall 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 section.

Compliance Determination:

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

- 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.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.15: Consistent with SCDC Policy ADM-11-28, Applicant Selection Process, SCDC will conduct criminal background records checks before hiring employees, and will not hire or promote anyone who have engaged in sexual abuse of any kind. Individuals who have engaged in sexual harassment will be considered on a case-by-case basis. SCDC shall conduct criminal background records checks at least every five (5) years for 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.
- Agency HR Staff - the agency performs criminal record background checks and consider 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.

Corrective Actions:

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

115.17 (b)

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

Compliance Determination:

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

- The agency/facility indicated any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview with the HR staff was in alignment with the standard. The interview questions for employment also address previous misconduct. The facility indicated the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist these services of any contractor, who may have contact with confined persons. Based on the review of the documents provided during the pre-audit, and interview with the HR staff, the facility follows the provisions.
- Active Contract NCIC Documentation Background Checks Review: The facility provided the auditor with a spreadsheet of contract employees assigned to the facility which includes Name, Employee Number, Title, Hire Date, Location, National Crime Information Center (NCIC) Date, Sex and Race. Of the 15, two did not receive or have a date for the NICI background checks.
- Agency HR Staff - the agency considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with confined persons. This information is used to determine whether a person is a quality candidate or not. Prior incidents of sexual harassment that is documented and provided to the agency is reviewed and hiring is determined on a case-by-case basis. Each promotion requires an application and background check completed before an offer is made to any promotions. This is covered in the agency policy.

Corrective Actions:

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

115.17 (c)

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:

- 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.
- Active Employee NCIC Documentation Background Checks Review: The facility provided the auditor with a spreadsheet of employees assigned to the facility which includes Name, Employee Number, Title, Hire Date, Location, National Crime Information Center (NCIC) Date, Sex and Race. Of the 232, one did not have a NICI background check date.
- Staff indicated 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.
- Policy Number: 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.
- The South Carolina Department of Corrections Policy Number: ADM-11.28 Applicant Selection Process, section 9.11 states, applicants must report all arrests, court-ordered restraining orders (regarding a family member or a co-habitant) and/or convictions/dispositions on their original application. Successful applicants will be checked though the National Criminal Information Center (NCIC) before an official offer of employment is extended.
- Agency HR Staff - 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.

Corrective Actions:

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

115.17 (d)

The agency shall 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.
- The agency provided the auditor with a spreadsheet of contract employees assigned to the facility includes Name, Employee Number, Title, Hire Date, Location, National Crime Information Center (NCIC) Date, Sex and Race.
- Staff indicated that all third-party contractors have a background check run, or proven criminal history cleared, prior to authority to report inside one of the facilities.
- Agency HR Staff - 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.

Corrective Actions:

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

115.17 (e)

The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with 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:

- The policy is aligned with the requirements of the provisions of the standard and provides background checks that occurred prior to employment and every five years thereafter. Initial background checks and five-year checks were reviewed. This was confirmed by staff interviews.
- The Agency 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.

115.17 (f)

The agency shall ask 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:

- 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 have been convicted of engaging in or attempted to engage in sexual activity by any means.
- The South Carolina Department of Corrections Policy Number: ADM-11.28 Applicant Selection Process, section 9.11.1 indicated that employees who move from a non-security to a security position, regardless of the reason for the move (promotion, demotion, reassignment, etc.) will be checked through the National Criminal Information Center (NCIC).
- Agency HR Staff - 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 Action:

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

115.17 (g)

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

Compliance Determination:

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

- The facility policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- The South Carolina Department of Corrections Policy Number: ADM-11.28 Applicant Selection Process, section 9.11.4 indicated for falsification, omission, or misrepresentation of facts or information other than arrests, restraining orders, or convictions, consideration should be given to the type of information falsified, omitted, or misrepresented and whether an offer of employment would have been extended if the agency had been given accurate information initially. Intentional deception will automatically disqualify an applicant.

	<p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.17 (h)</p> <p>Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Staff interview confirmed the facility would provide the above information if requested to do so. Policy indicates the information would be provided when requested unless it is prohibited by law to provide the information. • Agency HR Staff - 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>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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 the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy OP-22.47 Prison Management Expectations • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021

- SCDC Policy ADM-12-01, Procurement of Supplies and Services
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- Deputy Director of Legal and Compliance/Agency Head Designee
- Warden
- PREA Compliance Manager

Compliance Determination by Provisions and Corrective Actions:

115.18 (a)

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

Compliance Determination:

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

- The staff interview revealed that the agency/facility has not acquired any new facilities since the last PREA audit.
- 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 confined persons from sexual abuse.
- Deputy Director of Legal and Compliance/Agency Head Designee - 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 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.
- Warden - 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.
- PREA Compliance Manager - "when designing, acquiring, or planning substantial modifications to facilities, the facility considers the effects of such changes on its ability to protect confined persons from sexual abuse. If new modifications are being added to the facility, the team will consider confined person sexual safety. The team considers blind spots, building structure, placement of video monitoring, and

bathroom and showers designed for non-gender viewing.

Corrective Actions:

N/A. There are no corrective actions:

115.18 (b)

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

Compliance Determination:

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

- The staff interview revealed that the agency/facility has not had any major updated surveillance technology since the last PREA audit.
- The cameras in the Institution cover the main sections of the building to include Housing Unit Wings, Visitation, RHU, and Recreation Areas. The outside cameras cover the surrounding areas, exits, and entrances to the Institution.
- Deputy Director of Legal and Compliance/Agency Head Designee - 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.
- Warden - 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 installed additional cameras in the last few years through PREA because of complaints and the need to monitor.
- PREA Compliance Manager - the agency uses monitoring technology to enhance the protection of confined persons from incidents of sexual abuse. If new modifications are being added to the facility, the team will consider confined persons sexual safety. The team considers blind spots, building structure, placement of video monitoring, and bathroom and showers designed for non-gender viewing.

Corrective Actions:

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

Overall Findings:

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

analysis, the facility is compliant with all provisions in this standard.

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- Confined Persons Target List
- MOU Outside Advocacy - Julie Valentine Center
- Outside Advocacy Interview Email with Notes
- Just Detention International Email
- National Sexual Violence Resource Center Email
- PREA Coordinated Response Protocol
- SC Victim Assistance Network (SCVAN)
- SCDCVASA Member Organization and Services to Incarcerated Victims
- SC Code of Laws Unannotated - Title 17 - Criminal Procedures
- Statewide Partnerships with Sexual Assault Centers
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021.
- GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- ADM-11-27, Post Assault Information Resource Assistance (PAIR)
- HS-18-02, Emergency Care
- HS-18-05, Sick Call and Dental Health
- HS-18-12, Informed Consent
- HS-18-15, Levels of Care
- List of SC Sane Program Locations
- Victim Services
- SCDC Policy OP-21.04 Confined Person Classification Plan
- SCDC Policy OIG - 23.01 Investigation
- SCDC Policy/Procedure, GA-05.01 Investigations
- SCDC Policy OIG -23.38 Evidence Protocol
- MOU Between South Carolina Law Enforcement Division (SCLED) and South Carolina Department of Correction (SCDOC)
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- Random Sample of Staff
- PREA Compliance Manager
- Agency PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.21 (a)

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

Compliance Determination:

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

- The agency/facility is responsible for investigating allegations of sexual abuse. Administrative and/or criminal investigations are completed for all allegations of sexual abuse or sexual harassment. The facility utilizes the internal and external offices to conduct investigations regarding all felony related crimes to include alleged sexual violence that occurred at the facility. Both the facility and the external office follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
- The Facility PREA Compliance Manager investigates administrative issues, the Office of Inspector General (OIG) internal to the agency investigates criminal and the State Law Enforcement Division (SLED) external to the agency investigates criminal.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive 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 (confined person or staff), and availability of evidence.
- Random Sample of Staff: Twelve (12) staff were randomly selected and interviewed by the auditor's non-certified support staff. The random staff representing staff from all shifts. There were seven white males, three white females, one Korean male and one black female. They were asked: Do you know and understand the agency's protocol for obtaining unusable physical evidence if a confined persons alleges sexual abuse?" During the on-site audit, 12 random staff were interviewed. All 12 staff could clearly articulate the agency's protocols. Staff were aware of the protocols, they were able to describe the process and steps required to protect physical evidence, which included take immediate action, stay with the confined persons, separate 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 direct care staff also reported that they would send the victim to medical for an initial evaluation of his/her medical condition.
- Random Sample of Staff: Twelve (12) staff were randomly selected and interviewed by the auditor's non-certified support staff. The random staff representing staff from all shifts. There were seven white males, three white females, one Korean male and one black female. They were asked: "Do you know who is responsible for conducting

sexual abuse investigations?” During the on-site audit, staff answers varied from the Associate Warden or Supervisor.

Corrective Actions:

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

115.21 (b)

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

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.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 2.2: SCDC’s OIG will ensure that a uniform evidence protocol that is developmentally appropriate for youthful, confined persons (when applicable), and is documented and used based on the most current law enforcement practices.

Corrective Actions:

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

115.21 (c)

The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. The agency shall document its efforts to provide SAFEs or SANEs.

Compliance Determination:

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

- The medical staff do not conduct forensic medical examinations on site. The role of medical health providers in the event of a sexual assault is limited to triage, emergency stabilization, after care and follow-up services. The services are provided without cost.
- 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.

- Memorandum of Understanding between SCDC Perry Correctional Institution (PCI) and Julie Valentine Center (JVC). The Julie Valentine Center is responsible for:

- o Responding to calls from PCI residents received on JVC 24-hour crisis hotline.

- o Providing PCI residents with confidential emotional support services related to sexual abuse during their residency at PCI and during their transition from the PCI corrections facility into the community.

- o Provide PCI a list of persons authorized to act as the point of contact to implement this agreement and develop additional operational details. The list should include names, titles, telephone numbers, and email addresses, and should be updated as necessary.

- o Providing follow-up services to PCI resident victims of sexual assault, as resources allow, including up to 3 in-person visits.

- o Maintaining confidentiality of communications with PCI residents.

- o Working with designated PCI staff to obtain security clearance and follow all facility guidelines for safety and security.

- o Attending any and all Sexual Abuse Incident Reviews that involve PCI at the request of a resident with the understanding that JVC cannot disclose any communication about a PCI resident without a signed release from said resident.

- o Communicating any questions or concerns to the PCI PREA Coordinator that are not in violation of confidentiality.

- o Provide training at the respective institution to PCI staff. The training will include but is not limited to the effects of sexual trauma, advocacy, neurobiology of trauma, JVC services, and sexual assault in correctional facilities.

- Julie Valentine Center - Email and phone interview with the Crisis Coordinator. The MOU is still in effect with the facility. The term of the MOU begins on May 19, 2021, the date of final signature and continues until it is terminated by either party. Neither party has terminated. There were zero SANE referrals made in the past 12 months. The organization has served 3 confined persons in the past 12 months; however, these confined persons were not from PCI. Confined persons can remain anonymous when making a PREA report. The organization would contact the statewide PREA coordinator to tell regarding PREA reports. Most of these cases have already been reported according to the confined person. Most of the services provided are coping skills, they need someone to talk to about the abuse, and a contact number if their situation wasn't handled the way that they expected. The SCDC Agency PREA Coordinator's contact information.

- 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 confined persons 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.

Corrective Actions:

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

115.21 (d)

The agency shall attempt to make available to the victim advocate from a rape crisis center. If a rape crisis center is not available to provided victim advocates services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. 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. 1400043, 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:

- The facility makes available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility makes available (for emotional support) a qualified staff member from a community-based organization, or a qualified facility staff member. The facility shows documentation.
- SCDC has a statewide partnership agreement with multiple sexual assault centers across the state. The ten sexual assault centers provide hundreds of hours of support to victims of sexual assault, including individual face-to-face contacts, group sessions, written correspondence, and phone calls through toll-free hotline support. All services provided by the center are completely free, completely confidential, and the confined persons safety is a priority according to the website. This information is located on the SCDC website.
- The agency/facility attempt to make available a victim advocate from a rape crisis center. The Agency's PREA Coordinator establish a written memorandum of Understanding / Agreement's with local / regional Rape Crisis Centers to provide emotional support services.
- Julie Valentine Center - Email and phone interview with the Crisis Coordinator.
- National Sexual Violence Resource Center (NSVRC) - Email with Resource and Technical Assistance Coordinator on January 11, 2024. Email states that they provide information and tools to prevent and respond to sexual violence. While they are happy to have our organization listed as a resource for people who are incarcerated, they do not receive reports or provide services in any capacity. They also are not able to disclose if anyone from the facility reached out for resources.
- Just Detention International (JDI) - Email with Senior Operations Officer on January 11, 2024. The email stated that a review of our database indicates that the agency

has not received any information regarding the submitted facilities.

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

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

Corrective Actions:

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

115.21 (e)

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

Compliance Determination:

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

- The facility offers all victims of sexual abuse access to forensic medical examinations at an outside facility, the local hospital without financial cost. The local hospital provides a Sexual Assault Forensic examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If one is not available, the examination is performed by a qualified medical staff.

- PREA Compliance Manager - if requested by the victim, a qualified agency staff member, or qualified community-based organization staff member accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. SCDC policy states, its Mental Health practitioners will ensure that the victims are offered the services of an outside agency victim advocate.

Corrective Actions:

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

115.21 (f)

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

Compliance Determination:

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

- 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.
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment (formerly numbered SCDC Policy OP-21.12) updated July 8, 2020, 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/Procedure 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.

Corrective Actions:

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

115.21 (g)

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

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

Compliance Determination:

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

- 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 issues is more probably true than not.

	<ul style="list-style-type: none"> • Agency PREA Coordinator - SLED required to use the same protocols as the investigators for SCDC and referred the auditor to the MOU with SLED. <p>115.21 (h)</p> <p>For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The facility offers all victims of sexual abuse access to forensic medical examinations at an outside facility, the local hospital without financial cost. The local hospital provides a Sexual Assault Forensic examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If one is not available, the examination is performed by a qualified medical staff. Staff may serve as emotional support if requested by confined persons. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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 the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Sexual Abuse and Sexual Harassment Allegations Past 12 Months • Investigation File Reviewed and Type of Documents Included • Facility Investigator NIC Training • Inspector General Interview Notes • Deputy Director of Legal and Compliance/Agency Head Designee Interview Notes • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • 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)

- Investigator Training List
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- Deputy Director of Legal and Compliance/Agency Head Designee
- Agency PREA Coordinator

Compliance Determination by Provision and Corrective Actions:

115.22 (a)

The agency shall 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:

- According to staff, the Agency PREA Coordinator, facility compliance manager, and the facility investigator, ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on confined person-on-confined person or staff-on-confined person misconduct.
- Interview with the Inspector General, the agency policies and the Office of Inspector General (OIG) ensure that all allegations of sexual abuse or sexual harassment are investigated. The Office of Inspector General has the legal authority to conduct criminal and administrative investigations and the agents are law enforcement officers. The Office of Inspector General conducts about 9.9 percent of the criminal investigations. There may be times where a criminal investigation is referred to the South Carolina Law Enforcement Division (SLED).
- The Facility Investigator indicates that the agency has policy 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 Office makes the referral to OIG.
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment (formerly numbered SCDC Policy OP-21.12) Updated July 8, 2020, 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.
- Total number of sexual abuse and sexual harassment investigations for the past 12

months = 35; Total number of investigations reviewed by auditor = 15; Total number of sexual abuses classified by investigations = 7; Total number of sexual harassments classified by investigations = 8; Total number of pending cases = 1; Total number of referrals for prosecution = 0; and total number of terminated staff or contractors = 0.

- The type of documentation included in most of the reviewed investigation cases (Criminal and Administrative):

- o PREA Investigative Folder checklist - 14

- o Incident Report - 15

- o Incident Report Checklist for PREA Issues (30-day Reviews)- 15

- o Confined Persons Search Detail Report - 14

- o PREA Confined Persons Voluntary Statements - 13

- o Disposition of PREA Report/ Confined Persons Notifications - 14

- o Additional Information and Support Services (Emotional) -

- o Report of Finding to Agency PREA Coordinator - 14

- o Sexual Abuse Retaliation Monitoring - 7

- o Email refers - 15.

- o Warden-to-Warden PREA Notification - 1

- o Confined Person Grievance - 2

- o Grievance Transferal Memo - 2

- o PCM confined persons Grievance Review Routing Slip - 2

- Deputy Director of Legal and Compliance/Agency Head Designee - 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 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 investigate 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 reviews with an attorney from 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.

115.22 (b)

The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency shall publish such 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:

- The agency/facility's website provides the 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.
- When allegations are made at the facility, information is collected by staff, then forwarded to the facility PREA Compliance Manager for review and recommendation to the PREA Coordinator. The PREA Coordinator determines if an allegation should be forwarded to OIG to initiate a criminal investigation. Criminal investigations are documented in the Case Management System. Incidents not determined to be criminal in nature are referred to as the facility for completion of an administrative investigation. Administrative investigations are documented in investigative files at the facility and maintained by the PREA Compliance Manager.
- SCDC OIG has full state authority to conduct investigations and make arrests. SCDC also has an MOU with SC Law Enforcement Division (SLED) that allows for SLED to be the lead investigative agency if necessary.

Corrective Actions:

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

115.22 (c)

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.
- Agency PREA Coordinator - Indicated that outside entity SLED is aware of the

agency sexual abuse policy of investigations. The agency has developed a policy for the investigation of sexual abuse and sexual harassment which is reported to the SCDC. The policy number: 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/>

Corrective Actions:

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

115.22 (d)

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

Compliance Determination:

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

- The agency has developed a policy for the investigation of sexual abuse and sexual harassment which is reported to the SCDC. The policy number: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment (formerly numbered SCDC Policy OP-21.12) Updated July 8, 2020, published on the agency's website at <http://doc.sc.gov/preaweb/>

Corrective Actions:

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

115.22 (e)

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

Compliance Determination:

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

- The facility reported at this time, no Department of Justice component is responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at this facility.
- Staff indicated that any department of Justice component responsible for conducting administrative or criminal investigation of sexual abuse or sexual harassment in this facility will use the same policies governing the conduct of agency investigations. The Department of Justice has not conducted any PREA investigations regarding sexual abuse or sexual harassment.

Corrective Actions:

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility

	documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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 the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Staff Roster • Employee Spreadsheets • List of Signed in Employees • PREA Coordinated Response Protocol • 2021 PREA PowerPoint Curriculum • Training Lesson Plan - Searches • Training Lesson: PREA • Training Lesson - PREA Curriculum • PREA Curriculum • Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment (GA-06.11) • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. • 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 ADM-17.01 Employee Training Standards • SCDC Policy PS-10.08 Confined Person Correspondence Privileges • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff • Facility Staff <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.31 (a)</p> <p>The agency shall train all employees who may have contact with confined persons on:</p> <ul style="list-style-type: none"> • 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.

Compliance Determination:

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

- The facility policy addresses PREA related training for staff. Interviewed staff members were familiar with the PREA information regarding general topics of preventing, detecting, and responding to sexual abuse and sexual harassment. PREA training is provided to staff, as indicated by a review of policy and training documents.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 3.1: All employees, confined persons, 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, SCDC Form 17-13, PREA New Employee Onboarding, or 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.
- 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.
- A review of the PREA curriculum 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 grant), 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 of threats 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.
- Random Sample of Staff: Twelve (12) staff were randomly selected and interviewed by the auditor’s non-certified support staff. The random staff representing staff from all shifts. There were seven (7) white males, three (3) white females, one (1) Korean male and one (1) black female. Twelve (12) staff indicated yes, 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 of the topics they had been trained on. Some said 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 and online.

Corrective Actions:

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

115.31 (b)

Such training shall be tailored to the gender of the confined persons at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that house 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:

- 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.
- Facility Staff indicated that they receive gender training as a part of the pre-service or individual training from the shift briefings.

Corrective Actions:

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

115.31 (C)

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

Compliance Determination:

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

- All current employees have received PREA training.
- Facility Staff indicated 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.

115.31 (d)

The agency shall 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:

- The agency/facility trains all employees who may have contact with residents on PREA training topics. Employees receive this training prior to having contact with confined persons. The agency/facility provides the PREA training as a part of pre-service/orientation. Training is also reinforced and enhanced by on-the-job training, shift briefings, staff meetings and management meetings where experienced and knowledgeable staff members work with new hires to educate them further about PREA practices. The PREA training is documented through rosters (staff signatures or electronic verification), meeting minutes, shift briefing notes.
- Refresher training occurs every year when the certified PREA audit is not conducted. This is provided for staff meetings, shift briefing, and management meetings.
- During documentation review, the auditor reviewed staff training rosters, staff sign-in sheets, acknowledgement statements and some electronic verifications.
- The auditor reviewed the New Employee On-Boarding (NEO) acknowledgement signed statements. The signed statements include but are not limited to 1. Sexual Abuse Definitions, 2. Sexual Harassment Definitions, 3. Prohibited Consensual Relations Between Staff and confined persons, 4. Sexual Abuse Is Considered Cruel and Unusual Punishment under the 8th Amendment. 5. Sexual Misconduct, 6. Staff Reporting Procedures. 7. Additional PREA Information.
- The auditor reviewed the Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment (GA-06.11) acknowledgement signed statements. The statements include but are not limited to 1. Zero Tolerance Policy (OP-21-12), 2. Sexual Abuse Definitions, 3. Sexual Harassment Definitions, 4. Reporting Inappropriate Employment/ confined persons Relations, 5. Corrective Actions, 6. Retaliation.
- The auditor reviewed the Agency Orientation Checklist (Live Stream PREA sections include Report Writing, Sexual Harassment, Employee- confined person Relations, and Prison Rape Elimination Act (PREA).

Corrective Actions:

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

Overall Findings:

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

	online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.32	Volunteer and contractor training
	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"> • Volunteer Spreadsheet • Volunteer Services Agreement / SCDC Form PS-10.04 • Contractor Spreadsheet • Contractor Training Records • Volunteer Information • Volunteers Orientation Training Power Point Training • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Policy PS-10.04 Volunteer Services Programs • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Specialized Staff <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.32 (a)</p> <p>The agency shall 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.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Volunteers and contractors are provided with PREA training and education relative to their duties and responsibilities. • Medical contractor staff completed the National Institute of Corrections (NIC) online training Specialized training: Medical and mental health care NIC online curriculum includes but is not limited to 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.

- The auditor randomly interviewed a contractor. The contractor received PREA training on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedures. The contract staff is medical.

Corrective Actions:

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

115.32 (b)

The level and type of training provided to volunteers and contractors shall be based on the services they provided and level of contact they have with 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:

- 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.

- The SCDC Division of Confined Person 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.

Corrective Actions:

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

	<p>115.32 (c)</p> <p>The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • 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. • The auditor reviewed the volunteer services agreement acknowledgement form. 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 any such information will not 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. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making the Compliance Determination:
	<p>Documentation:</p> <ul style="list-style-type: none"> • Confined Persons Roster Past 12 Months • Confined Persons Certification of PREA Education Video

- Confined persons Intake Certification Orientation
- PREA Brochure English and Spanish
- Required Number of Confined Person Interviewed
- Facility Tour Observation Notes
- PREA Notices Posted
- Confined Persons Target List
- PREA Video Comprehensive Education English (Sign Language and Captioned)
- PREA Video Comprehensive Education English (Captioned)
- PREA Video Comprehensive Education Spanish (Captioned)
- PREA Video Adult Intake English (Sign Language and Captioned)
- PREA Video Adult Intake English (Captioned)
- PREA Video Adult Intake Spanish (Captioned)
- SCDC Form 18-18 Certification of Prison Rape Elimination Act
- SCDC Form 18-69 Certificate of Confined Person Orientation
- Female and Male Brochure UEB Code 4 Braille Pages
- Confined Person Orientation Manual (Handbook) - Tablet
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021.
- GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy GA-01.12 Confined Person Grievance System
- SCDC Policy OP-21.04 Confined Person Classification Plan
- SCDC Policy OP-22.14 Confined Person Disciplinary System
- SCDC Policy PS-10.08 Confined Person Correspondence Privileges
- PREA Audit: Pre-Audit Questionnaire

Interviews:

- Agency PREA Coordinator
- Facility Specialized Staff Intake/Classification
- PREA Compliance Manager
- Random Sample of Confined Persons

Compliance Determination by Provisions and Corrective Action:

15.33 (a)

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

Compliance Determination:

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

- PREA information, which are provided during the intake process within twenty-four hours of the confined persons arrival and include an explanation of the agency/facility zero-tolerance policy toward sexual abuse and sexual harassment, and how to report incidents or suspicious of sexual abuse or sexual harassment.

- The facility has the following PREA videos for confined persons:
 - ◊ PREA Video Comprehensive Education English (Sign Language and Captioned)
 - ◊ PREA Video Comprehensive Education English (Captioned)
 - ◊ PREA Video Comprehensive Education Spanish (Captioned)
 - ◊ 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.

- Comprehensive education is provided by video within two (2) weeks of the confined person's arrival. PREA training will include but is not limited to 1. Review of PREA policy and other provisions pertaining to confined person sexual abuse and sexual harassment prevention, detection, reporting and response, and how staff are to fulfill their responsibilities under these policies and procedures. 2. Confined persons rights to be free from sexual abuse, sexual harassment, and retaliation for reporting. 3. Prevention of sexual abuse and sexual harassment. 4. Tips for staying safe from sexual abuse and sexual harassment. 5. How to report incidents or suspicions of sexual abuse or sexual harassment. 6. Availability of medical and mental health treatment and counseling for victimized confined persons. 7. Disciplinary actions for participating in sexual abuse, sexual harassment, or making false allegations.

- Resident Documentation Review: 40 random confined persons were selected by the PREA Auditor for documentation review of Certification of confined persons Orientation and Certification of PREA Orientation within the required timeframe. Of the 40, 1 confined person did have the facility Certification of PREA Orientation signed by the confined person. 40 did have the Certification of PREA Orientation/Education that require the confined person to view a PREA video advising the confined person of the agency's policies and procedures regarding sexual misconduct, sexual abuse, and sexual assault against confined persons in prisons.

- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 3.2: Consistent with SCDC Policy GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, each SCDC institution will ensure that all confined persons 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. Such education will be provided to all confined persons within 30 days of intake. Documentation of provided education will be described and signed on SCDC Form 18-78, Certification of Prison Rape Elimination Act (PREA) Orientation and placed in the confined person's permanent file.

- South Carolina Department of Corrections Policy Number: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that all confined persons will be provided training on PREA during the initial intake process at the Reception and Evaluation (R&E) Centers and within thirty (30) days of intake at all institutions. In the R and E Centers, training and information will be provided in two (2) stages.

- On Site Inspection/Observation: During the facility tour, formal and informal discussions with confined persons and staff indicated that during the intake process, confined persons receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment. Staff ensure that key information is continuously and readily available or visible to confined persons through posters and PREA information on the confined persons tablet and kiosk system.
- PREA Compliance Manager - the type of PREA education provided to the confined persons are viewing the PREA videos, audio, and written formats in both English and Spanish.
- Facility Specialized Staff Intake/Classification - staff indicated that they provide confined persons with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Confined persons watch a video (English or Spanish) on PREA, and staff answer questions if needed.
- Confined Person Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve Black, sixteen White and three Hispanic confined persons. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined person A1. They were asked: When you first came here, did you get information about the facility's rules against sexual abuse and harassment? Twenty-six said yes. Two said no they came in 2008 and 2000 before PREA. Three could not recall. Auditor follows up with PREA compliance manager to ensure that they receive the required information.
- 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. There is a place for the facility to place their local information.
- According to the Pre-Audit Questionnaire, the number of confined persons admitted during the past 12 months who were given the PREA intake information was 393.

Corrective Actions:

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

115.33 (b)

Within 30 days of intake, the agency shall provide 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, and regarding agency policies and procedures for responding to such incidents.

Compliance Determination:

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

- Documentation showing dates and indicating confined persons confined persons participation in PREA education sessions (PREA Video) confirmed the PREA education sessions occurred.
- South Carolina Department of Corrections Policy Number: 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 confined persons receive a thorough orientation on the agency's zero-tolerance policy regarding the sexual abuse of confined persons.
- Comprehensive education which is provided within two weeks of the confined person's arrival at R&E include: 1. SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment confined persons right to be free from sexual abuse and sexual harassment as well as retaliation for reporting such incidents. 2. Prevention. 3. Tips for staying safe. 4. How to report incidents or suspicions of sexual abuse or sexual harassment. 5. SCDC's Policies and procedure for responding to sexual abuse and sexual harassment, including the availability of treatment and counseling for victimized confined persons; and 6. Disciplinary actions for intentionally making a false allegation.
- The facility provided the following confined persons educational methods. 1. English PREA Poster, 2. Spanish PREA Poster, 3. Confined persons Brochure information, 4. Confined persons Kiosk and the tablet System (first time logon the confined persons are required to view PREA information before they can further utilize the Kiosks). 6. Video Tapes.
- Confined persons have options to report sexual abuse or sexual harassment taking place in a SCDC correctional setting by 1. File a grievance. 2. File a report to investigations using a facility kiosk or tablet. 3. Request to visit medical and ask for help. 4. Ask a lawyer, a friend, or family member to request help. 5. Dial *22 from any confined person phone located in each living unit. 6. Dial * 63 for emotional support.
- Confined Person Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve Black, sixteen White and three Hispanic confined persons. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined person A1. They were asked: When you came here, were you told about: 1. Your right to not be sexually abused or sexually harassed? Twenty-eight reported they had been made aware of their rights. 2. How to report sexual abuse or sexual harassment?

Twenty-eight reported they had been made aware of their rights. 3. Your right not to be punished for reporting sexual abuse or sexual harassment? Twenty-eight reported they had been made aware of their rights. 4. About how long after coming here did you get the PREA information above? When asked this question, there were a wide variety of answers.

Corrective Actions:

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

115.33 (c)

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:

- All confined persons at this facility have completed the required PREA education.
- Facility Specialized Staff Intake/Classification - staff indicated that current 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 within 72 hours of transferring confined persons watch a video on PREA and staff answering questions.

Corrective Actions:

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

115.33 (d)

The agency shall 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:

- Staff indicated that during each confined persons orientation and training session, confined persons education materials are provided in formats which are accessible to all confined persons (Sign Language, Captioned, Spanish and English). This includes providing documentation and materials to confined persons who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to confined persons who have limited reading skills.
- Confined Person Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve

Black, sixteen White and three Hispanic confined persons. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined person A1.

- Onsite Tour (Observations to include Informal Interviews):

1. 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, confined persons, 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. 2. The auditor observed the facility signage regarding access to outside confidential (emotional support services) information were posted in all areas frequented by confined persons, including housing/living units. Pictures were taken on different signage during review 3. The auditor observed the facility signage regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in confined persons housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible. 4. Staff informal discussion during the tour indicated that confined persons have access to writing instruments, paper, and forms to report. Staff that conduct screenings indicated that confined persons information is collected through their computerized system which is password protected. 5. 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 was located where confined persons have access. The drop box is only accessible by designated staff. Visit to the mailroom and staff indicated that sending and receiving PREA mail is treated as if it was legal mail. 6. The auditor had informal discussions with confined persons and tested the facility systems by which confined persons 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. It was also discussed where and who received the reports. 7. The facility has a copy of the U.S. Department of State Consular Notification and Access on file for foreign national (consular information) located in the library.

- Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that the training and information provided will be communicated in a manner that can be clearly understood by the confined persons: confined persons will have the opportunity to ask questions and received answers during each training session.

Corrective Actions:

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

115.33 (e)

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

Compliance Determination:

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

- The facility maintains documentation of confined persons participation in PREA orientation and education by signing the confined persons Certification of PREA Education Video and confined persons Intake Certification Orientation.

- ◇ SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that confined persons 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 confined person's institutional record.

Corrective Actions:

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

115.33 (f)

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to confined persons through posters, confined persons brochure, or other written formats.

Compliance Determination:

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

- Onsite review/Observations During Facility Tour: The auditor observed the facility signage regarding access to outside confidential (emotional support services) information were posted in all areas frequented by confined persons in the facility, including housing/living units. Facility signage regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in confined persons facility housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible. The auditor tested the facility systems by which confined persons in the facility can report sexual abuse and/or sexual harassment electronically via kiosk, tablet, phones, and internal grievance process and/or written format. The auditor requested that confined persons demo the steps of reporting by kiosk, tablet, and phones. It was also discussed where and who received the reports.

- ◇ Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment 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.

Corrective Actions:

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

Overall Findings:

	<p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Sexual Abuse and Sexual Harassment Allegations Past 12 Months • Investigation File Reviewed and Type of Documents Include • Facility Investigator NIC Training • Inspector General Interview Notes • NIC Online Specialized Investigation Training (e-learning Course) • Inspector General Interview Notes • MOU with SC Law Enforcement Division • NIC Online Investigations Specialized Training Curriculum • List of Agency Investigators (Spread Sheet) NIC Training Dates • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • 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 ADM-17.01 Employee Training Standards • SCDC Policy OIG-23.01 Investigation • SCDC Policy OIG-23.12 Case File Requirements • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Investigator <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.34 (a)</p> <p>In addition to the general training provided to all employees pursuant to standard 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p>

Compliance Determination:

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

- In addition to the general PREA provided for all employees, the agency ensures that its facility investigators have received training in conducting investigations in confinement settings. The investigators who handle sexual abuse incidents are required to receive specialized training. Investigators are responsible for gathering and preserving evidence in the case; interviewing all parties to include victims, perpetrators, witnesses, etc.; and reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator.
- Interview with the Inspector General, 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.
- Facility Investigators are required to complete the National Institute of Corrections (NIC) online PREA Specialized Investigation training in addition to the general PREA training.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning 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. Training Log for Investigations and Medical/Mental Health, placed in the employee's file.
- GA-06.11 Prevention, Detection, and Response to Sexual 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 employee's 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."
- Total number of sexual abuse and sexual harassment investigations for the past 12 months = 35; Total number of investigations reviewed by auditor = 15; Total number of sexual abuses classified by investigations = 7; Total number of sexual harassments classified by investigations = 8; Total number of pending cases = 1; Total number of referrals for prosecution = 0; and total number of terminated staff or contractors = 0.
- The type of documentation included in most of the reviewed investigation cases (Criminal and Administrative):
 - o PREA Investigative Folder checklist - 14
 - o Incident Report - 15
 - o Incident Report Checklist for PREA Issues (30-day Reviews)- 15

- o Confined persons Search Detail Report – 14
- o PREA confined persons Voluntary Statements – 13
- o Disposition of PREA Report/ Confined Person Notifications – 14
- o Additional Information and Support Services (Emotional) –
- o Report of Finding to Agency PREA Coordinator – 14
- o Sexual Abuse Retaliation Monitoring – 7
- o Email refers - 15.
- o Warden-to-Warden PREA Notification – 1
- o Confined Person Grievance – 2
- o Grievance Transferal Memo – 2
- o PCM confined persons Grievance Review Routing Slip - 2

Corrective Actions:

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

115.34 (b)

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

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.
- Interview with the Inspector General, describe 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.
- Facility Investigator, describe the specialized training as NIC online with topics like techniques for interviewing, Miranda and Garrity, evidence collection in confinement

settings prosecution referral.

Corrective Actions:

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

115.34 (c)

The agency shall 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.
- The number of facility investigators currently employed who have completed the required training: 2.

Corrective Actions:

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

115.34 (d)

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

Compliance Determination:

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

- The agency indicated 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.

Overall Findings:

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

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- Facility Medical and Mental Health NIC Training
- NIC Online Investigations Specialized Training Curriculum
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021.
- 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 ADM-17.01 Employee Training Standards
- SCDC Policy GA-06.09 Care and Custody of Transgender Confined Person and Confined Person Diagnosed with Gender Dysphoria
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- Facility Specialized Staff/Medical
- PREA Compliance Manager

Compliance Determination by Provisions and Corrective Actions:

115.35 (a)

The agency shall ensure that all full and part time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- How to detect and assess signs of sexual abuse and sexual harassment.
- How to preserve physical evidence of sexual abuse.
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Compliance Determination:

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

- 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.

- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 3.5: Consistent with PREA Standard 115.35, all full-time and part-time medical and mental health (social 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 employee's file.

- Staff who provide medical services, have you received any other specialized training regarding sexual abuse and sexual harassment? SCDC medical staff do not conduct forensic exams. The victim is sent out to the local hospital and their SANE/SAFE personnel conduct forensic exams.

Corrective Actions:

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

115.35 (b)

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:

- The local hospital conducts forensic examinations.
- According to the facility PREA Compliance Manager, victims of sexual abuse would be taken to a local hospital that employs a qualified forensic examiner or SANE/SAFE staff.
- Staff who provide medical services, "if you conduct forensic examinations, are you qualified, and have you received the appropriate training in conducting forensic examinations?" Staff indicated that medical staff at the facility do not conduct forensic examinations. The Rape Crisis Center or the local hospital perform these services.

Corrective Actions:

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

115.35 (C)

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

Compliance Determination:

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

	<ul style="list-style-type: none"> • The training documents, including training certificates and the interviews with medical and mental health staff confirmed receipt of the NIC required training. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.35 (d)</p> <p>Medical and mental health care practitioners shall also receive the training mandated for employees under standard 115.31 or for contractors and volunteers under standard 115.32, depending upon the practitioner’s status at the agency.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • 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 a sexual harassment. The NIC “Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff” and yearly updated training by the agency. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	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"> • Example of Screening Tool • Resident Certification of PREA Education Video • Resident Intake Certification Orientation • Confined Person Roster Past 12 Months • Initial Assessments and Reassessments • Required Number of Resident Interviewed • Resident Target List

- Facility Tour Observation Notes
- PREA Facility Brochure (Spanish and English)
- Division Director of Classification & Confined Person Records; Reception & Evaluation Center Interview Notes
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021.
- GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy GA-06.09 Care and Custody of Transgender Confined Person and Confined Person Diagnosed with Gender Dysphoria
- SCDC Policy OP-21.04 Confined Person Classification Plan
- SCDC Form 18-79 PREA Screening Checklist
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- Facility Specialized Staff/Staff who perform PREA Screenings
- The Division Director of Classification & Confined Person Records-Reception & Evaluation Centers
- Random Sample of Residents
- PREA Compliance Manager

Compliance Determination by Provisions and Corrective Actions:

115.41 (a)

All confined persons shall be assessed during an 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:

- The facility assesses all confined persons during intake screening to include confined persons that transfer from other prisons for risk of being sexually abused.
- The facility has a policy governing the practice and procedures for screening confined persons. The screening process occurs in a setting that ensures as much privacy as possible given the potentially sensitive information that is discussed. The screening location has adequate space, privacy, and time to conduct a quality screening of the confined persons for the desired information.
- The auditor method of selecting documentation for review is to request one or two weeks prior to onsite audit date the facility confined persons roster by living unit, race, arrival date, etc.... Confined persons may be selected by using the number system (every 5 or 10 etc.) within the living unit or just randomly going down each page and highlighting. After selecting around 10% or more of the confined persons population for the past 12 months, the auditor lists the confined persons on a spreadsheet. Onsite there may be additional confined persons added.

- Confined Persons Documentation Review: 40 random confined persons were selected by PREA Auditor for documentation review of the initial and 30-day PREA assessment. Of the 40, 1 reassessment was not completed in the required time frame.
- Interview with The Division Director of Classification & Confined Person Records; Reception & Evaluation Center: All confined persons receive a PREA screening when entering the agency Reception and Evaluation Center. The initial screening is conducted by medical staff and the reassessments are completed by the Classification staff. All confined persons receive a PREA screening when they are moved to different facilities around the state. Whenever a confined person arrives at a facility, they are required to receive an initial reassessment.
- The South Carolina Department of Corrections PREA Risk Screening is a computerized system. The system is designed for staff to complete the initial assessment when entering the facility within 72 hours of entry and then receive a reassessment within 30 days (for a total of two assessments). Medical conducts the first screening and classification conducts the reassessments. According to the screening manual, once the confined persons are sent to their receiving institution, that receiving institution must also do an initial assessment within 72 hours of arrival, and then a reassessment within 30 days. Each time a confined person is moved to a different institution, the receiving institution must do an initial assessment within 72 hours of arrival and then a reassessment must be completed within 30 days of arrival.
- A review of the PREA Risk Screening User Guide gives the following reason options listed: 1. Intake (Initial): Use when completing the initial assessment within 72 hours of an offender's arrival at the intake facility. 2. Transfer (Initial): Use when completing the initial assessment as the receiving institution (Not the intake facility). 3. New Information (Reassessment): Select when there is new information that has not been updated (i.e., if a confined person later states he/she is transgender, or if he/she tells you of a past sexual abuse that he/she may not have mentioned during prior assessments.) 4. 30 Days (Reassessment): Select to complete the assessment that must take place within 30 days after the arrival of the offender at any facility. 5. Recorded Perpetration (Reassessment): Select any time a PREA allegation case has an outcome of substantiated for sexual abuse, the offender victim and the offender perpetrator must have a reassessment completed to update this information. This reason was added to differentiate and separate these reassessments from the normal "30 day (Reassessment)." 6. Reported Victim (Reassessment): Please see definition for recorded perpetrator.
- The PREA Risk Screening Guide gives instructions on scoring. The score results are displayed at the bottom right, indicating the offender's level of risk. The types of score results are: 1. Elevated Risk (Red) - an offender is either a high vulnerability for victimization or high propensity for perpetrator. A confined person with red vulnerability for victimization is not housed with a confined person with red risk for perpetrator. 2. Case by case Determination (Yellow) - Although there is no past information indicating sexual abuse, the confined person requires special consideration when housing due to other factors, i.e., slight of build (don't put him in

a cell with a large confined person) the confined person may have physical impairments that would make him/her vulnerable, etc. 3. Little to No Elevated Risk (Green) - There are no indicators that would require special consideration for the confined persons. 4. Orange plus next to Transgender.

- The South Carolina Department of Corrections Policy Number GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that intake screening will be conducted utilizing the PREA screening application within seventy-two (72) hours of the confined person arrival at any institution the confined person will be permanently or temporarily housed (exclude medical visits and temporary holds).

- Facility Specialized Staff/Staff who perform PREA Screenings - confined persons upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other confined persons. All confined persons are 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. Staff use the PREA Screening Application.

- Confined Person Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve Black, sixteen White and three Hispanic confined persons. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined person A1. They were asked: When you first came here, do you remember whether you were asked any questions like whether you had been in jail or prison before, whether you have ever been sexually abused, whether you identify with being gay, lesbian, or bisexual, and whether you think you might be in danger of sexual abuse here? Most of the confined persons indicated yes, however, there were some miss communications with the follow-up. "If yes, when were you asked these questions? Confined persons said 2011, 2013, 2014 2018, etc. follow up indicated that some confined persons give their arrival date in the agency and not the past 12 months. Of those who recalled being asked the questions, they also stated the questions were asked in private by staff. The auditor's assistant should rephrase the question to "when you came to this facility within the past 12 months. Confined person was selected prior to the past 12 months.

Corrective Actions

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

115.41 (b)

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

Compliance Determination:

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

- Interviews and documentation revealed that intake screenings are taking place

within 72 hours at the facility. Also, during intake screening, staff review available documentation (judgement and sentence, commitment orders, criminal records) for any indication that a confined person has a history of sexually aggressive behavior.

- The South Carolina Department of Corrections Policy Number GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that intake screening will be conducted utilizing the PREA screening application within seventy-two (72) hours of the confined person arrival at any institution the confined person will be permanently or temporarily housed (exclude medical visits and temporary holds).
- Facility Specialized Staff/Staff who perform PREA Screenings - confined persons for risk of sexual victimization or risk of sexually abusing other confined persons are screen within 72 hours of their intake. Staff indicated that most PREA screenings are completed within 24 hours of the confined persons arriving at the facility, but all within 72 hours in accordance with SCDC policy, intake screening is conducted utilizing the automated PREA Screening Application Tool.

Corrective Actions:

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

115.41 (c)

Such assessments shall be conducted using an objective screening instrument.

Compliance Determination:

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

- The facility uses and computerized objective screening system/instrument to determine proper housing, bed, assignment, work assignment, education, and other program assignments, with the goal of keeping confined persons confined persons at a substantial risk of being sexually abused or sexually harassed separate from those confined persons who are a substantial risk of being sexually abused. Confined persons are reassessed when warranted by incident of sexual abuse, receipt of and new or relevant information.
- The PREA Risk Screening has added features such as a "List Menu" with dropdown categories added to include: 1. "Initial Assessment List", 2. "Reassessment List", 3. Location Search that provides staff with information regarding a certain dorm and if a certain category of resident is housed there. 4. "One-to-One Compatibility Search" which is a very useful tool whereby staff can input two resident SCDC numbers to determine if two residents can safely be housed together. 5. A search tool that lets staff know where vulnerable residents are currently housed to include dorm, room, and bunk information.
- Each confined person will receive two scores: one for risk of sexual victimization and one for risk of sexual perpetration. It is possible for a confined person to be at elevated risk for victimization and perpetration.
- Classification case managers are responsible for reviewing confined persons

housing assignments to ensure that someone at medium to high risk of victimization is not housed with someone at medium to high risk of perpetration.

- It is strongly recommended that someone at medium to high risk of sexual victimization not be housed with someone at medium to high risk of sexual perpetration. If current housing assignments have confined persons with opposing risk levels house together, classification case managers must review the individual responses from the risk screening and determine whether to continue to house them together, documenting the rationale if so.
- Female confined persons: Victimization (Max Score: 56; Low Risk Score Range: 0-3 (Green); Medium Risk Score Range: 4-9 (Yellow) Individualized Assessments; High Risk Score Range: 10+ (Red) Vulnerable).
- Perpetration (Max Score: 27; Low Risk Score Range: 0-3 (Green); Medium Risk Score Range: 4-9 (Yellow) Case-By-Case Determination; High Risk Score Range: 10+ (Red) Risk as Perpetrator).
- Male confined persons: Victimization (Max Score: 66; Low Risk Score Range: 0-3 (Green); Medium Risk Score Range: 4-9 (Yellow) Individualized Assessment; High Risk Score Range: 10+ (Red) Vulnerable).
- Perpetration (Max Score: 27; Low Risk Score Range: 0-3 (Green); Medium Risk Score Range: 4-9 (Yellow) Case-By-Case Determination; High Risk Score Range: 10+ (Red).
- These features further enhance the commitment to provide safe housing, bed, and programming/educational assignments to the confined persons at each institution. The auditor requested that the facility staff give a demonstration of these functions. The request was honored. This is a good system.

Corrective Actions:

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

115.41 (d)

The intake screening shall 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:

- The auditor reviewed the Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument and determined all factors required by this provision of the standard are included. Staff confirmed they are aware of the elements of the risk screening instrument.

- Facility Specialized Staff/Staff who perform PREA Screenings - Staff who perform screening for risk of victimization and abusiveness understand the initial risk screening considers. Staff indicated that the PREA screening covers all the requirements listed in 115.41 (b). Staff did list the requirements except for missing one or two that are captured in another area. The PREA screening tool is computerized and has all the required topics or sections.

Corrective Actions:

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

115.41 (e)

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

Compliance Determination:

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

- The facility screening considers all criteria listed in the standard and more. The facility 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 computerized system populates information for other areas, example, medical, mental health, security, and intake.

- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that confined persons who admit to having committed prior acts of sexual abuse, have prior convictions for violent offenses, and/or have a history of prior institutional violence or sexual behavior that is known to the institution, or the agency will be identified and kept away from those found to be at high risk for victimization. This will be accomplished through the confined persons classification system.

Corrective Actions:

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

115.41 (f)

Within a set time, not to exceed 30 days from the confined persons 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:

- Confined Persons Documentation Review: 40 random confined persons were selected by PREA Auditor for documentation review of the initial and 30-day PREA assessment. Of the 40, 1 reassessment was not completed in the required time frame.
- Confined Persons are rescreened within 30 days of their arrival at the facility. Confined persons are also reassessed when warranted by the circumstances where additional information may be presented. This information may be about new referrals, incident reports, safety of the confined persons, or any relevant information.
- Policy: South Carolina Department of Corrections Policy Number 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 since the confined persons transfer using the automated PREA screening instrument.
- Facility Specialized Staff/Staff who perform PREA Screenings - 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 risk of sexual victimization or abusiveness. Staff indicated reassessments are required within 30 days for 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 risk of sexual victimization or abusiveness.

Corrective Actions:

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

115.41 (g)

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

Compliance Determination:

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

- Confined persons are rescreened within 30 days of their arrival at the facility. Confined persons are also reassessed when warranted by the circumstances where additional information may be presented. This information may be about new referrals, incident reports, safety of the confined persons, or any relevant information.
- Facility Specialized Staff/Staff who perform PREA Screenings - how long after arrival confined person's risk levels reassessed. Staff followed policy and reassessed within 30 days of arrival using the same initial PREA screening questions. This information is entered into the computerized system.

Corrective Actions:

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

115.41 (h)

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:

- Confined persons are not required to answer questions that they are not ready to disclose or share information on. The confined persons are not disciplined for not answering any of the sensitive questions.
- Facility Specialized Staff/Staff who perform PREA Screenings - confined persons are not disciplined in any way for refusing to respond to or for not disclosing complete information related to the PREA risk screening. If staff receive additional information regarding the PREA screening, they will place a note in a confined person's file or enter it into the computer system.

Corrective Actions:

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

115.41 (i)

The agency shall 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 persons detriment by staff or other confined persons.

Compliance Determination:

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

- The sensitive information from the screening information is protected. The information is controlled and is disseminated to key staff and any additional staff on a case-by-case basis.
- PREA Compliance Manager indicated that the facility has outlined who should have access to an 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 and the PREA Coordinator's Office 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 will monitor and take immediate action if any sensitive information is exploited.

	<ul style="list-style-type: none"> • Facility Specialized Staff/Staff who perform PREA Screenings - 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 physical storage area of 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 was no confidential confined persons information located in places where other confined persons or staff can review. Computer systems are password protected. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.42	Use of screening information
	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"> • Confidential Letter and Interview from confined persons A1 • Confidential Letter Package (Confidential Notice to Agency PREA Coordinator, Email Chain - Regional PREA Manager, OIG - Special Victims Unit, LGBTI Housing Assignments, Housing Roster, Requested Information On four confined persons, and facility Review Email) • Transgender and Intersex: Gay, Lesbian, and Bisexual Confined Persons Interview Sheets • Transgender Accommodation Plan (Multidisciplinary Management and Treatment Team) • Confined Persons Roster Past 12 Months • Confined Personse Target List • PREA Facility Brochure (Spanish and English) • Division Director of Classification & Confined Person Records; Reception & Evaluation Center Interview Notes • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment:

Dated November 23, 2021.

- GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy GA-06.09 Care and Custody of Transgender Confined Person and Confined Person Diagnosed with Gender Dysphoria
- SCDC Policy OP-21.04 Confined Person Classification Plan
- SCDC Form 18-79 PREA Screening Checklist
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- Facility Specialized Staff/Staff who Perform PREA Screenings
- The Division Director of Classification & Confined Person Records; Reception & Evaluation Center:
- Target Confined Persons
- PREA Compliance Manager
- Agency PREA Coordinator

Compliance Determination by Provision and Corrective Actions:

115.42 (a)

The agency shall use information from the risk screening 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:

- 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 physical layout also considers in the determinations of housing assignments.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning 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, Confined Person Classification Plan.
- The South Carolina Department of Corrections Policy Number OP-21.04 Confined Person Classification Plan 5 Initial Medical Assessment, Orientation, Intake, Assessment, and Referral's. The confined persons PREA status are used when making

decisions regarding cell assignment, job assignment, education, and program assignment. Confined persons designated as PREA perpetrators will be kept to the extent possible from those designated as PREA victims.

- The facility PREA Compliance Manager indicated 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.
- Facility Specialized Staff/Staff who perform PREA Screenings - were asked, how does agency/facility use information from the risk screening during intake to keep confined persons safe from being sexually 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.

Corrective Actions:

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

115.42 (b)

The agency shall 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:

- Policy requires information from the risk screening instrument are considered when making housing, work, education, and program assignments with the goal of keeping separate those confined persons at high risk of being sexually victimized from those at high risk of being sexually abusive and ensuring that determination about how to ensure the safety of each confined persons is individualized.
- Confined Person Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve Black, sixteen White and three Hispanic confined persons. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined person A1.
- Target Confined Persons: Three Transgender were interviewed by the auditor's non-certified support staff. They were asked: Did staff here ask you questions about your safety? One resident said yes, they asked me all those questions. One resident said Associate Warden has been good with making sure I'm safe and housed without issues, and one said I wasn't asked any of those questions initially then after a week they probe about my safety.
- Facility Specialized Staff/Staff who perform PREA Screenings - was asked, "how does the agency/facility use information from the risk screening during intake to keep confined persons safe from being sexual victimized or from being sexually abusive?"

Staff indicated that the initial PREA screen is entered into the automated PREA Screening Application Tool. This tool processes the ratings which determine which housing the confined persons will be assigned or programming, education, and work area.

Corrective Actions:

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

115.42 (c)

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:

- Policy requires the use of a screening instrument to determine proper housing, assignment, work assignment, education, and other program assignments, with the goal of keeping confined persons at a high risk of being sexually abused/sexually harassed separate from those confined persons who are at a high risk of being sexually abusive.
- Interview with The Division Director of Classification & Confined Person Records; Reception & Evaluation Center: 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.
- Policy requires that the initial housing of LGBTI confined persons: Lesbian, gay, bisexual, transgender, or intersex confined persons are not housed solely based on their identification unless placed for the purpose of protecting the confined persons confined persons.
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that confined persons who self-identify as Transgender or Intersex will be assessed and provided the minimally necessary accommodations on a case-by-case basis. For those confined persons 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.

- SCDC Policy GA-06.09 Care and Custody of Transgender Confined Person and Confined Person Diagnosed with Gender Dysphoria, Section 3. Housing of Transgender Confined Person and Confined Person Diagnosed with Gender Dysphoria 3.1 states, in deciding whether to house transgender confined persons and confined persons 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.

- Policy GA-06.9 section 3.2 states, the following factors, along with 3.1 above, must be given serious consideration in making housing and placement decisions: 1. The confined persons views with respect to safety. 2. The confined persons expressed gender identity. 3. The confined person’s current gender expression. 4. The confined persons vulnerability to victimization. 5. The likelihood that the confined persons will perpetrate abuse. 6. Facility considerations such as staffing patterns layout, and confined person population. 7. Length of sentence.

Corrective Actions:

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

115.42 (d)

Placement and programming assignments for each transgender or intersex confined persons shall be reassessed at least twice each year 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:

- 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.
- Interview with The Division Director of Classification & Confined Person Records; Reception & Evaluation Center: Question. Who meet with the Transgender to inform them of the committee decision? The Transgender Services Clinical Coordinator meets with the confined persons at the assigned facility. The Transgender Services Clinical Coordinator is also responsible for conducting the 6 months review of all Transgenders.

Corrective Actions:

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

115.42 (e)

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:

- Staff discussion indicated that a transgender or intersex confined persons views concerning his or her safety would be given serious consideration.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 4.6: confined persons 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.
- PREA Compliance Manager - transgender and intersex confined persons views with respect to his or her own safety 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. They also stated if the confined person 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.
- Facility Specialized Staff/Staff who perform PREA Screenings - placement and programming assignments for each transgender or intersex confined persons reassessed at least twice 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 6 months review of all Transgenders.
- Confidential Letter and Interview from Confined Person A1: On December 26, 2023, the auditor picks up a confidential letter from confined person A1 from Perry CI. The confined person alleges that the AW Warden let confined person have sex and think's it okay. The letter also states that "Transgender live with their lover". The letter alleged "This confined person A1 has (AIDs)". "By this staff setting back and looking the other was because she is gay too. Is letting this confined person commit murder".

On December 27, 2023, the auditor contacted the agency PREA coordinator and sent an email with the attached confidential letter. The auditor request that these allegations and any other allegations relating to this confidential letter be investigated and provide the auditor with the finding of the investigation.

On January 3, 2024, the Agency Regional PREA Coordinator contact the Deputy General Counsel. OIG needs to take this one. Specifically, the Office of the Inspector General - special Victims Unit (SVU) team because of the seriousness of the allegations.

On January 4, 2024, the Agency Regional PREA Coordinator update the auditor on the Office of Inspector General is looking into the allegations.

On January 8, 2024, the auditor place confined persons A1 on the target list to be interviewed. The auditor's assistant was brief on the confidential letter. confined persons A1 was interviewed using the target questions for Transgender and Intersex confined persons, Gay, Lesbian, and Bisexual confined persons, the Random Sample of confined persons questions, and contents of the Confidential letter. After the interview the auditor's assistant met with the auditor for a briefing. Confined persons A1 advised the auditor's assistant that the confidential letter mailed to the PREA auditor was not written by him or authorized by anyone written on his behalf. confined persons A1 provided a statement. The auditor contacted the agency PREA Office and communicated the information.

On January 12, 2024, Email from OIG. The email express that the investigator spoken to confined persons A1 at Perry CI who confirms he is not the author of the letter sent to the auditor. Without disclosing the contents of the letter, the investigator gave the confined person a small amount of general information that the letter contained in hopes the confined persons could point him in the direction of who may have written the letter on his behalf. The confined persons were unable to provide any information for the investigator to move forward. The investigator discusses the confidential letter with the facility warden for situational awareness and lets him handle it as he deems necessary.

On January 26, 2024, Auditor contact the agency PREA Office and facility asking for a follow-up on housing assignments for the Transgender, Gay, and Bisexual confined persons to ensure that allegations of "lover" are not house together according to the confidential letter. The following housing is noted:

- o confined person 1 - Dorm Q1A0209T
- o confined person 2 - Dorm Q1A017T
- o confined person 3 - Dorm Q1A022B
- o confined person 4 - Dorm Q1B109B
- o confined person 5 - Dorm Q1B109T
- o confined person 6 - Dorm Q2A0211B
- o confined person 7 - Dorm Q2A0213T
- o confined person 8 - Dorm Q3A0211B
- o confined person 9 - Dorm Q3A021T
- o confined person 10 - Dorm Q3A0224B
- o confined person 11 - Dorm Q3A01178B
- o confined person 12 - Dorm Q3B0117T
- o confined person 13 - Dorm Q3B0122B
- o confined person 14 - Dorm Q3B0122 T

Discussion and email with the Facility PREA Compliance, the facility investigated the concerns about housing for confined person #4, #5, #8 and #9. The facility conducted interviews with them, and they are all in a safe environment. The facility did not find any evidence that any of them are in inappropriate relationships with their roommates. The facility noted that "just because all members of the LBGTQI doesn't mean they are in an inappropriate relationship with one another". The facility has not received any complaints in refence to these confined persons.

Confidential Letter Package (Confidential Notice to Agency PREA Coordinator, Email Chain - Regional PREA Manager, OIG - Special Victims Unit, LGBTI Housing Assignments, Housing Roster, Requested Information On four confined persons, and facility Review Email)

Corrective Actions:

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

115.42 (f)

Transgender and intersex confined persons shall 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:

- The facility has procedures that address transgenders and intersex confined persons that give them the opportunity to disrobe, shower, and dress apart from other confined persons. Transgenders and intersex confined persons can request to shower after the shower is closed to all confined persons or use another part of the facility.
- The facility has a practice in place that ensures that transgenders and intersex are given the opportunity to shower separately. If a Transgender or Intersex confined persons do not feel safe shower in the individual shower stalls, they may request to shower after lockdown, intake, or medical area.
- Onsite Review/Observations: During the site review, the auditor observed the facility function of cross-gender viewing. Areas where confined persons may be in a state of undress, showers, toilet, and changing of clothing. The areas observed were housing units, medical, intake cells/showers, recreation areas and visitation shake-down room. Cross-gender announcements were observed when staff of the opposite gender enter the housing unit/living areas.
- Onsite Review/Observations: 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 on showers and toilets.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 4.8: Transgender and intersex confined persons will be given the opportunity to shower separately from other confined persons.
- Facility Specialized Staff/Staff who perform PREA Screenings - when the facility receives a transgender or intersex confined persons the facility will meet with each transgender or intersex coming into the facility and the confined person would be asked if they felt vulnerable and if so, what the facility might do to make them feel safer. Staff indicated 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.

- Target Confined Persons: Three Transgender were interviewed by the auditor's non-certified support staff. They were asked: Are you allowed to shower without other confined persons viewing you? All residents said yes. One said I was offered to shower alone, but I told security I was okay. One said no I was asked did I need to shower in a special way, and one said I was told the facility prefers us (Transgender) to shower away from everyone else (count time). The showers are individual stalls.

Corrective Actions:

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

115.42 (g)

The agency shall 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:

- The auditor requested any consent decree, legal settlement, or legal judgement requiring the facility to establish a dedicated facility, unit, or wing for LGBTI residents, and any documentation of housing if there were a consent decree, legal settlement, or legal judgement. The facility reported none.
- The auditor conducts internet search for consent decrees, legal settlements, and legal judgements for this facility and asks the Agency PREA staff. The results were none founded.
- The agency does not place lesbian, gay, bisexual, transgender, or intersex confined persons in dedicated facilities, units, or wings solely based on identification or status.
- The South Carolina Department of Corrections Policy Number OP-21.04 Confined Person 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) confined persons: 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 confined persons.
- Target Confined Persons: Three Transgenders were interviewed by the auditor's non-certified support staff. They were asked: Have you been put in a housing area only for transgender or intersex confined persons? All residents said no. One said no. I'm housed with everyone. One said no I'm often asked who should search me, and one

	<p>said no I'm housed with everyone.</p> <ul style="list-style-type: none"> • Target confined Persons: Two confined persons were interviewed who identified as gay and one as bisexual. They were asked: Have you been put in a housing area only for gay, lesbian, bisexual, transgender, or intersex confined persons? One said no my dorm has everybody in it. One said no they just put us in a dorm like everybody, and one said no I'm assigned like everyone else. • Target Confined Persons: Three Transgenders were interviewed by the auditor's non-certified support staff. They were asked: Do you have any reason to believe that you were strip-searched for the sole purpose of determining your genital status? All residents indicated no. • Agency PREA Coordinator - 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, confined persons suffering from Gender Dysphoria, and intersex confined persons. Agency policy and classification system ensures against placement of LGBT confined persons in dedicated facilities, unit, or wings, solely based on their sexual orientation. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.43	Protective Custody
	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"> • Restricted Housing Visits • SCDC Policy Number: OP 22.23 Statewide Protective Custody • Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended. • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment:

Dated November 23, 2021.

- GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy GA-06.09 Care and Custody of Transgender Confined Person and Confined Person Diagnosed with Gender Dysphoria
- SCDC Policy HS-19.04 Mental Health Services – General Provisions
- SCDC Policy OP-21.04 Confined Person Classification Plan
- PREA Audit: Pre-Audit Questionnaire Prisons and Jails

Interviews:

- PREA Compliance Manager
- Agency PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.43 (a)

Confined persons at considerable risk for sexual victimization shall 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 not available alternative means of separation from abusers. If a facility cannot conduct such as assessment immediately, the facility may hold the confined person in involuntary segregated housing for less than 24 hours while completing the assessment.

Compliance Determination:

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

- 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.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 4.3: Consistent with SCDC Policy OP-21.04, Confined Person Classification Plan, confined persons 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 confined persons safe can be arranged.
- According to the Pre-Audit Questionnaire, the number of confined persons at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0.
- According to the Pre-Audit Questionnaire, 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.

- According to the Pre-Audit Questionnaire, a review of cases files of confined persons at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of cases files that include both (a) a statement of the basis for facility's concern for the confined persons confined persons safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0

Corrective Actions:

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

115.43 (b)

Confined persons placed in segregated housing for this purpose shall 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:

- Discussion with staff if confined persons are placed in segregated housing related to PREA 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.

115.43 (c)

The facility shall assign such 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:

- 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. A review is conducted every 30 days to determine the continuing need for separation from the general population.

- Policy Discussion: Policy OP-22.23 section 5.1 – confined persons must be provided with a review within seven (7) calendar days of their initial placement in Protective Concern. The confined persons 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.

- PREA Compliance Manager, if the facility has a PREA issue with a confined persons and the confined person receive involuntary segregated housing, every 30 days the facility will afford the confined person a review to determine whether there is a continuing need for separation from the general population. The facility provided the auditor with Restricted Housing Visits.

Corrective Actions:

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

115.43 (d)

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document:

- The basis for the facility’s concern for the confined persons 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:

- If an involuntary segregated housing assignment is made, an incident report is completed documenting the following information: the basis for concern for the confined persons 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.
- The Agency PREA Coordinator - 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).

Corrective Actions:

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

115.43 (e)

Every 30 days, the facility shall afford 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:

- The agency/facility provides that a review will be conducted every 30 days to

	<p>determine the continuing need for separation from the general population.</p> <ul style="list-style-type: none"> • Policy OP-22.23 section 2.4 – If placement in Protective Custody is approved by the warden/duty warden or approved designee the confined persons will be transferred to available Short Term (ST) bed space for a period of up to seven (7) calendar days for further investigation. <p>Corrective Actions N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.51	Inmate reporting
	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"> • Required Number of Confined Persons Interviewed • Audit PREA Posted Notices • Confined Persons Target List • Confined Persons Roster Past 12 Months • MOU for Outside Services – Juline Valentine Center • Investigation File Reviewed and Type of Documents Included • Sexual Abuse and Sexual Harassment Allegations Past 12 Months • PREA Facility Brochure (Spanish and English) • PREA Posters • Audit PREA Posted Notices • ADM -15-02, Telephone Use • Agency Language Translation Instructions • Consular Notification and Access Manual • GA-01-03, Confined Person Access to the Courts • GA-01-12, Confined Person Grievance System • Confined Person Mail • Confined Person Visitation • Confined Person Orientation Manual (Handbook) – Tablet • OP-22-53, Confined Person Tablets and Kiosks • MOU Between SC Law Enforcement Division (SCLED) and SCDC • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment:

Dated November 23, 2021.

- 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.
- SC Title 4 Social Services Elderly Abuse
- SCDC Policy Number: GA 01.07 Access to the General Counsel
- SC Victim Assistance Network
- SCCAVASA Member Services to Incarcerated Victims
- Statewide Partnerships with Sexual Assault Centers
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- Random Sample of Staff
- Random Sample of Residents

Compliance Determination by Provisions and Corrective Actions:

115.51 (a)

The agency shall 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:

- 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.
- Onsite review (Observations): 1. 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. 2. The auditor observed the facility signage regarding access to outside confidential (emotional support services) information were posted in all areas frequented by persons confined in the facility, including housing/living units. This information is posted near the phones. 3. 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. 4. Staff discussion during the tour indicated that confined persons have access to writing instruments, paper, and forms to report. 5. 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. 6. 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. It was also discussed where and who received the reports. 7. 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).

- Total number of sexual abuse and sexual harassment investigations for the past 12 months = 35; Total number of investigations reviewed by auditor = 15; Total number of sexual abuses classified by investigations = 7; Total number of sexual harassments classified by investigations = 8; Total number of pending cases = 1; Total number of referrals for prosecution = 0; and total number of terminated staff or contractors = 0.

- The type of documentation included in most of the reviewed investigation cases (Criminal and Administrative):

- o PREA Investigative Folder checklist - 14
- o Incident Report - 15
- o Incident Report Checklist for PREA Issues (30-day Reviews)- 15
- o Confined Persons Search Detail Report - 14
- o PREA Confined Persons Voluntary Statements - 13
- o Disposition of PREA Report/ Confined Persons Notifications - 14
- o Additional Information and Support Services (Emotional)
- o Report of Finding to Agency PREA Coordinator - 14
- o Sexual Abuse Retaliation Monitoring - 7
- o Email refers - 15.
- o Warden-to-Warden PREA Notification - 1
- o Confined person Grievance - 2
- o Grievance Transferal Memo - 2
- o PCM Confined Persons Grievance Review Routing Slip - 2

- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 5.1: Confined Person Reporting: confined persons incarcerated in an SCDC institution will have multiple ways of reporting actual or suspected acts of sexual abuse or sexual harassment. Confined persons may make a report by utilizing the confined persons 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. Confined persons confined persons 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.

- Random Sample of Staff: Twelve (12) staff were randomly selected and interviewed by the auditor's non-certified support staff. The random staff representing staff from all shifts. There were seven white males, three white females, one Korean male and one black female. They were asked: "How can confined persons privately report sexual abuse and sexual harassment, retaliation by other confined persons or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment?" Staff reported that the confined persons can privately report by using hotline number #22, their tablets, Kiosk, grievance, speak to staff or notify family, or friends. The reports can be made verbally or in writing. All interviewed staff reported that if an 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.

- Confined Persons Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve Black, sixteen White and three Hispanic confined persons. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined person A1. They were all asked is there someone who does not work at this facility who you could report to about sexual abuse or sexual harassment? All 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 *63 for emotional support.

115.51 (b)

The agency shall 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. Confined persons detailed 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:

- The following are ways confined persons can report sexual abuse or sexual harassment to public or private entity. Use the PREA hotline to outside entities, report to confined person lawyer, a friend or family member to request help. The confined persons can report to any outside third-party.
- The agency/facility provided the auditor with a list of six (6) confined persons who were on the consular notification list. This list is generated when confined persons first enter the SCDC agency. The information is collected at the agency confined persons reception facility and entered the central office system. Confined persons have access to the United States Department of State Consular Notification and Access Manual.
- 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.
- Dialing *63 on the confined person phone (This call is not recorded, and the confined persons does not have to put in their confined person Personal Identification Number (PIN) to make the call). The call goes to a Statewide Partnership with Sexual Assault Center that partnered with SCDC to provide these services.
- By writing to South Carolina Law Enforcement Division (SLED); Anyone can write to SLED to make a report of sexual abuse inside a correctional institution in South Carolina and can choose to remain anonymous. If you have access to the website, you can just click on the link and enter the required information. Tell a friend or family member to use the SCDC Anonymous PREA Tips website, Legal Counsel, Attorney Visits, Legal Correspondences, Grievance Process (Mail outside).
- Confined Persons Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve Black, sixteen White and three Hispanic confined persons. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined person A1. They were asked: Do you know if you are allowed to make a report without having to give your name? Twenty said they knew they could make an anonymous report. Eleven said no. The auditor's assistant explains that they can report without giving their names or being anonymous.
- Confined Persons Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve

Black, sixteen White and three Hispanic confined persons. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined person A1. They were asked: "Is there someone who does not work at this facility who you could report to about sexual abuse or sexual harassment?" Twenty-eight confined persons reported that they could make a report to someone who does not work at the facility 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.

115.51 (c)

Staff shall 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:

- The 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.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 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 confined persons immediately as per SCDC policy GA-06-11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, SCDC Policy ADM-11.34, Employee- Confined Person Relations; SCDC Policy ADM-11-39, Staff Sexual Misconduct with Confined Persons; and the SC Employee Code of Ethics.
- Random Sample of Staff: Twelve (12) staff were randomly selected and interviewed by the auditor's non-certified support staff. The random staff representing staff from all shifts. There were seven white males, three white females, one Korean male and one black female. They were asked: When a confined person alleges sexual abuse or sexual harassment, can he or she do so verbally, in writing, anonymously, and from third parties? Staff indicated that confined persons could report verbally, in writing, anonymously, and from third parties. All the interviewed staff reported that if a confined person makes a report verbally or in writing to them, they will immediately respond to the allegations, contact supervisor, and complete an incident report.
- Confined Persons Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve Black, sixteen White and three Hispanic confined persons. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English

Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined person A1. They were asked: Can you make reports of sexual abuse or sexual harassment either in person or in writing? They were also asked if a friend or relative could make a report for them so they could remain anonymous. Twenty-eight confined persons could make reports of sexual abuse in person to staff and in writing. Some indicated they have family they could report to so they could remain anonymous if they needed to.

- Confined Persons Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve Black, sixteen White and three Hispanic confined persons. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined person A1. They were asked: Have you ever reported to the authorities, either in person or in writing, that you were sexually abused or sexually harassed while in this facility? Thirty-one confined persons reported they have never reported that they were sexual abused or sexually harassed while in this facility.

Corrective Actions:

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

115.51 (d)

The agency shall 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:

- Staff can privately report sexual abuse and sexual harassment by use the PREA hotline or using a third-party.
- Random Sample of Staff: Twelve (12) staff were randomly selected and interviewed by the auditor's non-certified support staff. The random staff representing staff from all shifts. There were seven white males, three white females, one Korean male and one black female. They were asked: "How can staff privately report sexual abuse and sexual harassment of confined persons?" Staff reported that they can privately report 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.
- Random Sample of Staff: "When a confined person alleges sexual abuse or sexual harassment, can he or she do so verbally, in writing, anonymously, and from third parties?" Staff indicated that confined persons could report verbally, in writing,

	<p>anonymously, and from third parties. All the interviewed staff reported that if a confined person makes a report verbally or in writing to them, they will immediately respond to the allegation, contact supervisor, and complete an incident report.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Investigation File Reviewed and Type of Documents Included • Sexual Abuse and Sexual Harassment Allegations Past 12 Months • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • 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 Confined Person Grievance System • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • PREA Compliance Manager <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.52 (a)</p> <p>An agency shall be exempt from this standard if it does not have administrative procedures to address confined persons grievances regarding sexual abuse.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p>

- The agency/facility has an administrative process to address confined persons grievances regarding sexual abuse.
- Policy Number: GA-01.12 Confined Persons Grievance System section 15.2.6 states that the Confined Persons 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 PREA Coordinator 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 the PCM so that a case can be opened and will follow all the same protocols as every other allegation.
- PREA Compliance Manager, 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.
- Total number of sexual abuse and sexual harassment investigations for the past 12 months = 35; Total number of investigations reviewed by auditor = 15; Total number of sexual abuses classified by investigations = 7; Total number of sexual harassments classified by investigations = 8; Total number of pending cases = 1; Total number of referrals for prosecution = 0; and total number of terminated staff or contractors = 0.
- The type of documentation included in most of the reviewed investigation cases (Criminal and Administrative):
 - o PREA Investigative Folder checklist - 14
 - o Incident Report - 15
 - o Incident Report Checklist for PREA Issues (30-day Reviews)- 15
 - o Confined Persons Search Detail Report - 14
 - o PREA Confined Persons Voluntary Statements - 13
 - o Disposition of PREA Report/ Confined Persons Notifications - 14
 - o Additional Information and Support Services (Emotional) -
 - o Report of Finding to Agency PREA Coordinator - 14
 - o Sexual Abuse Retaliation Monitoring - 7
 - o Email refers - 15.
 - o Warden-to-Warden PREA Notification - 1
 - o Confined Persons Grievance - 2
 - o Grievance Transferal Memo - 2
 - o PCM Confined Persons Grievance Review Routing Slip - 2

Corrective Actions:

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

115.52 (b)

- The agency shall 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 persons 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 an confined persons 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:

- 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 a grievance any time regardless of when the incident is alleged to have occurred. According to staff interviews, the facility does not require a confined persons 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.
- Policy Number: GA-01.12 Confined Persons Grievance System section 15.2.1 states, there will be no time frame for filing a grievance alleging sexual abuse. The confined persons will not be required to attempt any informal resolution.
- 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.

115.52 (c)

The agency shall ensure that:

- A confined persons who alleges sexual abuse may submit a grievance with without submitting it to a staff member who is the subject of the compliant, 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:

- The agency ensures that a confined persons 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 grievance through a grievance box.
- All grievances are picked up on a daily basis, during normal working hours, by an employee designated by the Warden. All grievances are numbered and entered into the automated system within three working days by an employee designated by the Warden.
- The facility PREA Compliance Manager indicated that the confined persons turn their grievance in using the grievance box at each facility.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 5.5: Consistent with SCDC Policy GA-01.12, Confined persons Grievance System, the Grievance Branch will ensure that grievance receptacles are available and secure in all institutions. Confined persons will not be required to give a grievance to any staff member who is subject to the complaint. Confined persons may also file grievances through an available kiosk or provided mobile device.

Corrective Actions:

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

115.52 (d)

- The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

Compliance Determination:

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

- 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.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 5.6: The Institutional PREA Compliance Manager (PCM) will notify the confined persons 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 the PCM is notified of the investigation after receiving the allegation.

Corrective Actions:

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

115.52 (e)

- 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:

- If a third-party reports on behalf of a confined persons, 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 persons decision.
- Policy, GA-01.12, Confined Persons Grievance System allows third parties to file a grievance on behalf of a confined person.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 5.7: Anyone who has knowledge of the alleged event may also assist the confined persons with filing a grievance, file a report on behalf of the alleged victim, or file a report themselves.
- PREA Compliance Manage, 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.

115.52 (f)

- The agency shall establish procedures for the filing of an emergency grievance alleging that an confined persons is subject to a substantial risk of imminent sexual abuse.

Compliance Determination:

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

- 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.
- After receiving an emergency grievance alleging a confined persons are 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 persons is subject to a substantial risk of imminent sexual abuse.

- PREA Compliance Manager, after receiving an emergency grievance alleging a confined persons is subject to a substantial risk of imminent sexual abuse, SCDC immediately would forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to 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.

115.52 (g)

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:

- Staff indicated that the facility may discipline a confined persons for filing a grievance related to alleged sexual abuse when the confined persons filed the grievance in bad faith.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 5.8: Anyone who willingly files a false statement may be subject to administrative or criminal investigation and discipline consistent with SCDC Policy OIG-23.01 Investigations.
- According to the Pre-Audit Questionnaire, 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.
- Policy Number: GA-01.12 Confined Person Grievance System states that the agency may discipline an confined persons for filing a grievance related to the alleged sexual abuse if there is evidence that the confined persons filed the grievance in bad faith.

Corrective Actions:

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

Overall Findings:

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

115.53	Inmate access to outside confidential support services
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 1275 378">Evidence Relied Upon in Making the Compliance Determination:</p> <p data-bbox="256 412 512 445">Documentation:</p> <ul data-bbox="256 456 1474 1789" style="list-style-type: none"> • MOU for Outside Services - Julie Valentine Center • Required Number of Confined Persons Interviewed • Facility Tour Observation Notes • PREA Facility Brochure (Spanish and English) • Audit PREA Posted Notices • Investigation File Reviewed and Type of Documents Included • Sexual Abuse and Sexual Harassment Allegations Past 12 Months • Pictures Taken on Facility Tour • Outside Advocacy Interview Email with Notes • Just Detention International Email • National Sexual Violence Resource Center Email • Anonymous PREA Tips - Website • SC Title 43 Social Services Elderly Abuse • List of SC SANE Program Locations • Zero Tolerance Poster • SCDC Statewide Partnerships with Sexual Assault Centers • ADM -15-02, Telephone Use • Agency Language Translation Instructions • GA-01-03, Confined Person Access to the Courts • GA-01-12, Confined Person Grievance System • Confined Person Mail • Confined Person Visitation • Confined Person Orientation Manual (Handbook) - Tablet • OP-22-53, Confined Person Tablets and Kiosks • US Department of State Consular Notification and Access Manual • MOU with SC Law Enforcement Division • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Policy PS-10.08 Confined Person Correspondence Privileges • Online PREA Audit: Pre-Audit Questionnaire <p data-bbox="256 1823 437 1856">Interviews:</p> <ul data-bbox="256 1890 700 1968" style="list-style-type: none"> • Agency PREA Coordinator • Random Sample of Residents <p data-bbox="256 2002 1286 2036">Compliance Determination by Provisions and Corrective Actions:</p>

115.53 (a)

The facility shall 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:

- The agency/facility provides confined persons with access to outside victim advocates for emotional support services related to sexual abuse by giving confined persons the mailing address to the local rape crisis center, posting the outside phone numbers in the living units and in the confined persons PREA pamphlet.
- Confined Persons Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve Black, sixteen White and three Hispanic. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined person A1. They were asked: Do you know if there are services available outside of this facility for dealing with sexual abuse, if you needed it? Nineteen said yes, some said they never use it, but information is on the tablet or in the PREA Pamphlet, posted - Valentine Center Advocate; some said they have counseling or mental health services, some said they do not know, the auditor's assistant reminded them and show a copy of the PREA pamphlet,
- Memorandum of Understanding between SCDC Perry Correctional Institution (PCI) and Julie Valentine Center (JVC). The Julie Valentine Center is responsible for:
 - o Responding to calls from PCI residents received on JVC 24-hour crisis hotline.
 - o Providing PCI residents with confidential emotional support services related to sexual abuse during their residency at PCI and during their transition from the PCI corrections facility into the community.
 - o Provide PCI a list of persons authorized to act as the point of contact to implement this agreement and develop additional operational details. The list should include names, titles, telephone numbers, and email addresses, and should be updated as necessary.
 - o Providing follow-up services to PCI resident victims of sexual assault, as resources allow, including up to 3 in-person visits.
 - o Maintaining confidentiality of communications with PCI residents.
 - o Working with designated PCI staff to obtain security clearance and follow all facility guidelines for safety and security.

- o Attending any and all Sexual Abuse Incident Reviews that involve PCI at the request of a resident with the understanding that JVC cannot disclose any communication about a PCI resident without a signed release from said resident.
- o Communicating any questions or concerns to the PCI PREA Coordinator that are not in violation of confidentiality.
- o Provide training at the respective institution to PCI staff. The training will include but is not limited to the effects of sexual trauma, advocacy, neurobiology of trauma, JVC services, and sexual assault in prisons.
- Julie Valentine Center – Email and phone interview with the Crisis Coordinator. The MOU is still in effect with the facility. The term of the MOU begins on May 19, 2021, the date of final signature and continues until it is terminated by either party. Neither party has terminated. There were zero SANE referrals made in the past 12 months. The organization has served 3 confined persons in the past 12 months; however, these confined persons were not from PCI. Confined persons can remain anonymous when making a PREA report. The organization would contact the statewide PREA coordinator regarding PREA reports. Most of these cases have already been reported according to the confined person. Most of the services provided are coping skills, they need someone to talk to about the abuse, and a contact number if their situation wasn't handled the way that they expected. The SCDC Agency PREA Coordinator's services as the agency contact.
- National Sexual Violence Resource Center (NSVRC) – Email with Resource and Technical Assistance Coordinator on January 11, 2024. Email states that they provide information and tools to prevent and respond to sexual violence. While they are happy to have our organization listed as a resource for people who are incarcerated, they do not receive reports or provide services in any capacity. They also are not able to disclose if anyone from the facility reached out for resources.
- Just Detention International (JDI) – Email with Senior Operations Officer on January 11, 2024. The email stated that a review of our database indicates that the agency has not received any information regarding the submitted facilities.
- During the facility tour, confined persons that were pulled to the side for an informal interview, stated that outside sexual abuse and sexual harassment information is on the PREA brochure and posters, however, they never had to use it, so they did not know or remember the services or the name.
- Onsite Tour (Observations to include Informal Interviews):
 1. 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, confined persons, 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.
 2. The auditor observed the facility signage regarding access to outside confidential (emotional support services) information were posted in all areas frequented by confined persons, including housing/living units. The information is provided in English and Spanish and is legible.
 3. The auditor observed the facility signage regarding how to report sexual

abuse and/or sexual harassment (external and internal reporting) posted in confined persons housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible. 4. Staff informal discussion during the tour indicated that confined persons have access to writing instruments, paper, and forms to report. Staff that conduct screenings indicated that confined person information is collected through their computerized system which is password protected. 5. 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 was located where confined persons have access. The drop box is only accessible by designated staff. Visit to the mailroom and staff indicated that sending and receiving PREA mail is treated as if it was legal mail. 6. The auditor had informal discussions with confined persons and tested the facility systems by which confined persons 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. It was also discussed where and who received the reports. 7. The facility has a copy of the U.S. Department of State Consular Notification and Access on file for foreign national (consular information) located in the library.

- The agency/facility provided the auditor with a list of six (6) confined persons who were on the consular notification list. This list is generated when confined persons first enter the SCDC agency. The information is collected at the agency confined persons reception facility and entered the central office system. Confined persons have access to the United States Department of State Consular Notification and Access Manual.
- 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.
- Total number of sexual abuse and sexual harassment investigations for the past 12 months = 35; Total number of investigations reviewed by auditor = 15; Total number of sexual abuses classified by investigations = 7; Total number of sexual harassments classified by investigations = 8; Total number of pending cases = 1; Total number of referrals for prosecution = 0; and total number of terminated staff or contractors = 0.
- The type of documentation included in most of the reviewed investigation cases (Criminal and Administrative):
 - o PREA Investigative Folder checklist - 14
 - o Incident Report - 15
 - o Incident Report Checklist for PREA Issues (30-day Reviews)- 15
 - o Confined Persons Search Detail Report - 14
 - o PREA Confined Person Voluntary Statements - 13
 - o Disposition of PREA Report/ Confined Person Notifications - 14
 - o Additional Information and Support Services (Emotional) -

- o Report of Finding to Agency PREA Coordinator - 14
- o Sexual Abuse Retaliation Monitoring - 7
- o Email refers - 15.
- o Warden-to-Warden PREA Notification - 1
- o Confined Person Grievance - 2
- o Grievance Transferal Memo - 2
- o PCM Confined Person Grievance Review Routing Slip - 2

- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 5.9: confined persons 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 confined person orientation program in all correctional institutions.

- Confined Persons Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve Black, sixteen White and three Hispanic confined persons. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined person A1. They were asked: Does the facility give you mailing addresses and telephone numbers for these outside services? All confined persons stated that they receive the mailing address and phone number in the PREA information, and it is posted on the walls. Most of the confined persons said they never used it.

Corrective Actions:

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

115.53 (b)

The facility shall 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:

- The facility informs confined persons prior to communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities by mandatory reporting laws. South Carolina mandatory for vulnerable elderly is "SC Title 43 Social Services Elderly Abuse".

- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 5.10: Any monitored communications of confined persons, recording or live listening of conversations with advocacy centers, will be expressed to confined persons and/or others prior to authorization for use.

- PREA Compliance Manager, 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.
- Confined Persons Interviews: Thirty-one (31) confined persons were interviewed by the auditor's non-certified support staff. Fifteen random and sixteen targets. Twelve Black, sixteen White and three Hispanic confined persons. The target confined persons were three Transgenders; two Gays, one Bisexual; two Limited English Proficient; two Disabled -Wheel Chairs; one Low Intellectual; Three Disclosed During Screening; One Hard of Hearing; and One Confidential Letter receive from confined person A1. They were asked: Does the facility give you mailing addresses and telephone numbers for these outside services? Interviewed confined persons reported that there are numbers and mailing addresses posted in the facility. Most of the confined persons said they don't know the details of the services but feel they could communicate with the services if needed. Some of the comments were the call remains private unless there is a report of abuse and not sure about mandatory reporting, call remain private they would have to report if they were in danger, if a crime is reported, if there is an assault, or unsafe conditions.

Corrective Actions:

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

115.53 (c)

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide 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:

- The agency facility 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. Interviews with the facility PREA Compliance Manager confirmed the availability of this service for confined persons. The agreement is documented as required and a copy of the agreement is maintained by the PREA Compliance Manager's office.
- The auditor reviewed a copy of the agreement.
- SCDC has a statewide partnership agreement with multiple sexual assault centers across the state. The ten sexual assault centers provide hundreds of hours of support to victim of sexual assault, including individual face-to-face contacts, group sessions, written correspondence, and phone calls through toll-free hotline support.

	<ul style="list-style-type: none"> • Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive 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. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.54	Third-party reporting
	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"> • MOU Outside Advocacy - Julie Valentine Center • MOU between SCDC and Statewide Partnership for Victim Services • MOU with SC Law Enforcement Division • Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended. • SCDC PREA Tip Line - Anonymous • SCDC Official Website (Third-Party Reporting) • Report Sexual Abuse or Sexual Harassment of an confined person (Clicking Here) Website • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <p>Compliance Determination by Provision and Corrective Actions:</p> <p>115.54 (a)</p> <p>The agency shall establish a method to receive third party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an confined persons.</p> <p>Documentation: The facility has demonstrated compliance with this provision of the standard because:</p>

- The agency/facility has established a 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.
- 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.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 5.12: Consistent with SCDC Policies PS-10.08, Confined Person Correspondence Privileges, and SCDC Policy OP-22.09, Confined Person Visitation, confined persons will be allowed confidential access to their attorneys or other legal representation.
- 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 reporting, through its public website; by posting in public areas of the facility lobby or visitation area and pamphlets.

Corrective Actions:

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

Overall Findings:

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

Documentation:

- Posters
- SCDC Policy ADM-11.04 Employee Corrective Action
- SCDC Policy ADM-11.17 Employee Conduct
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021.
- 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 ADM-17.01 Employee Training Standards
- SCDC Policy OIG-23.01 Investigation
- MOU Between South Carolina Law Enforcement Division (SCLED) and South Carolina Department of Correction (SCDOC)
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- Facility Specialized Staff/Medical
- Random Sample of Staff
- Agency PREA Coordinator
- Warden

Compliance Determination by Provisions and Corrective Actions:

115.61 (a)

The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against 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:

- 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, isolate 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.

- Policy Discussion: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment indicated that all employees, volunteers, interns, agents, or contractor of the agency who observe or receive information concerning sexual abuse or sexual harassment, including threats of sexual abuse or a substantial risk of imminent sexual abuse, toward an confined person and/or any person presently under the jurisdiction of the agency, must report it immediately to one of the following: Institutional Investigator, Warden of the Institution, PREA Compliance Manager, appropriate member of the Director's staff, Division Director of Human Resources, or the PREA Coordinator.

- Staff who conducts medical services, 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.

- Random Sample of Staff: Twelve (12) staff were randomly selected and interviewed by the auditor's non-certified support staff. The random staff representing staff from all shifts. There were seven white males, three white females, one Korean male and one black female. They were asked: "Does the agency require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; 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?" Twelve (12) random staff indicated a clear understanding of the duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; 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 of retaliation immediately.

- Facility Staff: 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.

- The facility medical staff indicated that they are required to report any knowledge suspicion, or information regarding an incident off sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it.

Corrective Actions:

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

115.61 (b)

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

information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

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.

115.61 (c)

Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform 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:

- Staff supports that after allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except when necessary to obtain treatment for the confined persons, aid in the investigation, or help retain the security of the facility. Staff are expected to continue to abide by the confidentiality requirements of the facility. Staff interviews indicated their knowledge of the prohibition of revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigations, and other security and management decisions.

- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 6.2: All employees are obligated to inform confined persons of their duty to report sexual abuse and harassment as well as their limits of confidentiality.

- 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."

Correction Actions:

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

115.61 (d)

If the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the agency shall report 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:

- 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. The facility does not house youthful, confined persons.
- Agency PREA Coordinator - 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.
- Warden, 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.

Corrective Actions:

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

115.61 (e)

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

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 agency/facility has a reporting policy. 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.

	<ul style="list-style-type: none"> • 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>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.62	Agency protection duties
	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"> • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • OP-22-38, Restrictive Housing Unit • SCDC, Policy, OP-22.23, Statewide Protective Custody • SCDC Policy OP-21.04 Confined Person Classification Plan • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head (Designee) • Random Sample of Staff <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.62 (a)</p> <p>When an agency learns that a confined persons is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the confined persons.</p> <p>Compliance Determination:</p>

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

- The facility requires staff to protect the confined persons through implementing protective measures. Administration of the PREA Assessment provides information that assists and guide staff in keeping confined persons safe through housing and program assignments. The interviews of the random staff and the PREA compliance manager revealed protective measures include but are not limited to alerting supervisors and management staff and separating the confined persons including moving to a different housing unit. The PREA compliance manager and random staff indicated the expectation is that any action to protect confined persons would be taken immediately.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 6.3: SCDC will take immediate action to protect a confined persons 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: 0.
- Deputy Director of Legal and Compliance/Agency Head Designee - 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.
- Random Sample of Staff: Twelve (12) staff were randomly selected and interviewed by the auditor's non-certified support staff. The random staff representing staff from all shifts. There were seven white males, three white females, one Korean male and one black female. They were asked: If you learn a confined person is at risk of imminent sexual abuse, what actions do you take to protect the confined person? One hundred percent of the staff could articulate immediate notification to the supervisor, separate the confined persons, monitor the confined person until supervisor arrives. Staff indicated that these actions would be taken immediately.

Corrective Actions:

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

Overall Findings:

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

115.63	Reporting to other confinement facilities
	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"> • MOU with SC Law Enforcement Division • Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview: • SCDC Form 19.184, Warden-to-Warden PREA Notification (Past 12 Months) Received • SCDC Form 19.184, Warden-to-Warden PREA Notification (Past 12 Months) Send • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Deputy Director of Legal and Compliance/Agency Head Designee • Warden <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.63 (a)</p> <p>Upon receiving an allegation that a confined persons 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> <ul style="list-style-type: none"> • The facility provides that upon receiving an allegation that a confined persons was sexually abused while confined at another facility, the Director/designee notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and the appropriate investigative agency. • Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 6.4: Any reports or allegations of sexual abuse that occurred while a confined persons 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. • According to the Pre-Audit Questionnaire, in the past 12 months, the number of allegations the facility received that a confined persons was abused while confined at another facility: 0.

- Deputy Director of Legal and Compliance/Agency Head Designee - if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact. Allegations received from another agency or facility are referred to the agency PREA coordinator as the central point of contact as well as the facility investigator.
- Deputy Director of Legal and Compliance/Agency Head Designee - what happens when your agency (or a facility within your agency) receives such allegations? 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.
- Deputy Director of Legal and Compliance/Agency Head Designee - are there examples of such allegations being reported from another facility or agency? This is specific to the institution, so the answer is determined by the institution if there was an allegation from one or another.
- Warden, "If another SCDC facility or another agency refers allegations of sexual abuse or sexual harassment that occurred within your institution, is there a designated point of contact?" Upon notification of an allegation of sexual abuse that occurred while an confined person was housed at your facility, the facility warden or designee will contact the institutional PCM to begin investigations. This notification will be provided within seventy-two (72) hours of receiving the report and will be documented and provided to the facility's PREA Compliance Manager and PREA coordinator. The PCM will investigate and provide the outside facility or agency with the results. Examples can be found in the investigation's files.
- Warden, "what happens when you receive an allegation that an incident of sexual abuse or sexual harassment occurred at another facility?" Notification must be provided as soon as possible but not later than 72 hours after receiving the allegation. Notification is documented. The warden/ designee or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards. The PCM will investigate and provide your facility or agency with the results. Examples can be found in the investigation's files.

Corrective Actions:

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

115.63 (b)

Such notification shall 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:

- 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.

115.63 (c)

The agency shall document that it has provided such notification.

Compliance Determination:

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

- 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.

115.63 (d)

The facility head or agency office that receives such notification shall 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:

- The facility provides that upon receiving an allegation that a confined persons was sexually abused while confined at another facility, the Director/designee notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and the appropriate investigative agency.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 6.5: Upon notification of an allegation of sexual abuse that occurred while a confined persons 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.
- Deputy Director of Legal and Compliance/Agency Head Designee - what happens when your agency (or a facility within your agency) receives such allegations? 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.

Corrective Actions:

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

	<p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA Coordinated Response Protocol • Sexual Abuse and Sexual Harassment Allegations Past 12 Months • Investigation File Reviewed and Type of Documents Included • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Form Sexual Abuse Response Protocol • SCDC Policy ADM-17.01 Employee Training Standards • MOU with SC Law Enforcement Division • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff • Facility Non-Security Staff <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.64 (a)</p> <p>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:</p> <ul style="list-style-type: none"> • Separate the alleged victim and abuser. • Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. • If the abuse occurred within a time 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:

- The policy provides 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.

- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment (formerly numbered SCDC Policy OP-21.12) Updated July 8, 2020, section 2.3.1.1 indicated that in the event of an actual or suspected case of sexual abuse/victimization, the security staff first responders must complete the following steps: Identify and separate the alleged perpetrator and alleged victim. Immediately take the alleged victim to Medical. Escort alleged confined person perpetrators to an isolated area, preferably in a dry cell with restricted access to a toilet or water. Notify the shift supervisor, PREA Compliance Manager, and Warden as well as OIG. Identify and isolate any witness. Secure the crime scene. Document all incidents promptly on SCDC Form 19-29A, "Incident Report"; and only share information related to the incident with those people who need to know to ensure the alleged victim's safety, conduct the investigation, or provide treatment to the alleged victim or alleged perpetrator.

- Total number of sexual abuse and sexual harassment investigations for the past 12 months = 35; Total number of investigations reviewed by auditor = 15; Total number of sexual abuses classified by investigations = 7; Total number of sexual harassments classified by investigations = 8; Total number of pending cases = 1; Total number of referrals for prosecution = 0; and total number of terminated staff or contractors = 0.

- The type of documentation included in most of the reviewed investigation cases (Criminal and Administrative):

- o PREA Investigative Folder checklist - 14
- o Incident Report - 15
- o Incident Report Checklist for PREA Issues (30-day Reviews)- 15
- o Confined Person Search Detail Report - 14
- o PREA Confined Person Voluntary Statements - 13
- o Disposition of PREA Report/ Confined Person Notifications - 14
- o Additional Information and Support Services (Emotional) -
- o Report of Finding to Agency PREA Coordinator - 14

- o Sexual Abuse Retaliation Monitoring - 7
- o Email refers - 15.
- o Warden-to-Warden PREA Notification - 1
- o Confined Person Grievance - 2
- o Grievance Transferal Memo - 2
- o PCM Confined Person Grievance Review Routing Slip - 2

- Random Sample of Staff: Twelve (12) staff were randomly selected and interviewed by the auditor's non-certified support staff. The random staff representing staff from all shifts. There were seven white males, three white females, one Korean male and one black female. They 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?" To clarify, the auditor's assistant gives an example. If a confined person came to you and said, "I was rape?" What would be your responsibilities as a first responder? All random staff reported being aware of the agency procedure of the first responder duties. They would seek to have the confined person moved into another area, separate involved confined persons, secure evidence, and immediately call the supervisor and medical. When probed on protecting the DNA evidence, staff indicated they would not let the confined persons brush their teeth, use the bathroom, eat, or drink. Additional probing of staff on whom they would not share the information with, they would only share with immediate supervisor or higher ups, and that they would not share with other staff or confined persons. Four said they did not know.

Corrective Actions:

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

115.64 (b)

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Compliance Determination:

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

- 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.
- Policy Number: 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 a confined persons has been sexually victimized. The guide gives requirements for the duties of the security and non-security staff.
- During the facility tour a non-security staff was asked: If you are the first person to be alerted that a confined person has allegedly been the victim of sexual abuse, what

	<p>is your responsibility in that situation?” To clarify, the auditor gives an example. If a confined person came to you and said, “I was rape?” What would be your responsibilities as a first responder? They would immediately contact security (nearest) and report, staying with the confined person until security arrived. They would not let the confined person use the bathroom, drink water, or change clothing.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.65	Coordinated response
	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"> • PREA Coordinated Response Protocol • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Warden <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.65 (a)</p> <p>The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The facility has developed a Coordinated Response Plan which is aligned with the

	<p>detailed information in the policy regarding the response to an allegation or incident of sexual abuse. The plan outlines the actions of the identified staff members such as the first responder; supervisors; medical; mental health; and management.</p> <ul style="list-style-type: none"> • Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning 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 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. All 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. • Warden, does the facility have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse? Yes. The facility has a coordinated response plan that has been reviewed by the institutional leadership team and the Agency PREA Coordinator’s Office. The plan has been shared with the institutional teams. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	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"> • Copy of any Collective Bargaining Agreements - None • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021

- SC Code Title 41 Labor and Employment Right to Work Law
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- Deputy Director of Legal and Compliance/Agency Head Designee
- Warden

Compliance Determination by Provisions and Corrective Actions:

115.66 (a)

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 staff sexual abusers from contact with any confined persons pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Compliance Determination:

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

- 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.
- Deputy Director of Legal and Compliance/Agency Head Designee - has your agency, or any governmental entity responsible for collective bargaining on your behalf, entered or renewed any collective bargaining agreements or other agreements since August 20, 2012? The agency does not have a collective bargaining agreement.
- Warden, "has your agency, or any governmental entity responsible for collective bargaining on your behalf, entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012?" Staff affirmed the facility is not involved in any form of collective bargaining and can remove and separate from contact any staff as a part of an investigation.

Corrective Actions:

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

115.66 (b)

Nothing in this standard shall 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 115.72 and 115.76; or
- Whether a no-contact assignment that is imposed pending the outcome of an

	<p>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> <ul style="list-style-type: none"> • 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>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Form 19-182, Sexual Abuse Retaliation Monitoring (Past 12 Months) • SCDC PREA Tip Line Anonymous • PREA Training Section 1800 Curriculum - Retaliation • SCDC Policy Number: ADM 115.15 South Carolina Whistleblower Act Section, Retaliation Against an Employee for Filing a Report • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Specialized Staff/Charge with Monitoring for Retaliation • Deputy Director of Legal and Compliance/Agency Head Designee • Warden <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.67 (a)</p> <p>The agency shall establish a policy to protect all confined persons and staff who</p>

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:

- 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 facility PREA compliance manager is responsible for monitoring retaliation along with upper management staff.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning 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 confined persons, 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.
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that in accordance with SCDC policy ADM-11.15, "South Carolina Whistleblower Act" for more information. No employee, volunteer, intern, or contractor will be subjected to any kind of retaliation for reporting of any wrongdoings.
- SCDC policy ADM-11.15, Retaliation Against an Employee for Filing a Report - Any employee who files a validated and/or substantiated report of wrongdoing with an appropriate authority will not be dismissed, suspended, or demoted nor incur a reduction in pay, unless the corrective action taken is unrelated to the report of the wrongdoing.
- 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.
- The auditor interviewed the designated staff member charged with monitoring retaliation and asked: What role do you play in preventing retaliation against confined persons staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations? The facility PREA compliance manager serves as one of the Retaliation Monitors for the facility. An interview with the retaliation monitor indicated he understands and is knowledgeable of the prevention measures the facility might take in each situation to prevent retaliation in the first place. They indicated the following allegation: the monitor will initiate contact with the confined person and make him aware that he can contact the retaliation

monitor if he is having any issues.

Corrective Actions:

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

115.67 (b)

The agency shall 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:

- Staff designated to monitor retaliation can describe the different measures to take to protect confined persons and staff from retaliation. Prevention measures, identified by the retaliation monitor include the following: transfer abusers or victims, remove staff from contact with the victim, provide emotional support services, and monitor changes.

Corrective Actions:

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

115.67 (c)

For at least 90 days following a report of sexual abuse, the agency shall monitor 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:

- Policy Discussion: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment indicated that wardens would ensure that all confined persons, 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.
- Deputy Director of Legal and Compliance/Agency Head Designee - how do you protect confined persons and staff from retaliation for sexual abuse or sexual

harassment allegations? The perpetrator is removed from areas that might allow contact with the victim of sexual harassment or sexual abuse. The PREA compliance manager consults with and conducts wellness checks with the victim for at least 90 days to ensure the victim is not subjected to retaliation. The victim is also offered mental health counseling.

- According to the Pre-Audit Questionnaire, the number of times an incident of retaliation occurred in the past 12 months: 0.

Corrective Actions:

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

115.67 (d)

In the case of confined persons, such monitoring shall also include 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.

Corrective Actions:

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

115.67 (e)

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:

- 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 privacy and policy abusers, 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.
- The South Carolina Department of Corrections Policy Number: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment no confined person will be subjected to retaliation, reprisal, harassment, or disciplinary action by employees, volunteers, or other confined persons for reporting allegations or knowledge of sexual abuse against a confined person. Confined persons 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.

- Deputy Director of Legal and Compliance/Agency Head Designee - if an individual who cooperates with an investigation expresses a fear of retaliation, how does the institution take measures to protect that individual against retaliation? The same steps as outlined above are taken regarding individuals cooperating with an investigation.
- Warden, "If an individual who cooperates with an investigation expresses a fear of retaliation, how does the agency take measures to protect that individual against retaliation"? 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.
- Warden, what measures do you take when you suspect retaliation? The alleged retaliation is investigated. In the case of confined person retaliation this can be addressed through a new housing assignment or institutional transfer. Allegations of staff retaliation are referred to the Office of the Inspector General (OIG).

Corrective Actions:

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

115.67 (f)

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Compliance Determination:

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

- The auditor is not required to audit this provision.
- The agency/facility PREA coordinator/facility compliance manager serves as the PREA monitor. The monitoring lasts for at least 90 days.
- The designated staff member charged with monitoring retaliation was asked, how long do you monitor the conduct and treatment of confined persons and staff who report the sexual abuse of a confined persons or were reported to have suffered sexual abuse? The retaliation monitor indicated monitoring would continue for increments. However, when conducting facility inspections confined persons will be pulled to the side just to make sure they are not having problems.

Corrective Actions:

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

Overall Findings:

	<p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Investigation File Reviewed and Type of Documents Included • Sexual Abuse and Sexual Harassment Allegations Past 12 Months • SCDC Form 19-182, Sexual Abuse Retaliation Monitoring (Past 12 Months) • Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview: • SCDC PREA Tip Line Anonymous • PREA Training Section 1800 Curriculum - Retaliation • SCDC Policy Number: ADM 115.15 South Carolina Whistleblower Act Section, Retaliation Against an Employee for Filing a Report • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Special Staff/Supervise Confined Persons in Segregated Housing • PREA Compliance Manager <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.68 (a)</p> <p>Any use of segregated housing to protect a confined persons who is alleged to have suffered sexual abuse shall be subject to the requirements of standards 115.43.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • 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.

- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that confined persons 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 confined persons separated from likely abusers.

- According to the Pre-Audit Questionnaire, the number of confined persons who alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: zero.

- According to the Pre-Audit Questionnaire, 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: 0.

- For a review of case files of confined persons who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include both (a) a statement of the basis for facility's concern for the confined person safety, and (b) the reason or reason (s) why alternative means of separation could not be arranged: 0.

- Warden, "are confined persons at high risk for sexual victimization or who have alleged sexual abuse placed in involuntary segregated housing only until an alternative means of separation from the likely abusers can be arranged?" Yes, confined persons are assessed by the institutional team and placed in housing based on what is determined to be the safest place for the confined persons. They are not placed in segregated housing and would not be placed there unless there were no other options for safely housing the detainee/ confined persons.

- Staff who supervise confined persons in segregated housing were asked: Are confined persons placed in involuntary segregated housing only until an alternative means of separation from likely abusers? Staff indicated yes.

- Staff who supervise confined persons in segregated housing was asked: when confined persons are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, do they still have access to programs, privileges, education, and work opportunities? Staff indicated that if a confined persons is placed in segregation for a PREA related issue they would still have access to facility programs, privileges, and education and work opportunities. They are not in segregation for punishment.

- Confined persons in involuntary protective custody would have access to the following: Programs (Education- the teacher would bring the materials to the confined persons cell to complete); Counselor (Programmatic information to work on); Access to the phone, store, showers, exercise, and visitation.

	<ul style="list-style-type: none"> • Staff first consider other alternatives based on the circumstances of the allegation before considering the placement of a confined persons in protective custody, alternatives such as placing the confined persons in another housing area or transferring the confined persons to another facility. • Facility PREA compliance manager confirmed that to the extent possible, access to programs, privileges, education, and work opportunities would not be limited to confined persons placed in protective custody for reasons of sexual abuse or sexual harassment. Restrictions of programs, privileges, education, and work opportunities would be documented by the facility. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Facility NIC Investigation Specialized Training • Sexual Abuse and Harassment Allegations Past 12 Months • Investigations File Reviewed and Type of Documents Included • OIG Investigator Training List • Inspector General Interview Notes • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Policy GA 05.01 Investigations and Procedures • 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 <p>Interviews:</p>

- Inspector General
- Facility Investigator
- Agency PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.71 (a)

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Compliance Determination:

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

- 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.
- 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.
- All allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Office of Inspector General (OIG) shall initiate the investigation, will notify South Carolina Law Enforcement Division (SLED) and the Inspector General's office when sexual misconduct by staff, contractors or volunteers is alleged, and will conduct an internal investigation in accordance with SCDC Policy and Procedure GA-05.01 Investigations.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 7.7: Employees who are under investigation for sexual abuse/sexual harassment of a confined person will not be permitted to resign from SCDC until clearance or removal from the investigation. Employees who submit documentation of resignation will be coded as terminated if employment ends due to the investigation or during the investigation. All notifications/documentation of resignation will be submitted to both SCDC OIG and/or by Human Resources to ensure the resigning employees' clearance of investigations.
- Interview with the Inspector General, 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 OIC 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. Suspect is interviewed and any 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.

- Total number of sexual abuse and sexual harassment investigations for the past 12 months = 35; Total number of investigations reviewed by auditor = 15; Total number of sexual abuses classified by investigations = 7; Total number of sexual harassments classified by investigations = 8; Total number of pending cases = 1; Total number of referrals for prosecution = 0; and total number of terminated staff or contractors = 0.

- The type of documentation included in most of the reviewed investigation cases (Criminal and Administrative):

- o PREA Investigative Folder checklist - 14

- o Incident Report - 15

- o Incident Report Checklist for PREA Issues (30-day Reviews)- 15

- o Confined Person Search Detail Report - 14

- o PREA Confined Person Voluntary Statements - 13

- o Disposition of PREA Report/ Confined Person Notifications - 14

- o Additional Information and Support Services (Emotional) -

- o Report of Finding to Agency PREA Coordinator - 14

- o Sexual Abuse Retaliation Monitoring - 7

- o Email refers - 15.

- o Warden-to-Warden PREA Notification - 1

- o Confined Person Grievance - 2

- o Grievance Transferal Memo - 2

- o PCM Confined Person Grievance Review Routing Slip - 2

Corrective Actions:

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

115.71 (b)

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to standard 115.34.

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.
- Interview with the Inspector General, 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.
- Facility Investigators are required to complete the National Institute of Corrections (NIC) online PREA Specialized Investigation training in addition to the general PREA training.

Corrective Actions:

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

115.71 (c)

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Compliance Determination:

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

- 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 shall 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.
- Interview with the Inspector General, describe the investigation process. Allegation is received and reviewed by OIG. Case is opened. Alleged victim (s) and witness (es) are then interviewed, and evidence is collected (if applicable). The evidence includes physical, DNA, video tape, statements, and prior reports. The alleged suspect is interviewed, and any follow-up interviews take place. A report is written and reviewed

through the 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 matters can be handled. Criminal charges are made; the case is then prepared for prosecution through the courts.

- 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).

- 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.

Corrective Actions:

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

115.71 (d)

When the quality of evidence supports criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Compliance Determination:

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

- If allegations of conduct that appears to be criminal are substantiated, referral will be made to the appropriate solicitor for criminal prosecution. Additionally, staff will be subject to agency corrective action up to and including termination, and confined persons may be charged through the agency disciplinary system.

- Interview with the Inspector General, OIG Agents are trained investigators and are not required to consult with prosecutors before conducting interviews. We proceed and consult with prosecutors if needed and they also have an attorney on staff who provides guidance when necessary.

Corrective Actions:

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

115.71 (e)

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual as is and shall not be determined by the person’s status as confined person or staff. No agency shall require a 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:

- Agency/facility requires that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as confined persons or staff. A confined persons who alleges sexual abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation.
- Interview with the Inspector General, credibility is judge in several ways such as corroborating the information through investigation, prior incidents, observe 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, would you, under any circumstances, require an confined persons who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation? No not as conditions for proceeding with an investigation.
- Target Confined Persons Interview: Four (4) confined persons were interviewed who reported Sexual Abuse. They were asked: Were you required to take a polygraph test as a condition for proceeding with a sexual abuse investigation? All residents said no.

Corrective Actions:

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

115.71 (f)

Administrative Investigations:

- Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Compliance Determination:

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

- The facility PREA compliance manager is responsible for the thorough investigation of all non-criminal investigations (Administrative). PREA compliance manager 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 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 will utilize preponderance of the evidence as the

standard for determining whether an allegation of sexual abuse or sexual harassment is substantiated. All administrative investigations will be 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.

- 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.

- Interview with the Inspector General, during an administrative investigation the agent included in the report any staff actions or failures to act that contribute to the alleged sexual abuse. These actions could include policy violations, leaving their post or not in the assigned area of the confined persons where the incident may have occurred. The report is turned over to the proper authorities, for any action they deem necessary. This is done in cooperation with the Agency PREA Coordinator.

- Facility Investigator: What efforts do you make during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse? If the investigation is Administrative 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.

115.71 (g)

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Compliance Determination:

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

- The agency/facility requires that criminal investigations will be documented in a written report that contains a through description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible, to include reports from investigations they are conducted by outside agencies.

- Total number of sexual abuse and sexual harassment investigations for the past 12 months = 35; Total number of investigations reviewed by auditor = 15; Total number of sexual abuses classified by investigations = 7; Total number of sexual harassments classified by investigations = 8; Total number of pending cases = 1; Total number of referrals for prosecution = 0; and total number of terminated staff or contractors = 0.

- The type of documentation included in most of the reviewed investigation cases (Criminal and Administrative):
 - o PREA Investigative Folder checklist - 14
 - o Incident Report - 15
 - o Incident Report Checklist for PREA Issues (30-day Reviews)- 15
 - o Confined Person Search Detail Report - 14
 - o PREA Confined Person Voluntary Statements - 13
 - o Disposition of PREA Report/ Confined Person Notifications - 14
 - o Additional Information and Support Services (Emotional) -
 - o Report of Finding to Agency PREA Coordinator - 14
 - o Sexual Abuse Retaliation Monitoring - 7
 - o Email refers - 15.
 - o Warden-to-Warden PREA Notification - 1
 - o Confined Person Grievance - 2
 - o Grievance Transferal Memo - 2
 - o PCM Confined Person Grievance Review Routing Slip - 2
- 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.
- Interview with the 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.

Corrective Actions:

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

115.71 (h)

Substantiated allegations of conduct that appears 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. Additionally, staff will be subject to agency corrective action up to and including termination, and confined persons may be charged through the agency disciplinary system.
- Interview with the Inspector General, when do you refer cases for prosecution? 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.

115.71 (i)

The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Compliance Determination:

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

- 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.
- Total number of sexual abuse and sexual harassment investigations for the past 12 months = 35; Total number of investigations reviewed by auditor = 15; Total number of sexual abuses classified by investigations = 7; Total number of sexual harassments classified by investigations = 8; Total number of pending cases = 1; Total number of referrals for prosecution = 0; and total number of terminated staff or contractors = 0.
- The type of documentation included in most of the reviewed investigation cases (Criminal and Administrative):
 - o PREA Investigative Folder checklist - 14
 - o Incident Report - 15
 - o Incident Report Checklist for PREA Issues (30-day Reviews)- 15
 - o Confined Person Search Detail Report - 14
 - o PREA Confined Person Voluntary Statements - 13
 - o Disposition of PREA Report/ Confined Person Notifications - 14
 - o Additional Information and Support Services (Emotional) -
 - o Report of Finding to Agency PREA Coordinator - 14
 - o Sexual Abuse Retaliation Monitoring - 7
 - o Email refers - 15.
 - o Warden-to-Warden PREA Notification - 1
 - o Confined Person Grievance - 2
 - o Grievance Transferal Memo - 2
 - o PCM Confined Person Grievance Review Routing Slip - 2
- 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.
- The South Carolina Department of Corrections Policy Number: HS-18.07 Confined Person 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.

Corrective Actions:

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

115.71 (j)

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Compliance Determination:

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

- The agency/facility provides that the departure of the alleged abuser or victim from the employment or control of the facility or agency will not terminate the investigation.
- Interview with the Inspector General, 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.

115.71 (k)

Any State entity or Department of Justice component that conducts such investigations shall 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.
- The facility PREA compliance manager indicated that South Carolina Department of Corrections conducts investigations of all allegations that have the potential to be deemed criminal in nature based 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. SCDC policies are in line with the guidance and mandates of the PREA Standards and are reviewed by the agency PREA coordinator routinely to ensure consistency.

Corrective Actions:

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

115.71 (l)

	<p>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.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • When investigations are conducted outside of the agency/facility, the facility cooperates with the outside investigator and remains informed about the progress of the investigations. • Interview with the Inspector General, in the event that 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. • Agency PREA Coordinator - If an outside agency investigates allegations of sexual abuse, how does the agency remain informed of the progress of a sexual abuse investigation? 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 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. • Facility Staff: If an outside agency investigates allegations of sexual abuse, how does the facility remain informed of the progress of a sexual abuse investigation? The warden indicated that the Office of Inspector General handles all criminal investigations. They provided the institution with a final report. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making the Compliance Determination: Documentation:

- Sexual Abuse and Harassment Allegations Past 12 Months
- Investigations File Reviewed and Type of Documents Included
- Inspector General Interview Notes
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021.
- 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 05.01 Investigations and Procedures
- SCDC Policy Number: OP 21.12 Section 9 Data Collection/Tracking
- SCDC Policy OIG-23.01 Investigation
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- Inspector General

Compliance Determination by Provisions and Corrective Actions:

115.72 (a)

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Compliance Determination:

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

- Interview with the facility investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.
- Total number of sexual abuse and sexual harassment investigations for the past 12 months = 35; Total number of investigations reviewed by auditor = 15; Total number of sexual abuses classified by investigations = 7; Total number of sexual harassments classified by investigations = 8; Total number of pending cases = 1; Total number of referrals for prosecution = 0; and total number of terminated staff or contractors = 0.
- The type of documentation included in most of the reviewed investigation cases (Criminal and Administrative):
 - o PREA Investigative Folder checklist - 14
 - o Incident Report - 15
 - o Incident Report Checklist for PREA Issues (30-day Reviews)- 15
 - o Confined Persons Search Detail Report - 14
 - o PREA Confined Persons Voluntary Statements - 13
 - o Disposition of PREA Report/ Confined Persons Notifications - 14
 - o Additional Information and Support Services (Emotional) -
 - o Report of Finding to Agency PREA Coordinator - 14

	<ul style="list-style-type: none"> o Sexual Abuse Retaliation Monitoring - 7 o Email refers - 15. o Warden-to-Warden PREA Notification - 1 o Confined Persons Grievance - 2 o Grievance Transferal Memo - 2 o PCM Confined Person Grievance Review Routing Slip - 2 <ul style="list-style-type: none"> • Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive 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. • Interview with the Inspector General, preponderance of the evidence is the standard of decision used. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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: Exceeds Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Inspector General Interview Notes • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Policy OIG-23.01 Investigation • PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Inspector General • Warden <p>Compliance Determination by Provisions and Corrective Actions:</p>

115.73 (a)

Following an investigation into a confined persons allegation that he or she suffered sexual abuse in an agency facility, the agency shall 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:

- 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 makes 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.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 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.
- Interview with the Inspector General, 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.
- Warden does your facility notify a confined person who makes an allegation of sexual abuse when the allegation has determined that allegation is substantiated, unsubstantiated, or unfounded following an investigation. The PMC used the SCDC to document confined person notifications. Notifications are normally made within 30 days of the close of the investigation or when an investigation is received.

Corrective Actions:

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

115.73 (b)

If the agency did not conduct the investigation, it shall request 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:

- If the agency/facility did not conduct the investigation, the agency/facility will use the same process as defined in section (a) of the standard. They will request all

relevant information from the investigating agency to inform the confined person of the outcome of the investigation.

Corrective Actions:

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

115.73 (c)

Following a confined persons allegation that a staff member has committed sexual abuse against the confined persons, the agency shall subsequently inform 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 member is no longer employed at the facility.
- The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; 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:

- The agency/facility requires that following an confined persons allegation that a staff member committed sexual abuse against the confined persons, the confined persons will be informed of the following, unless it has been determined that the allegation is unfounded as stated above.

Corrective Actions:

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

115.73 (d)

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:

- The agency/facility indicated that following an confined persons allegation that he has been sexually abused by another confined persons, the alleged victim will be subsequently informed whenever: the alleged abuser is criminally charged related to the sexual abuse, or the alleged abuser is adjudicated on a change related to sexual abuse.

• GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment (formerly numbered SCDC Policy OP-21.12) Updated July 8, 2020 section 3.4 indicated that following an investigation into an confined persons 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 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 persons PREA case file in the PCM's office.

Corrective Actions:

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

115.73 (e)

All such notifications or attempted notifications shall be documented.

Compliance Determination:

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

- The agency/facility indicated that notifications or attempted notifications be documented. The facility has developed a notification of outcome of investigation process for documentation of confined persons being notified.
- 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 persons PREA case file in the PCM's office.

Corrective Actions:

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

115.73 (f)

An agency's obligation to report under this standard shall terminate if the confined persons is released from the agency's custody.

Compliance Determination:

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

- Interviewed staff indicated that if the confined persons is released from the agency's custody the facility will terminate.

Corrective Actions:

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

Overall Findings:

Above and Beyond: This standard is rated excellent. To meet exceed, SCDC investigates all allegations of sexual abuse and sexual harassment, then notified the confined persons of the outcome at the end of the investigation. At the conclusion of

	<p>all investigations of sexual abuse and sexual harassment, the PMC notify the victim of the findings by completing SCDC Form 19-165, "Disposition of PREA Report", explaining the outcome, both the victim and the PCM sign the form and victim receives a copy of the form. If the victim has been released, pardoned, or paroled, a copy of the Disposition of PREA Report is sent to their last known address with a letter explaining the outcome and requesting for them to sign and return a copy to the PCM. The letter and form are sent by certified mail. The case file is sent to the PCs office for final review by the RPM, closed out and the PREA case manager enters the information into the database.</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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 the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • SCDC Policy ADM-11.04 Employee Corrective Action • SCDC Policy ADM-11.17 Employee Conduct • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Policy ADM-11.34 Employee Confined Person Relations • SCDC Policy ADM-11.39 Staff Sexual Misconduct with Confined Person • SCDC Policy OIG-23.01 Investigation • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Warden • PREA Compliance Manager <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.76 (a)</p> <p>Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p>

Compliance Determination:

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

- According to the agency/facility, 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.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 7.6: Consistent with SCDC Policy 11.34, Employee- confined persons Relations, the presumptive disciplinary sanction for staff who have engaged in sexual relations with an confined persons is termination. Additionally, the presumptive disciplinary sanction for volunteers, interns, and others is removal from SCDC and prosecution, if appropriate.

Corrective Actions:

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

115.76 (b)

Termination shall be the presumptive disciplinary sanction for having engaged in sexual abuse.

Compliance Determination:

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

- According to the agency/facility, 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.
- The warden indicated that termination is the presumptive disciplinary sanction for those who have engaged in sexual activities.

Corrective Actions:

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

115.76 (c)

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:

- Through discussions with staff, 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.

Corrective Actions:

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

115.76 (d)

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Compliance Determination:

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

- 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.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 7.8: Any employee, contractor, volunteer, intern, or visitor investigated and substantiated for sexual abuse/sexual harassment of a confined persons will be reported to the appropriate licensure authority.
- According to the Pre-Audit Questionnaire, 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: 0.
- Interviewed staff: indicated that if staff or contractors are terminated for violating agency sexual abuse policy, that the State Law Enforcement Division (SLED) are the agency that will investigate.
- Interviewed staff seemed aware of the fact that the individual would also need to be reported to the relevant licensing body.

Corrective Actions:

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

Overall Findings:

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

Documentation:

- SCDC Policy PS-10.04 Volunteer Services Programs
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021.
- GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy ADM-11.39, Staff Sexual Misconduct with Confined Person
- Volunteers Training Curriculum
- Volunteers Orientation Training Power Point
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- PREA Compliance Manager
- Warden

Compliance Determination by Provisions and Corrective Actions:

115.77 (a)

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with confined persons and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Compliance Determination:

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

- Although there were no contractor or volunteer violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.
- According to the Pre-Audit Questionnaire, in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of confined persons: 0.
- In the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, what remedial measures does your facility take? Does the facility always prohibit further contact with confined persons? The warden indicated that the facility always prohibits further contact.
- The warden also indicated that the individuals are subject to arrest, the facility can report them to any licensing agencies, barring them from further contract or volunteering with SCDC.

Corrective Actions:

	<p>N/A. There are no corrective actions for this provision.</p> <p>115.77 (b)</p> <p>The facility shall take appropriate remedial measures and shall 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.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Although there were no contractor or volunteer violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard. • According to the Pre-Audit Questionnaire, in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of confined persons: 0. • Warden, “In the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, what remedial measures does your facility take? Does the facility always prohibit further contact with confined persons?” The facility is required to take appropriate remedial measures and to consider whether to prohibit further contact with confined persons in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer. The person’s visitation access to the institution may be barred, suspended, or temporarily reassigned to a different location or program until further notice. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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 the Compliance Determination:</p> <p>Documentation:</p>

- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021.
- GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy GA-01.12 Confined Person Grievance System
- SCDC Policy OP-21.04 Confined Person Classification Plan
- SCDC Policy OP-22.14 Confined Person Disciplinary System
- SCDC Policy OIG-23.01 Investigation
- SCDC Form 19-29A.
- SCDC Policy Number: HS 19.01 Placement of Confined Person in Mental Health Observation and Evaluation Status
- Online PREA Audit: Pre-Audit Questionnaire

Interview:

- Agency PREA Coordinator
- Facility Specialized Staff/Medical

Compliance Determination by Provisions and Corrective Actions:

115.78 (a)

Confined persons shall be 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 abuse.

Compliance Determination:

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

- 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.
- Policy also 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 confined persons 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.

115.78 (b)

Sanctions shall be 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:

- Sanctions for these violations take into consideration many aspects of the confined person's history and assessments conducted by the staff at the facility. This also includes the confined person's mental health status.
- The South Carolina Department of Corrections Policy Number: OP 22.14 Confined persons Disciplinary System section 7.1 and 7.2 - confined persons will be served with notice of disciplinary charges at least forty-eight (48) hours prior to their hearings, Should the confined person 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.
- Facility Staff: Are the sanctions proportionate to the nature and circumstances of the abuses committed, the confined persons disciplinary histories, and the sanctions imposed for similar offenses by other confined persons with similar histories? The PREA compliance manager indicated yes; this is all in accordance with SCDC policy OP 22.14 Confined persons Discipline.

Corrective Actions:

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

115.78 (c)

The disciplinary process shall 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:

- The agency/facility indicated 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.
- The South Carolina Department of Corrections Policy Number: OP-22.14 section1.4 -

If the confined persons have 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 confined person'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).

- The facility PREA compliance manager indicated that a confined persons mental disabilities or mental illness would be considered when determining the type of sanction, if any, should be imposed.
- Facility Staff: Is mental disability or mental illness considered when determining sanctions? The PREA compliance manager indicated yes, if the confined persons are a mental health classification on L1, L2, L3, LC, or MR, and is found guilty the charges must be reviewed by a Mental Health Disciplinary Treatment Team before sanctions are imposed.

Corrective Actions:

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

115.78 (d)

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

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 persons 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.
- Staff who provides medical services, if the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse, does the facility consider whether to offer these services to the offending confined persons? Staff indicated yes.
- Staff also indicated that when these services are provided, the confined person's participation is not required as a condition of access to programming or other benefits. Participation is on a voluntary basis.

Corrective Actions:

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

115.78 (e)

The agency may discipline a confined persons 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:

- Agency/facility indicated that it may discipline a confined persons for sexual contact with staff only upon finding that the staff member did not consent to such contact.
- The agency PREA coordinator indicated that SCDC only discipline offenders when it is proven the staff member did not consent to the conduct.

Corrective Actions:

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

115.78 (f)

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 evidence sufficient to substantiate the allegation.

Compliance Determination:

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

- 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.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 7.9: confined persons who willingly submit a false report will be subject to discipline consistent with SCDC Policies OIG-23-01, Investigations, and OP-22.14 Confined persons Disciplinary System.

Corrective Actions:

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

115.78 (g)

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.

	<p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency/facility prohibits any sexual conduct between confined persons. All such conduct is subject to disciplinary action. Referral for prosecution would occur after determination the sexual activity was coerced. • Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 7.10: Any confined persons who engages in a consensual or non-consensual sexual act or intimate physical contact of a sexual nature with another confined persons, solicits sexual acts from another confined persons, or engages in any non-consensual sex with an employee, visitor, vendor, contractor or a volunteer may be subject to discipline consistent with SCDC Policy OP-22.14, Confined persons Disciplinary System. • The agency PREA coordinator indicated 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>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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
	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"> • Confined Persons Target List • Confined Persons Who Disclosed Sexual Victimization During Risk Screening Interview Sheets • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • HS-18-02, Emergency Care

- HS-18-12, Informed Consent
- HS-18-13, Health Screening and Exams
- HS-18-15, Level of Care
- HS-19-04, Mental Health Services General
- HS-19-11, Mental Health Services Screening
- SCDC Policy GA-06.09 Care and Custody of Transgender Confined Person and Confined Person Diagnosed with Gender Dysphoria
- Online PREA Audit: Pre-Audit Questionnaire Prisons and Jails

Interviews:

- Facility Specialized Staff/Staff who Perform PREA Screenings
- Target Confined Persons
- Facility Specialized Staff/Medical

Compliance Determination by Provisions and Corrective Actions:

115.81 (a)

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:

- The agency facility provides that a confined persons 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. This information was also confirmed through the interview with target confined persons.
- Interview with the PREA Coordinator indicated that the agency's process for confined persons who answered "yes" to being previously victimized on the initial and reassessment is as follows: once it is recorded into the system, an email is generated and sent to central office staff - PREA Services Coordinator, who offers mental health services to the confined persons within 14 days.
- Policy: GA-06.victimization, the Prison Rape Elimination Act (PREA) - 1, Preventive Planning 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, Confined persons Classification Plan, and SCDC Policy HS-19.04, Mental Health Services-General Provisions, confined persons 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.

- Facility Specialized Staff/Staff who perform PREA Screenings - "If a screening indicates that a confined persons has experienced prior sexual victimization, whether in an institutional setting or in the community, do you offer a follow-up meeting with a medical and/or mental health practitioner?" Staff indicated that if a screening reveals a confined person's prior sexual victimization, the confined persons would be referred for a follow-meeting. The confined persons may choose to refuse. If the confined persons want to have a follow-up with mental health or medical, the staff makes the referral.

- Target Confined Persons: Three confined persons were interviewed by the auditor's assistant who disclosed sexual victimization during risk screening. They were asked: When you told someone here that you were sexually abused, did he or she ask if you wanted to meet with a medical or mental health care practitioner? One said I never told anyone I was abused. I wish to be removed from the list. One said I told them this happened when I was a child, I was not offered the services of a doctor or mental health. One said no I was not asked.

Corrective Actions:

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

115.81 (b)

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 provision of the standard because:

- The agency facility provides that a confined persons 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.

- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment Perpetrator Treatment Plan: An individual treatment plan shall be developed and initiated for each sexual perpetrator to decrease the individual's potential for continued sexual abuse within the correctional environment and after release to the community.

- Facility Specialized Staff/Staff who perform PREA Screenings - if a screening indicated that a confined persons previously perpetrated sexual abuse, do you offer a follow-up meeting which and mental health or medical practitioner? Yes, the confined persons would be referred for services. According to SCDC policy results from the screening are used for physical and mental health evaluations, program, and

individual counseling.

Corrective Actions:

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

115.81 (c)

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 the intake screening.

Compliance Determination:

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

- The agency facility provides that a confined persons 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.

115.81 (d)

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall 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.

115.81 (e)

Medical and mental health practitioners shall 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.

	<p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • 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. • 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. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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
	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"> • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Policy GA-06.09 Care and Custody of Transgender confined persons and confined persons Diagnosed with Gender Dysphoria • HS-18-02, Emergency Care • HS-18-12, Informed Consent • HS-18-13, Health Screening and Exams • HS-18-15, Level of Care • HS-19-04, Mental Health Services General • HS-19-11, Mental Health Services Screening • Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- Facility Specialized Staff/Medical

Compliance Determination by Provisions and Corrective Actions:**115.82 (a)**

Confined persons victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Compliance Determination:

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

- 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.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 8.3: Pursuant to South Carolina State Law and SCDC 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 confined persons 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.
- 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.
- 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.
- Target Confined Persons: Four (4) confined persons were interviewed who reported Sexual Abuse. They were asked: Did you have the chance to see a medical or mental health doctor/nurse in a timely manner fashion after you reported the abuse? One said yes.

Corrective Actions:

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

115.82 (b)

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Compliance Determination:

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

- Staff discussions revealed confined persons have access to unimpeded access to emergency services. The written coordinated response plan provides guidance to staff in protecting confined persons and for contracting the appropriate staff regarding allegations or incidents of sexual abuse, including contracting medical and mental health staff. The on-call list has the names of medical staff and their emergency contact numbers. Staff interviews indicated unimpeded medical and crisis intervention services will be available to victim of sexual abuse.

Corrective Actions:

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

115.82 (C)

Confined persons victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Compliance Determination:

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

- Discussions 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.
- Staff who conducts medical services, "Are victims of sexual abuse offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis?" Staff indicated that when an confined persons returns, they would give timely information about access to contraception and sexually transmitted infections if it is not provided by the hospital.

Corrective Actions:

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

115.82 (d)

	<p>Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • These services will be provided to the victim at no cost, regardless of cooperation with the investigation. These services, according to interviews, will be available on an on-going basis, until the resident is released from the facility. • Staff who conducts medical services, “Are the medical and mental services offered consistent with community level of care?” Staff indicated that the services provided by the facility are consistent with community 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. • Target Confined Persons: Four (4) confined persons were interviewed who reported Sexual Abuse. They were asked: Did you have to pay for any treatment related to this incident of sexual abuse (including any co-pays? All the confined persons said no. There were no charges. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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 the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • MOU -Outside Advocacy (Julie Valentine Center) • Outside Advocacy Interview with Auditor Notes • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23,

2021

- SCDC Policy Number: HS 18.15 Level of Care
- SCDC Policy GA-06.09 Care and Custody of Transgender Confined Person and Confined Person Diagnosed with Gender Dysphoria
- HS-18-02, Emergency Care
- HS-18-12, Informed Consent
- List of SC Sane Program Locations
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- Facility Specialized Staff/Medical

Compliance Determination by Provisions and Corrective Actions:

115.83 (a)

The facility shall 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:

- 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.
- Memorandum of Understanding between SCDC Perry Correctional Institution (PCI) and Julie Valentine Center (JVC). The Julie Valentine Center is responsible for:
 - ◇ Responding to calls from PCI residents received on JVC 24-hour crisis hotline.
 - ◇ Providing PCI residents with confidential emotional support services related to sexual abuse during their residency at PCI and during their transition from the PCI corrections facility into the community.
 - ◇ Provide PCI a list of persons authorized to act as the point of contact to implement this agreement and develop additional operational details. The list should include names, titles, telephone numbers, and email addresses, and should be updated as necessary.
 - ◇ Providing follow-up services to PCI resident victims of sexual assault, as resources allow, including up to 3 in-person visits.
 - ◇ Maintaining confidentiality of communications with PCI residents.
 - ◇ Working with designated PCI staff to obtain security clearance and follow all facility guidelines for safety and security.
 - ◇ Attending any and all Sexual Abuse Incident Reviews that involve PCI at the request of a resident with the understanding that JVC cannot disclose any communication about a PCI resident without a signed release from said resident.
 - ◇ Communicating any questions or concerns to the PCI PREA Coordinator that are not

in violation of confidentiality.

◇ Provide training at the respective institution to PCI staff. The training will include but is not limited to the effects of sexual trauma, advocacy, neurobiology of trauma, JVC services, and sexual assault in prisons.

- Julie Valentine Center – Email and phone interview with the Crisis Coordinator. The MOU is still in effect with the facility. The term of the MOU begins on May 19, 2021, the date of final signature and continues until it is terminated by either party. Neither party has terminated. There were zero SANE referrals made in the past 12 months. The organization has served 3 Confined persons in the past 12 months; however, these confined persons were not from PCI. Confined persons can remain anonymous when making a PREA report. The organization would contact the statewide PREA coordinator to tell regarding PREA reports. Most of these cases have already been reported according to the confined person. Most of the services provided are coping skills, they need someone to talk to about the abuse, and a contact number if their situation wasn't handled the way that they expected. The SCDC Agency PREA Coordinator's contact information.

- 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 confined persons, a pregnancy test will be completed as appropriate.

Corrective Actions:

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

115.83 (b)

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or replacement in, other facilities, or their release from custody.

Compliance Determination:

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

- 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 indicated 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.

Corrective Action:

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

115.83 (c)

The facility shall provide 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.
- Staff indicated that the services provided by 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.

115.83 (d)

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:

- N/A. This facility is a male facility.
- Medical staff "if pregnancy results from sexual abuse while incarcerated, are victims 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.

115.83 (e)

If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Compliance Determination:

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

- N/A. This facility is a male facility.

Corrective Actions:

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

115.83 (f)

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:

- Staff discussions ensure 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 may be done at the facility.

Corrective Actions:

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

115.83 (g)

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Compliance Determination:

The facility has demonstrated compliance with this standard because:

- The medical staff indicated the treatment services provided are without financial cost to the confined persons.

Corrective Actions:

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

115.83 (h)

All prisons shall 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:

- Medical staff, “do you conduct a mental health evaluation of all known confined persons -on- confined persons abusers and offer treatment if appropriate? After learning about the abuse history of such a confined person, when do you typically conduct an evaluation? Yes, within 60 days, when possible.

Corrective Actions:

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility

	practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Investigation File Reviewed and Type of Documents Included • Sexual Abuse and Sexual Harassment Allegations Past 12 Months • Annual PREA Report September 2022 • SSV Summary 2021 Report • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • Warden • Incident Review Team Member • PREA Compliance Manager • Agency PREA Coordinator <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.86 (a)</p> <p>The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Staff discussions indicated that following an investigation into an allegation of sexual abuse or sexual harassment, the facility’s PREA compliance manager ensures an incident review is conducted with thirty (30) calendar days following the PREA compliance manager receiving a copy of the investigation or the completion of the investigation. • Total number of sexual abuse and sexual harassment investigations for the past 12

months = 19; Total number of investigations reviewed by auditor = 19; Total number of sexual abuses classified by investigations = 6; Total number of sexual harassments classified by investigations = 13; Total number of pending cases = 1; Total number of referrals for prosecution = 0; and total number of terminated staff or contractors = 1.

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

Corrective Actions:

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

115.86 (b)

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

Compliance Determination:

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

- Staff discussion indicated that following an investigation into an allegation of sexual abuse or sexual harassment, the facility's PREA compliance manager ensures an incident review is conducted within thirty (30) calendar days following the PREA compliance manager receiving a copy of the investigation or the completion of the investigation.

Corrective Actions:

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

115.86 (c)

The review team shall include 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:

- The facility identifies the incident review team members as Upper-Level Management with input from line supervisors, investigators, medical staff, and mental health practitioners.

- Warden, “Does your facility have a sexual abuse incident review team”? The Incident Review Team includes upper-level management officials, with input from line supervisors, investigators, medical practitioners, and a counselor. An agency attorney is a member of the team.

Corrective Actions:

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

115.86 (d)

The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Compliance Determination:

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

- Incident Review Team Member: Question, does the review team consider the above requirements. Yes, all these things are taken into consideration when conducting the incident review and during the investigation of the allegation. If it is determined that one of the above listed reasons play a part in the incident/allegation, the team will discuss how to best handle the situation to protect the sexual safety of the confined persons.
- Facility Staff: How does the team use the information from the sexual abuse incident review? The PREA Compliance Manager indicated to see if anything could have been done to prevent the incident. Are any policy changes needed, was the incident motivated by race, gender identity, gang affiliation, LGBT, etc. Did staffing create a higher risk, could physical barriers have prevented the assault?

Corrective Actions:

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

115.86 (e)

The facility shall implement the recommendations for improvement or shall document

its reasons for not doing so.

Compliance Determination:

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

- Facility will implement 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.
- According to 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 confined persons-on- confined persons abuse, and 27% were allegations of staff-on- confined persons' 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.
- PREA Compliance Manager, what happened when the facility received recommendations regarding improvements? The facility will report information to the facility warden for approval, then implemented.

Corrective Actions:

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

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 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 facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on

analysis, the facility is compliant with all provisions in this standard.

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- Annual PREA Report – September 2022
- CoreCivi PREA Annual Report 2021
- SSV Summary 2021 Report
- 2021 Tallahatchie Final PREA Report
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021.
- 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.
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager

Compliance Determination by Provisions and Corrective Actions:

115.87 (a)

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Compliance Determination:

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

- The agency/facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 10.1: SCDC will report to the US Department of Justice, US Bureau of Justice Statistics, SLED, and any other federal and/or state authority that requires sexual offense data and information annually, all acts of sexual abuse, sexual

harassment, and staff sexual misconduct with confined persons, for all its institutions and contracted institutions.

- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that all institutions operated by or contracted with SCDC will collect data regarding all allegations of sexual abuse and sexual harassment daily. All information regarding allegations, investigations, dispositions, and subsequent actions will be electronically filed and a hard copy retained by the institution.

- 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.

115.87 (b)

The agency shall 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 agency/facility aggregates the incident-based sexual abuse data at least annually as a part of the agency PREA annual report.

- 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 PREA coordinator provided the auditor with a copy of the 2022 SCDC Annual Report that is published on the agency website.

Corrective Actions:

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

115.87 (c).

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence 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 link of SSV reports from 2006 through 2021 submitted to BJS. The agency PREA coordinator provided the auditor with the latest copy of the SSV Report.
- PREA Compliance Manager, does the facility collect all data that is required by the Survey of Sexual Violence conducted by the Department of Justice? Yes, this information is submitted to the Agency PREA Coordinator Office.

Corrective Actions:

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

115.87 (d)

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Compliance Determination:

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

- Staff indicated that 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.

115.87 (e)

The agency also shall 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:

- The agency/facility provided the auditor with an annual report. Also reports that included private facility with which they contract for confinement of its confined persons.
- The agency provided an 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

	<p>Facility.</p> <ul style="list-style-type: none"> The agency PREA coordinator provided the auditor with a copy of Core Civic 2021 PREA Annual Report. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.87 (f)</p> <p>Upon request, the agency shall provide all such data from the 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> <ul style="list-style-type: none"> The PREA compliance manager indicated that the facility can and will provide the required PREA data from the previous calendar year to the Department of Justice upon request. 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 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>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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 the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> Annual PREA Report 2022 CoreCivic PREA Annual Report 2021

- SSV Summary 2021 Report
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021.
- GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- Online PREA Audit: Pre-Audit Questionnaire

Interviews:

- PREA Compliance Manager
- Deputy Director of Legal and Compliance/Agency Head Designee
- Agency PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.88 (a)

The agency shall 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 by:

- Identifying problem areas.
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency.

Compliance Determination:

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

- 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 Annual Report indicated compliance with the standard and included all the required elements. The annual report is posted on the website for public review.
- According to 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.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning 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 PCMs are responsible for reviewing each allegation reported within the quarter with the institution’s Sexual Assault Response Team (SART) and document the meeting utilizing meeting notes, which will be filed in the institution’s provided electronic shared folder.
- The PCM utilize the “PREA Quarterly Meeting” outline provided by the agency’s PREA Coordinator’s Office as a reference to ensure the meeting covers all aspects which include but are not limited to: Identifying problem areas; Training needs; Improvement needs; Corrective actions taken; and Corrective action plans.
- The agency provided the auditor with a copy of the 2021 Annual PREA Report dated September 2021. A review of the report reveals that the Agency has identified areas of concern and provided corrective action.
- Deputy Director of Legal and Compliance/Agency Head Designee - “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.
- Agency PREA Coordinator - “Does the agency review collected and aggregated pursuant to 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training?” Yes.
- PREA Compliance Manager, “If the agency reviews data collected and aggregated in order 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 this review?” The agency and facility reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas and taking corrective action as necessary on an ongoing basis.
- Facility Staff: “If the agency reviews data collected and aggregated pursuant to 115.87 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 this review?” The facility PREA Compliance Manager indicated the facility will 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.

115.88 (b)

Such a report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Compliance Determination:

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

- Agency PREA Coordinator: "Does the agency prepare an annual report of findings from its data review and any corrective actions for each facility, as well as the agency as a whole?" Yes.
- The agency provided the auditor with a copy of the Annual 2022 PREA Report. The auditor reviews the following information within the report.
- According to 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 confined persons -on- confined persons abuse, and 27% were allegations of staff-on- confined persons' 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.

Corrective Actions:

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

115.88 (c)

The agency's report shall 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:

- Deputy Director of Legal and Compliance/Agency Head Designee - "Do you approve of annual reports written pursuant to 115.00?" 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.

Correction Actions:

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

115.88 (d)

	<p>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.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator - “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 persons 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. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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
	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"> • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC POLICY Number: HS 18.07 Confined persons Health Records • Email: Retention Policy are not put in policies anymore • Online PREA Audit: Pre-Audit Questionnaire <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Compliance Manager • Agency PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.89 (a)

The agency shall ensure that data collected pursuant to standard 115.87 are securely retained.

Compliance Determination:

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

- The agency indicates that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed, and all personal identifiers are removed.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning 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 the PREA standards are securely retained for at least ten (10) years after the date of the initial collection.
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning 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.
- GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that all case records associated with claims of sexual abuse, including incident reports, investigative reports, confined persons information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with SCDC Policy OP-21.09 “Confined persons Records Plan, and SCDC Policy HS- 18.07, “Confined persons Health Information.”

Corrective Actions:

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

115.89 (b)

The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

Compliance Determination:

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

- 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.

- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning 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 agency provided an 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.
- A review of the South Carolina Department of Corrections 2021 PREA Annual Report and the Core Civic 2021 PREA Annual Report indicated that both reports are located on the internet.

Corrective Actions:

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

115.89 (c)

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:

- Discussions 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.

115.89 (d)

The agency shall maintain sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Compliance Determination:

The facility has demonstrated compliance with this standard because:

- The agency indicates that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed, and all personal identifiers are

	<p>removed.</p> <ul style="list-style-type: none"> • The South Carolina Department of Corrections Policy Number: HS-18.07 Confined Person 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. • Discussions staff indicated that the record retention standard is determined in state statutes and would require the legislature to make a change to the state law. This is an area that the SCDC and 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. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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
	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"> • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • CoreCivic 2021 PREA Annual Report • Facility Past Final Audit Report • Agency PREA Website • Facility Posting of PREA Notices • Agency Annual PREA Report <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • PREA Compliance Manager <p>Compliance Determination by Provisions and Corrective Actions:</p>

115.401 (a)

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.

Compliance Determination:

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

- A review of the agency's website provided PREA audit reports according to cycles. Each facility is included in the agency's Annual PREA Report. The private facility product its own annual PREA report.

Corrective Actions:

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

115.401 (b)

During each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

Compliance Determination:

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

- A review of the agency's website provided PREA audit reports according to cycles. The agency has schedule a third of its facilities to be audited within the required cycle.

Corrective Actions:

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

115.401 (c)

The Department of Justice may send a recommendation to an agency for an expedited audit if the department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.

Compliance Determination:

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

- The agency/facility indicated that the Department of Justice has not recommended to the agency for an expedited audit for any reason regarding a particular problem relating to sexual abuse within the past 12 months.

Corrective Actions:

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

115.401 (d)

The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

Compliance Determination:

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

- The auditor uses the required Prison Rape Elimination Act (PREA) Audit Prison and Jails standards audit instrument to enter collected information online, 28 C.F.R Part 115 Docket No. OAG-131 RIN 1105-AB34 May 17, 2012.

Corrective Actions:

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

115.401 (e)

The agency shall bear the burden of demonstrating compliance with the standards.

Compliance Determination:

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

- The PREA coordinator and facility acknowledge this provision. The agency and the facility provided requested information to bear the burden of demonstrating compliance with the standards. As well as complaint about all request during the on-site visit.

Corrective Actions:

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

115.401 (f)

The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditation for each facility type.

Compliance Determination:

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

- The auditor has requested all relevant policies, procedures, reports, internal and external audits for the facility during the pre-audit, onsite and post audit phases.

Corrective Actions:

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

115.401 (g)

The audits shall review, at a minimum, a sampling of relevant documents and other

records and information for the most recent one-year period.

Compliance Determination:

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

- The auditor sample size is based on the number of confined persons at the facility on the first day. The random staff sample size based on a minimum of twelve or more based on interview outcomes and facility size.

Corrective Actions:

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

115.401 (h)

The auditor shall have 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 tour of the facility. It was requested that when the auditor paused to speak to a confined persons or staff, that staff on the tour please step away so the conversation might remain private. This request was well respected.
- During the tour, 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.

Corrective Actions:

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

115.401 (i)

The auditor shall 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 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.

115.401 (j)

The auditor shall retain and preserve all documentation relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

Compliance Determination:

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

- The auditor has uploaded additional information to OMS. Other reviewed information will be maintained for the required time limit before destruction. The auditor maintains additional information hard copies.

Corrective Actions:

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

115.401 (k)

The auditor shall interview a representative sample of confined persons, residents, and detainees, and of staff, supervisors, and Wardens.

Compliance Determination:

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

- The auditor requested and was provided with a staff roster with non-security and security staff. There was a total of 12 random interviews.
- Interviews with random and specialized staff confirmed that the facility's staff understood the agency's position regarding the Prison Rape Elimination Act (PREA). Random and specialized staff were all knowledgeable about their roles in the prevention, reporting, and detection of sexual abuse and sexual harassment, and their responsibilities in the event of a PREA related incident, particularly as a first responder.

Corrective Actions:

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

115.401 (l)

The auditor shall be permitted to conduct private interviews with confined persons, residents, and detainees.

Compliance Determination:

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

- The auditor conducted the following confined persons interviews during the on-site phase of the audit and was permitted to conduct private interviews with confined persons.

- The auditor requested and was provided with a confined persons roster by living units and a list of targeted confined persons.
- Confined persons that were formally interviewed were asked the required random interview questions provided by the National PREA Resource Center and additional questions to probe.

Corrective Actions:

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

115.401 (m)

Confined persons, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

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.
- There was one communication 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.

Corrective Action

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

115.401 (n)

Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

Compliance Determination:

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

- MOU between SCDC: Emotional Support Services for Survivors of Sexual Abuse.
- According to the South Carolina Department of Corrections website, confined persons are provided with access to outside victim advocates for emotional support services for confined persons related to sexual abuse whether it occurred in prison on before they became incarcerated.
- Just Detention International (JDI) - is a health and human rights organization that

	<p>seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. They hold government officials accountable for prisoner rape; challenge the attitudes and misperception that enable sexual abuse to flourish; and make sure that survivors get the help they need.</p> <ul style="list-style-type: none"> • National Sexual Violence Resource Center (NSVRC) response: A email was send to NSVRC, the return email states that they provide information and tools to prevent and respond to sexual violence. While they are happy to have our organization listed as a resource for people who are incarcerated, they do not receive reports or provide services in any capacity. They also are not able to disclose if anyone from the facility reached out for resources. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make 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
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated November 23, 2021. • GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • CoreCivic 2021 PREA Annual Report • Facility Past Final Audit Report • Agency PREA Website • Facility Posting of PREA Notices • Agency Annual PREA Report <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • PREA Compliance Manager

Compliance Determination by Provisions and Corrective Actions:

115.403 (a)

Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Compliance Determination:

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

- The auditor includes a no conflict of interest exists with respect to his ability to conduct this audit on the post audit form.

Corrective Actions:

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

115.403 (b)

Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.

Compliance Determination:

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

- The auditor report states whether agency wide policies and procedures comply with relevant PREA standards.

Corrective Actions:

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

115.403 (c)

For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standards, Meets Standards; Or Does Not Meet Standard. The audit summary indicated, among other things, the number of provisions the facility has achieved at each grade level.

Compliance Determination:

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

- The auditor has assigned a finding to each provision and standard.

Corrective Actions:

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

115.403 (d)

Audit reports shall describe the methodology, sampling sizes, and basis for the

auditor's conclusions about each standard provision for each audited facility and shall include recommendations for any required corrective action.

Compliance Determination:

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

- The auditor uses a triangular approach, by connecting the PREA audit documentation, on-site observation, site review of the entire facility and complex, determination of facility practice, interviewed staff and confined persons, local and national advocates, etc. to make determinations for each standard. Each standard and/or provision is designed with documentation reviewed, online PREA Audit: Pre-Audit Questionnaire, overall findings, and interview results.
- The auditor sample size is based on the number of confined persons at the facility on the first day. The random staff sample size based on a minimum of twelve or more based on interview outcomes and facility size.

Corrective Actions:

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

115.403 (e)

Auditors shall redact any personally identifiable confined person or staff information from their reports but shall provide such information to the agency upon request and may provide such information to the Department of Justice.

Compliance Determination:

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

- The auditor has redacted personally identifiable residents from the report and can provide such information to the agency upon request and may provide such information to the Department of Justice.

Corrective Actions:

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

115.403 (f)

The agency shall ensure 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 facility final PREA reports are published on the agency website.

Corrective Actions:

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

Overall Findings:

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

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

	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?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	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

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	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	
	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

	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

	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

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

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

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

	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).)	na
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).)	na
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

	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

	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

	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

	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

	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

	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	

	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

	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.)	yes
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

	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	

	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,	yes

	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

	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

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

	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

	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

	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

	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).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
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

	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

	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

	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

	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	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
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

	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	

	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes