

# PREA Facility Audit Report: Final

**Name of Facility:** Ridgeland Correctional Institution

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 04/21/2024

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"/>
<b>Auditor Full Name as Signed:</b> Adam T Barnett, Sr.	<b>Date of Signature:</b> 04/21/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Barnett, Adam
<b>Email:</b>	adam30906@gmail.com
<b>Start Date of On-Site Audit:</b>	02/05/2024
<b>End Date of On-Site Audit:</b>	02/07/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Ridgeland Correctional Institution
<b>Facility physical address:</b>	5 Correctional Road, Ridgeland, South Carolina - 29936
<b>Facility mailing address:</b>	PO Box 2039, 5 Correctional Road, Ridgeland, South Carolina - 29936

Primary Contact
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<b>Name:</b>	Aubray Bailey
<b>Email Address:</b>	bailey.aubray@doc.sc.gov
<b>Telephone Number:</b>	18036832291

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Levern Cohen
<b>Email Address:</b>	Cohen.Levern@doc.sc.gov
<b>Telephone Number:</b>	803-896-3201

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Aubray Bailey
<b>Email Address:</b>	bailey.aubray@doc.sc.gov
<b>Telephone Number:</b>	O: (803) 896-3200

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Trenton Smith
<b>Email Address:</b>	SmithTrenton@doc.sc.gov
<b>Telephone Number:</b>	8038963200

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	1088
<b>Current population of facility:</b>	1025
<b>Average daily population for the past 12 months:</b>	1055
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males

<b>Age range of population:</b>	42.2
<b>Facility security levels/inmate custody levels:</b>	2
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	122
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	109

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	South Carolina Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	N/A
<b>Physical Address:</b>	4444 Broad River Road, Columbia, South Carolina - 29210
<b>Mailing Address:</b>	
<b>Telephone number:</b>	803-896-8500

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

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Kenneth James	<b>Email Address:</b>	james.kenneth1@doc.sc.gov

# Facility AUDIT FINDINGS

## Summary of Audit Findings

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

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

### Number of standards exceeded:

2

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.86 - Sexual abuse incident reviews

### Number of standards met:

43

### 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:	2024-02-05
2. End date of the onsite portion of the audit:	2024-02-07

#### 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:	Local - Hopeful Horizons, Inc. Just Detention International National Sexual Violence Resource Center

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1089
15. Average daily population for the past 12 months:	1014
16. Number of inmate/resident/detainee housing units:	5
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**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	1014
<b>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:</b>	4
<b>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:</b>	6
<b>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:</b>	1
<b>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:</b>	4
<b>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:</b>	1
<b>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:</b>	3

<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>8</p>
<p><b>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:</b></p>	<p>12</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>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:</b></p>	<p>27</p>
<p><b>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:</b></p>	<p>115</p>

<p><b>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:</b></p>	<p>109</p>
<p><b>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:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>20</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input 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><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Auditor requested documentation, rosters, housing assignments, staff interviews.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<b>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):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	20
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>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:</b>	2
<b>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:</b>	3
<b>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:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>This was corroborated by the auditor PAQ information, documentation reviewed onsite, discussion with staff and confined persons.</p>
<p><b>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:</b></p>	<p>4</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>This was corroborated by the auditor PAQ information, documentation reviewed onsite, discussion with staff and confined persons.<sup>3</sup></p>

<p><b>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:</b></p>	<p>3</p>
<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>This was corroborated by the auditor PAQ information, documentation reviewed onsite, discussion with staff and confined persons.</p>
<p><b>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:</b></p>	<p>4</p>

<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>This was corroborated by the auditor PAQ information, documentation reviewed onsite, discussion with staff and confined persons.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input 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 type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></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><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>14</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**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
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Mail room staff. Kitchen staff Rec. Staff
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<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
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.



## 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?**

Yes

No

**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)?**

Yes

No

**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)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

<p><b>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).</b></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><b>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?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></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:**

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	6	4	2	0
<b>Staff-on-inmate sexual abuse</b>	1	1	0	0
<b>Total</b>	7	5	2	0

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	3	0	3	0
<b>Staff-on-inmate sexual harassment</b>	2	0	2	0
<b>Total</b>	5	0	5	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	3	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	0	0	0
<b>Total</b>	4	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	2	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	2	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	3	0
<b>Staff-on-inmate sexual harassment</b>	0	0	2	0
<b>Total</b>	0	0	5	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	7
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>6</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></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><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>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.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No



<b>Non-certified Support Staff</b>	
<p><b>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.</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</b></p>	<p>1</p>
<b>AUDITING ARRANGEMENTS AND COMPENSATION</b>	
<p><b>121. Who paid you to conduct this audit?</b></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><b>Identify the name of the third-party auditing entity</b></p>	<p>Diversified Correctional Services, LLC</p>

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<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>	

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Facility Chart</li> <li>• PCM Position Description</li> <li>• Agency Organizational Chart</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• Online PREA Audit: Pre-Audit Questionnaire for Prisons and Jails</li> <li>• Observations</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator</li> </ul>

- PREA Compliance Manager

**Compliance Determination by Provisions and Corrective Action:**

**115.11 (a)**

Compliance Determination:

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

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

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

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

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.11 (b)**

Compliance Determination:

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

The provision requires the agency to 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.

Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.2: The Agency's PREA Coordinator has full authority for development, implementation, and oversight of the Agency's efforts to comply with the Federal PREA standards in all SCDC institutions and institutions operated under

contract with SCDC.

Interviewed agency PREA Coordinator reported that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. The PREA Coordinator oversees twenty-two (22) facilities. The PREA Coordinator reports directly to the Deputy Director of Legal and Compliance as confirmed by the agency organization chart.

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.11 (c)**

Compliance Determination:

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

The provision requires, 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.

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

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

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

Interviewed PREA compliance manager reported that the position reports directly to the warden and his position is Associate warden.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

Above and Beyond: This standard is rated excellent. Creation of the Agency PREA

	<p>Coordinator Unit. The agency has gone above and beyond this standard by adding the following positions to create a unit. 1 Agency PREA Coordinator, 1 Assistant Agency PREA Coordinator, 1 PREA Case Manager, and 3 Regional PREA Managers to oversee the compliances of the PREA standards within the agency twenty-two facilities.</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Memo – PREA Compliance Monitoring</li> <li>• Addendum to the Annual PREA Report</li> <li>• Confined persons Housing Agreement Between SCDC and Core Civic, Inc.</li> <li>• Core Civic PREA Audit</li> <li>• Core Civic PREA Annual Report (Private Facility)</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> </ul> <p><b>Interview:</b></p> <ul style="list-style-type: none"> <li>• Deputy Director of Legal and Compliance/ Agency Contract Administrator</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Actions:</b></p> <p><b>115.12 (a)</b></p> <p>Compliance Determination:  The facility has demonstrated compliance with this provision of the standard because:</p> <p>The provision requires, a public agency that contracts for the confinement of its confined persons with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards.</p>

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.12 (b)**

Compliance Determination:

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

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

Interviewed Deputy Director of Legal and Compliance/ Agency Contract Administrator reported that the 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. Contract facilities complete and submitted PREA report to the agency and posted on their website.

Conversation with the agency PREA Coordinator reported that 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 Core Civic. Review of the contract showed that PREA language requiring the facility to become and maintain compliance with all PREA standards was included. Documentation confirmed that SCDC Agency PREA Coordinator monitor Core Civic's PREA compliance activities.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

<b>115.13</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• 2023 Staffing Plan</li> <li>• 2024 Staffing Plan</li> <li>• Unannounced Round Logs</li> <li>• SCDC Form 19-173, Duty Warden’s Checklist</li> <li>• Unannounced Rounds: SCDC Form 19-164A “Unannounced Rounds Logs”</li> <li>• Deviation From Staffing Plan</li> <li>• Job Status Report</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SCDC Policy OP-22.48, Institutional Weekly Rounds</li> <li>• SCDC Policy Number 22.24 Post Orders</li> <li>• SCDC Policy ADM 11.12 Post/Shift Assignments</li> <li>• SCDC Policy ADM-17.01 Employee Training Standards</li> <li>• SCDC Policy GA-06.09 Care and Custody of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria</li> <li>• SCDC Policy OP-21.04 Inmates Classification Plan</li> <li>• PREA Training Curriculum</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator</li> <li>• PREA Compliance Manager</li> <li>• Warden</li> <li>• Higher Level Staff Who Conducted Unannounced Rounds</li> </ul> <p><b>Compliance Determination by Provision and Corrective Actions:</b></p> <p><b>115.13 (a)</b></p> <p>Compliance Determination:  The facility has demonstrated compliance with this provision of the standard because:</p> <p>The provision requires the agency to 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 determining the need for video monitoring, facilities shall take into consideration: Generally accepted detention and correctional practices. Any judicial</p>

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.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.5: Each SCDC institution is required to develop and comply with a written and documented staffing plan. The staffing plan will be reviewed at least yearly in cooperation between the Warden and the Agency's PREA Coordinator in accordance with the National PREA Prison and Jail Standards.

Based on a review of information the facility provided in the PAQ, since August 20, 2012, or last PREA audit, whichever is later, the average daily number of confined persons the staffing plan was predicated on was 1020.

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

The auditor compared the staffing plan with the facility tour, observations of the camera locations and security staff and supervisors' movement within the housing units and medical areas. Informal conversations with security staff reported that there is deviation from the staffing plan and has been documented.

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

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



A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.13 (b)**

Compliance Determination:

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

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

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

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

The auditor reviewed 10 Deviation from Staffing Plans, the plan included Date of Deviation, Date of Report, Supervisor Notified, Date of Notification, Reason (s) for Deviation and warden signature and Date. The deviation information is also entered into the Management Information Notes (MIN) on the mainframe computer system, in the narrative section.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.13 (c)**

Compliance Determination:

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

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

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) Section 1.5 Each SCEC institution is required to develop and comply with a written and documented staffing plan. The staffing plan with be reviewed as least yearly in

cooperation between the Warden and the Agency's PREA Coordinator in accordance with the National PREA Prison and Jail Standards.

Interviewed agency PREA coordinator reported that he consulted staff regarding any assessments of, or adjustments to, the staffing plan for this facility. These assessments occur yearly (annually). The facility has quarterly PREA meetings and, at one of these meetings, the facility team reviews the staffing plan. Once agreed upon and signed off by the Warden, the staffing plan is sent to the 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.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.13 (d)**

Compliance Determination:

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

The provision requires each agency operating a facility to implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency 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.

SCDC 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.

SCDC 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 inmates and documenting such unannounced rounds utilizing SCDC Form 19-164.A, "General Population Housing Unit Unannounced Rounds Log".

The auditor reviewed documentation Duty Warden's Checklist (65) and the RHU - General Population Unannounced Rounds Log for the unannounced rounds. The Duty Warden's Checklist information includes Date, Site/Event/Inspection, Unannounced Facility Round - List each unit/area visited in notes/significant event section. Submitted By and Date Submitted. Reviewing date indicated that all shift is covered.

Interviewed Higher-level staff who conducted unannounced rounds reported that they

	<p>conduct unannounced rounds. The duty officer conducts rounds, and the supervisors conduct PREA rounds. The unannounced rounds are documented on Unannounced Round Logs SCDC Form 19-164A “Unannounced Rounds Logs”, and SCDC Form 19-173, Duty Warden’s Checklist and sometimes in the housing logbooks. Staff are prevented from alerting other staff because they do not tell or call staff ahead of time.</p> <p>A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SCDC Policy OP-21.04 Inmate Classification Plan</li> <li>• OP-22.39 Young Offender Parole and Reentry Services</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Prisons and Jails</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• No Line Staff Who Supervise Youthful Confined Persons</li> <li>• No Youthful Confined Persons</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Actions:</b></p> <p><b>115.14 (a)</b></p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p>

The provision requires a youthful, confined person 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.

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.

Conversation with the PREA compliance manager indicated that 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.

On Site Observations did not reveal youthful, confined persons at the facility. A review of the daily population reports and the confined person roster did not have youthful, confined persons at the facility.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.14 (b)**

Compliance Determination:

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

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

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

**115.14 (c)**

Compliance Determination:

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

	<p>The provision requires the agency to make their best efforts to 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. Documentation review and conversation with staff indicated that the facility does not house any confined persons under the age of 18 years old (youthful, confined persons). If the facility house youthful, confined persons, they will not be placed in isolation to comply with the provision. Youthful, confined persons would have access to program, work opportunities, daily large-muscle exercise, and special education.</p> <p>A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• SCDC Form 17-13, New Employee on Boarding PREA Signature</li> <li>• SCDC Form 19-212, Deviation from Staffing Plan</li> <li>• Facility Tour Observation Notes</li> <li>• SCDC Form M-207 Transgender and Intersex Accommodation Plans</li> <li>• Staff Roster</li> <li>• 2021 PREA PowerPoint Training</li> <li>• Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SCDC Policy Number: OP 22.19 Searches of Inmates</li> </ul>

- SCDC Policy ADM-17.01 Employee Training Standards
- SCDC Policy GA-06.09 Care and Custody of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria
- Pre-Audit Questionnaire

**Interviews:**

- Non-medical Staff

**Compliance Determination by Provisions and Corrective Actions:**

**115.15 (a)**

Compliance Determination:

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

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

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

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

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

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

Conservation with the staff in those areas reported that they do not remember and staff conducting strip or visual body cavity searches regarding exigent circumstances.

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

A review of the appropriate documentations, interviews and conservations with staff

and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.15 (b)**

Compliance Determination:

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

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

Based on a review of information the facility provided in the PAQ, the number of pat-down searches of female confined persons that were conducted by male staff was zero. The number of pat-down searches of female confined persons conducted by male staff that did not involve exigent circumstances (s) was zero.

Documentation review and conversation with staff indicated that the facility does not house female confined persons.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.15 (c)**

Compliance Determination:

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

The provision requires that the facility 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.

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

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.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.15 (d)**

Compliance Determination:

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

The provision requires that the facility implement policies and procedures that enable confined persons to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a confined persons housing unit.

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

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

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.



Twenty random confined persons were interviewed by the auditor's non-certified support staff. Eighteen interviewed confined persons could recall female staff announce their presence when entering your housing area by saying female on the rock or unit. Two said not all the time, one said not constantly, and one said do not hear them if they are in the back. All confined persons reported that they are never naked in full view of female staff while showering, dressing, or while using the restroom.

Twelve random staff were interviewed by the auditor's non-certified support staff. All interviewed staff reported that they and other officers announce their presence when entering a housing unit that housing confined persons of the opposite gender. They all reported that confined persons can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

### **115.15 (e)**

Compliance Determination:

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

The provision requires that the facility 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.

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

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

Twelve random staff were interviewed by the auditor's non-certified support staff. All interviewed staff reported that they are aware of the policy prohibiting staff from searching or physically examining a transgender or intersex confined persons for the purpose of determining their genital status, some staff said that medical conducts the examination.

Two Transgender were interviewed by the auditor's non-certified support staff. They confirmed that they were not put in a housing area only for transgender or intersex confined persons. They did not have any reason to believe that they were strip searched for the sole purpose of determining their genital status.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.15 (f)**

Compliance Determination:

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

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

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.12: The Division of Training and Staff Development will ensure all security staff are trained in how to conduct cross-gender pat-down/frisk searches, searches of transgender and intersex inmates in a respectful manner, and consistent with security needs.

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.

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.

	<p>Twelve random staff were interviewed by the auditor’s non-certified support staff. All interviewed staff reported that they received training on how to conduct cross-gender pat down searches and searches of transgender and intersex confined persons in a professional and respectful manner consistent with security needs yearly through block training.</p> <p>A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Facility PREA Brochure (Spanish and English)</li> <li>• Resident Target List</li> <li>• Disabled Resident (Wheelchair and one Wheelchair and Blind)</li> <li>• Disabled Resident (Hard of Hearing)</li> <li>• PREA Poster</li> <li>• Female and Male Brochure UEB Code 4 Braille Pages</li> <li>• SC Braille Production Center</li> <li>• Confined Person Orientation Manual (Handbook) - Tablet</li> <li>• Braille Documentation (Central Office)</li> <li>• School for the Deaf and the Blind Braille Production</li> <li>• SCDC Policy GA-06.08, Inmates with Disabilities and the Americans with Disabilities Act (ADA)</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SCDC Policy OP-21.04, Inmates Person Classification Plan</li> <li>• Language Translation Via Telephone Instructions</li> </ul>

- 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)**

Compliance Determination:

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

The provision requires that the agency take appropriate steps to ensure that confined persons with disabilities (including, for example, confined persons who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary, 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 the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans with Disabilities Act, 28 CFR 35.164.

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

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

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

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

Nine confined persons were interviewed who had Cognitive and/or Physical disabilities by the auditor's non-certified support staff. Does the facility provide information about sexual abuse and sexual harassment that you are able to understand? Two physical disabled - wheelchairs indicated yes; he has not been affected some of the information is not too high. The confined person demonstrated that he could stand if he cannot see something. The second said yes, he can read it but would not talk to police. Four hard of hearing and deaf confined persons indicated yes. One said "I have no problem understanding; one said "I have never needed the services; It has nothing to do with me; and two said "I can read the information provided. There were three with cognitive disability indicated yes. One said "I have no problem understanding; One said "I can understand I know what to do if I need PREA services, and one said "I understand that PREA is important it is posted everywhere. No LEP confined persons were at the facility.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.16 (b)**

Compliance Determination:

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

The provision requires that the agency to take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to confined persons who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

During the facility tour, the auditor observed the PREA information on the Kiosk system that SCDC has put in place in all facilities. The Kiosk and tablet system makes confined persons view the PREA information before they can continue to complete other tasks in the system. This is a onetime function. This ensures that all confined

persons receive PREA information and use as confined person PREA refresher.

The auditor reviewed the PREA videos for confined persons intake, PREA Video Adult Intake English (Sign Language and Captioned); PREA Video Adult Intake English (Captioned); and PREA Video Adult Intake Spanish (Captioned).

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 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.

Nine confined persons were interviewed who had Cognitive and/or Physical disabilities by the auditor's non-certified support staff. Does the facility provide information about sexual abuse and sexual harassment that you are able to understand? Two physical disabled - wheelchairs indicated yes; he has not been affected some of the information is not too high. The confined person demonstrated that he could stand if he cannot see something. The second said yes, he can read it but would not talk to police. Four hard of hearing and deaf confined persons indicated yes. One said "I have no problem understanding; one said "I have never needed the services; It has nothing to do with me; and two said "I can read the information provided. There were three with cognitive disability indicated yes. One said "I have no problem understanding; One said "I can understand I know what to do if I need PREA services, and one said "I understand that PREA is important it is posted everywhere. No LEP confined persons were at the facility.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.16 (c)**

Compliance Determination:

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

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

SCDC 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, inmates' readers, or any other type of inmate's assistance in obtaining information regarding investigations that may compromise the safety of the inmates.

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

Twelve random staff were interviewed by the auditor's non-certified support staff. All interviewed staff reported that the facility never allows the use of another confined person to interpreters, service as a PREA reader or any assistants to assist confined person with disabilities who are limited English proficient when making an allegation of sexual abuse or sexual harassment. Some staff reported they would use another staff, get help from the agency language line.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence Relied Upon in Making the Compliance Determination:</b>
	<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Facility PREA Brochure (Spanish and English)</li> <li>• Resident Target List</li> <li>• Disabled Resident (Wheelchair and one Wheelchair and Blind)</li> <li>• Disabled Resident (Hard of Hearing)</li> <li>• PREA Poster</li> <li>• Female and Male Brochure UEB Code 4 Braille Pages</li> </ul>

- 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, Inmates with Disabilities and the Americans with Disabilities Act (ADA)
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy OP-21.04, Inmates 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)**

Compliance Determination:

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

The provision requires that the agency take appropriate steps to ensure that confined persons with disabilities (including, for example, confined persons who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary, 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 the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans with Disabilities Act, 28 CFR 35.164.

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



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

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

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

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

Nine confined persons were interviewed who had Cognitive and/or Physical disabilities by the auditor's non-certified support staff. Does the facility provide information about sexual abuse and sexual harassment that you are able to understand? Two physical disabled - wheelchairs indicated yes; he has not been affected some of the information is not too high. The confined person demonstrated that he could stand if he cannot see something. The second said yes, he can read it but would not talk to police. Four hard of hearing and deaf confined persons indicated yes. One said "I have no problem understanding; one said "I have never needed the services; It has nothing to do with me; and two said "I can read the information provided. There were three with cognitive disability indicated yes. One said "I have no problem understanding; One said "I can understand I know what to do if I need PREA services, and one said "I understand that PREA is important it is posted everywhere. No LEP confined persons were at the facility.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.16 (b)**

Compliance Determination:

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

The provision requires that the agency to take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to confined persons who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

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

The auditor reviewed the PREA videos for confined persons intake, PREA Video Adult Intake English (Sign Language and Captioned); PREA Video Adult Intake English (Captioned); and PREA Video Adult Intake Spanish (Captioned).

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 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.

Nine confined persons were interviewed who had Cognitive and/or Physical disabilities by the auditor's non-certified support staff. Does the facility provide information about sexual abuse and sexual harassment that you are able to understand? Two physical disable - wheelchairs indicated yes; he has not been affected some of the information is not too high. The confined person demonstrated that he could stand if he cannot see something. The second said yes, he can read it but would not talk to police. Four hard of hearing and deaf confined persons indicated yes. One said "I have no problem understanding; one said "I have never needed the services; It has nothing to do with me; and two said "I can read the information provided. There were three with cognitive disability indicated yes. One said "I have no problem understanding; One said "I can understand I know what to do if I need PREA services, and one said "I understand that PREA is important it is posted everywhere. No LEP confined persons were at the facility.

A review of the appropriate documentations, interviews and conservations with staff

and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.16 (c)**

Compliance Determination:

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

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

SCDC 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, inmates' readers, or any other type of inmate's assistance in obtaining information regarding investigations that may compromise the safety of the inmates.

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

Twelve random staff were interviewed by the auditor's non-certified support staff. All interviewed staff reported that the facility never allows the use of another confined person to interpreters, service as a PREA reader or any assistants to assist confined person with disabilities who are limited English proficient when making an allegation of sexual abuse or sexual harassment. Some staff reported they would use another staff, get help from the agency language line.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

**Evidence Relied Upon in Making the Compliance Determination:**

**Documentation:**

- Project Requests
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy OP-22.47 Prison Management Expectations
- 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

**Compliance Determination by Provisions and Corrective Actions:**

**115.18 (a)**

Compliance Determination:

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

The provision requires that 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.

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

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

Interviewed warden reported when designing, acquiring, or planning substantial modifications to facilities, the facility considers the effects of the changes on its ability to protect residents from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other technology, the agency

considers how such technology may enhance the agency/facility's ability to protect residents from sexual abuse. The Warden indicated additional cameras have been installed in the last several years. There is a plan to add additional cameras over the next several years. The facility has not acquired any new buildings since the last PREA audit.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.18 (b)**

Compliance Determination:

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

The provision requires that 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.

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee reported that the agency uses monitoring technology (either newly installed or updated) to enhance the protection of confined persons from incidents of sexual abuse. The agency has recently increased the number of cameras in many of our institutions to monitor activity within the institution. The cameras are monitored at the institutional level, and the agency also has a central agency 'Crow's Nest' with a bank of cameras showing real time activity in many of the institutions. These cameras are monitored around the clock. The camera footage is also a valuable tool when investigating PREA allegations.

Interviewed warden reported that the facility uses monitoring technology to enhance the protection of residents from incidents of sexual abuse. The facility utilizes its aggregated PREA data to assess the need for cameras throughout the facility. The facility installed additional cameras in the last few years through PREA because of complaints and the need to monitor. The facility has not had any major updates surveillance technology since the last PREA audit.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 344 1275 378"><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p data-bbox="256 412 512 445"><b>Documentation:</b></p> <ul data-bbox="256 479 1477 1644" style="list-style-type: none"> <li>• Confined Persons Target List</li> <li>• MOU Outside Advocacy</li> <li>• Outside Advocacy Interview Email with Notes</li> <li>• PREA Check List for Medical Staff</li> <li>• Just Detention International Email</li> <li>• National Sexual Violence Resource Center Email</li> <li>• PREA Coordinated Response Protocol</li> <li>• SC Victim Assistance Network (SCVAN)</li> <li>• SCDCVASA Member Organization and Services to Incarcerated Victims</li> <li>• SC Code of Laws Unannotated - Title 17 - Criminal Procedures</li> <li>• Statewide Partnerships with Sexual Assault Centers</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SCDC ADM-11-27, Post Assault Information Resource Assistance (PAIR)</li> <li>• SCDC HS-18-02, Emergency Care</li> <li>• SCDC HS-18-05, Sick Call and Dental Health</li> <li>• SCDC HS-18-12, Informed Consent</li> <li>• SCDC HS-18-15, Levels of Care</li> <li>• List of SC Sane Program Locations</li> <li>• Victim Services</li> <li>• SCDC Policy OP-21.04 Inmates Classification Plan</li> <li>• SCDC Policy OIG - 23.01 Investigation</li> <li>• SCDC Policy OIG -23.38 Evidence Protocol</li> <li>• MOU Between South Carolina Law Enforcement Division (SCLED) and South Carolina Department of Correction (SCDOC)</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul> <p data-bbox="256 1688 437 1722"><b>Interviews:</b></p> <ul data-bbox="256 1756 668 1879" style="list-style-type: none"> <li>• Random Sample of Staff</li> <li>• PREA Compliance Manager</li> <li>• Agency PREA Coordinator</li> </ul> <p data-bbox="256 1912 1286 1946"><b>Compliance Determination by Provisions and Corrective Actions:</b></p> <p data-bbox="256 1980 424 2013"><b>115.21 (a)</b></p> <p data-bbox="256 2047 647 2080">Compliance Determination:</p>

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

The provision requires 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.

SCDC 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 (inmate or staff), and availability of evidence.

Twelve random staff were interviewed by the auditor's non-certified support staff. All interviewed staff reported that they were aware of the protocols for obtaining usable physical evidence if a confined person alleges sexual abuse. They were able to describe the process and steps required to protect physical evidence, which included 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 staff also reported that they would send the victim to medical for an initial evaluation of his/her medical condition. The staff ask do they know who is responsible for conducting sexual abuse investigations. Some said PREA compliance manager, Associate warden, or OIG.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.21 (b)**

Compliance Determination:

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

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

SCDC 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, inmate (when applicable), and is documented and used based on the most current law enforcement practices.

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.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.21 (c)**

Compliance Determination:

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

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

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

Based on a review of information the facility provided in the PAQ, the number of forensic medical exams conducted during the past 12 months was one. However, on further review the auditor reviewed the investigation report that included documentation for the forensic examination, and the incident and services were provided at another facility prior to the confined person arriving at this facility.

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

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**15.21 (d)**

Compliance Determination:

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

The provision requires that the agency attempt to make available to the victim



advocate from a rape crisis center. If a rape crisis center is not available to provide 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.

SCDC 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.

SCDC 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.

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

The auditor reviewed the Memorandum of Understanding between SCDC Ridgeland Correctional Institution and Hopeful Horizons. The Hopeful Horizons is responsible for: Advise confined persons that contact RCC that services available are for support and advocacy for a sexual abuse incident occurring at SCDC and /or sexual abuse support occurring at any time in their lives, to include outside of an SCDC facility. RCC shall advise SCDC confined persons that mental health services related to any sexual abuse are available through the SCDC Psychology Department. RCC shall advise SCDC confined persons that instances of sexual abuse occurring at SCDC can be reported by the confined persons immediately to SCDC staff, however RCC will maintain confidentiality at the confined persons' request. Provide hospital accompaniment for a confined person victim to provide advocacy and support. Note: If a victim (i.e. confined person) is taken to a hospital in Beaufort, Jasper, Hampton, or Colleton County for a sexual abuse related incident and/or a forensic medical evaluation, the hospital's protocol is to contact RCC for a RCC advocate to come to the hospital to offer support to the victim. Provide confined persons that receive advocacy and support from RCC with post-release services or referrals as needed and requested by confined persons. Provide confined persons from other geographical areas with information about national sexual abuse resources or resources in their own communities. Note: Exception: RCC shall provide SCDC confined persons

advocacy and crisis intervention services through the crisis hotline number or mail only. RCC will not offer in person services to SCDC confined persons at the SCDC.

The auditor confirmed the MOU. On January 29, 2024, the Director of Adult Clinical and Advocacy Services (Hopeful Horizons) contact the auditor and set up a Zoom Face-to-Face Meeting and send a Link for February 6, 2024, and 1:00pm.

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

#### **115.21 (e)**

Compliance Determination:

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

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

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

#### **115.21 (f)**

Compliance Determination:

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

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

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

115.21 (a) through (e).

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

SCDC GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment (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.

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.21 (g)**

Compliance Determination:

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

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

	<p>Conversations with the agency PREA coordinator reported that SLED are required to use the same protocols as the investigators for SCDC and referred the auditor to the MOU with SLED.</p> <p>A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>115.21 (h)</b></p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The provision requires that 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>SCDC Policy has 06.11B, Applying the Prison Rape Elimination Act (PREA) -2.6 In the event of sexual assault, the SCDC Mental Health Practitioners will ensure that the victim (s) are offered the services of an outside agency victim advocate consistent with SCDC Policy GA-06.11 "Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment.</p> <p>A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Sexual Abuse and Sexual Harassment Allegations Past 12 Months</li> <li>• Investigation File Reviewed and Type of Documents Included</li> </ul>

- Facility Investigator NIC Training
- Investigation Notes
- Inspector General Interview Notes
- Deputy Director of Legal and Compliance/Agency Head Designee Interview Notes
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy OIG-23.01 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

**Compliance Determination by Provision and Corrective Actions:**

**115.22 (a)**

Compliance Determination:

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

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

SCDC 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.

A review of the investigations files a total number of sexual abuse and sexual harassment investigations for the past 12 months = 12; Total number of investigations reviewed by auditor = 12; Total number of sexual abuses classified by investigations = 7; Total number of sexual harassments classified by investigations = 5; Total number of pending cases = 1; Total number of referrals for prosecution = 0; and total number of terminated staff or contractors = 0.

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee reported that the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. The South Carolina Department of Corrections has a formal process in place to ensure

administrative and criminal investigations are completed of sexual abuse and sexual harassment. The Agency head Designee describes how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment. All PREA allegations are reported to the facility PREA Compliance Manager. Incident reports and statements from the victim and any witnesses are collected and forwarded to the 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 review. An attorney from the General Counsel's Office and the institutional staff after each to discuss circumstances surrounding the PREA incident, the investigation conducted and recommendations for future action.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.22 (b)**

Compliance Determination:

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

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

SCDC 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.

A review of 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.

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

The facility investigator who is the Facility PREA Compliance Manager reported that the agency has 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.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.22 (c)**

Compliance Determination:

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

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

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.

Conservation with the agency PREA coordinator reported that outside entity SLED is aware of the agency sexual abuse policy of investigations. The agency has developed a policy for the investigation of sexual abuse and sexual harassment which is reported to the SCDC. 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/>

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is

following the provisions of this standard. No corrective action is warranted.

**115.22 (d)**

Compliance Determination:

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

The provision requires that 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.

Conservation with the facility PREA compliance manager who serve as the facility administrative investigator investigates confined persons on confined persons sexual abuse and sexual harassment. OIG office investigates staff on confined persons sexual abuse and sexual harassment. 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, published on the agency's website at <http://doc.sc.gov/preaweb/>

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.22 (e)**

Compliance Determination:

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

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

**115.31 Employee training**



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Evidence Relied Upon in Making the Compliance Determination:**

**Documentation:**

- Staff Roster
- PREA Quarterly Meetings
- Job Status Report
- New Employee on Boarding PREA Signatures
- NIC PREA Training
- Employee Spreadsheets
- List of Signed in Employees
- PREA Coordinated Response Protocol
- 2021 PREA PowerPoint Curriculum
- Training Lesson Plan – Searches
- Training Lesson: PREA Video
- Training Lesson – PREA Curriculum
- PREA Curriculum
- Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment (GA-06.11)
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.
- SCDC Policy ADM-17.01 Employee Training Standards
- SCDC Policy PS-10.08 Inmates Correspondence Privileges
- Online PREA Audit: Pre-Audit Questionnaire

**Interview:**

- Random Sample of 12 Staff Interviewed by the auditor’s non-certified support staff.

**Compliance Determination by Provisions and Corrective Actions:**

**115.31 (a)**

Compliance Determination:

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

The provision requires that the agency train all employees who may have contact with confined persons on: Its zero-tolerance policy for sexual abuse and sexual harassment. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

Confined persons' right to be free from sexual abuse and sexual harassment. The right of confined persons and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The dynamics of sexual abuse and sexual harassment in confinement. The common reactions of sexual abuse and sexual harassment victims. How to detect and respond to signs threatened and actual sexual abuse. How to communicate effectively and professionally with confined persons, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming confined persons; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 3.1: All employees, inmates, contractors, interns, and volunteers, to include contracted institutions, will receive training on SCDC Policy GA-06.11, which establishes the Agency's zero tolerance for sexual abuse and sexual harassment of confined persons, 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.

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

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

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

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

Twelve random staff were interviewed by the auditor's non-certified support staff. Interviewed staff reported that they received PREA training. Staff were aware of the Zero Tolerance Policy, employee and confined persons rights, signs, and symptoms of sexual abuse, reporting and responding. One hundred percent of staff were knowledgeable 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.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.31 (b)**

Compliance Determination:

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

The provision requires that 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.

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.31 (C)**

Compliance Determination:

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

The provision requires that 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.

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.31 (d)**

Compliance Determination:

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

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

SCDC Policy GA-06.11, Policy Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment acknowledgement signed statements. The statements include but

	<p>are not limited to 1. Zero Tolerance Policy (OP-21-12), 2. Sexual Abuse Definitions, 3. Sexual Harassment Definitions, 4. Reporting Inappropriate Employment/ inmates Relations, 5. Corrective Actions, 6. Retaliation</p> <p>During documentation review, the auditor reviewed staff training rosters, staff sign-in sheets, acknowledgement statements and some electronic verifications.</p> <p>A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Volunteer Spreadsheet</li> <li>• Volunteer Services Agreement / SCDC Form PS-10.04</li> <li>• Contractor Spreadsheet</li> <li>• Contractor Training Records</li> <li>• Volunteer Information</li> <li>• Volunteers Orientation Training Power Point Training</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SCDC Policy PS-10.04 Volunteer Services Programs</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Volunteer</li> <li>• Contractor</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Actions:</b></p>

**115.32 (a)**

Compliance Determination:

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

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

A documentation review of the National Institute of Correction's (NIC) Specialized online training 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.

Medical contract staff was interviewed regarding duties and responsibilities, she confirmed the NIC online training.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.32 (b)**

Compliance Determination:

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

The provision in the PAQ states, 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.

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

Religious Freedom, Suspension or Termination, Chaplain Directory for Each Institution.

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies corroborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.32 (c)**

Compliance Determination:

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

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

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.

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies corroborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

<b>115.33</b>	<b>Inmate education</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 344 1275 378"><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p data-bbox="256 412 512 445"><b>Documentation:</b></p> <ul data-bbox="256 479 1466 1308" style="list-style-type: none"> <li>• Confined Persons Roster Past 12 Months</li> <li>• Confined Person Data Sheet</li> <li>• Inmate Certification of PREA Education Video 1 (39)</li> <li>• Inmate Certification of PREA Education Video 2 (20)</li> <li>• Inmate Certification Orientation 1 (40)</li> <li>• Inmate Certification Orientation 2 (20)</li> <li>• PREA Brochure English and Spanish</li> <li>• Facility Tour Observation Notes</li> <li>• PREA Video Adult Intake English (Sign Language and Captioned)</li> <li>• PREA Video Adult Intake English (Captioned)</li> <li>• PREA Video Adult Intake Spanish (Captioned)</li> <li>• PREA Video Comprehensive Education English (Sign Language and Captioned)</li> <li>• PREA Video Comprehensive Education (Captioned)</li> <li>• PREA Video Comprehensive Education Spanish (Captioned)</li> <li>• Inmate Orientation Manual (Handbook) – Tablet</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• PREA Audit: Pre-Audit Questionnaire</li> </ul> <p data-bbox="256 1352 437 1386"><b>Interviews:</b></p> <ul data-bbox="256 1420 1434 1621" style="list-style-type: none"> <li>• Intake Staff (1)</li> <li>• Random Sample of 20 Confined Person Interviewed by the auditor’s non-certified support staff.</li> <li>• Inmate Interview – 4</li> <li>• Intake Staff – 3, 4</li> </ul> <p data-bbox="256 1711 1270 1744"><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p data-bbox="256 1778 405 1812"><b>15.33 (a)</b></p> <p data-bbox="256 1845 1422 2002">The provision requires confined persons to receive information during the intake process explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p data-bbox="256 2047 1342 2080">SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 1</p>



Preventive Planning Section 3.2: Consistent with SCDC Policy GA-06.11, Prevention, Detection, and response to Sexual Abuse. Sexual Harassment states each SCDC institution will ensure that all inmate receive education on the Agency's zero tolerance policy and their rights and responsibilities on how to be free from sexual abuse, sexual harassment, and retaliation for reporting.

Based on a review of information that the facility provided in the PAQ, the number of confined persons admitted during the past 12 months who were given this information at intake was 585.

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

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

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

The auditor reviewed the PREA Posters and Brochures that were on the intake staff desk, they are written on the 5th - 6th grade level. The brochure is written in everyday street language, uses short sentences that are understandable, and does not use language that requires a high-level of education to read and comprehend. This was confirmed with a phone conversation and email with the Agency PREA Coordinator. The PREA coordinator confirmed that the PREA Posters and Brochures were created with the support of Justice Detention International (JDI) who creates PREA materials on a 5th -6th grade level. This was also collaborated by the auditor running the SCDC PREA posters and PREA Brochures through a grammar program that tells the reading level of the educational materials which rated the reading grade

levels as 4.4 – 5.7. If the confined person has a cognitive or intelligence disability the Intake staff would read the PREA materials to the confined person or request assistance from a mental health or a GED staff. On April 10, 2024, the auditor had a phone conversation with the intake staff to confirm this process.

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

During the post audit phase of the audit process, the auditor identified that the critical testing of the phone system did not occur. On April 9, 2024, the auditor tests the language line by following instructions on the Quick Reference Guide. The number work and the auditor were asked to enter SCDC PIN (87127339) followed by the # button. It asks for the requested language, then for the SCDC employees ID number followed by the # button. The access to the interpretation service line was immediate. This test of the language line confirmed that it works, and staff knows how to use it.

A documentation review from 60 confined persons intake file information was randomly selected by the PREA Auditor using the facility confined persons roster with SCDC#, name, date assigned to facility, current housing, and bed assignments. The selected information was placed on a spreadsheet that included race, arrival date year, intake orientation date of certification, and PREA education/video certification date. Copies of the individual documentation for each confined person were copied for uploading into the PREA system.

Confined persons documentation review collaborated that the confined persons received the required PREA intake materials. Sixty confined persons were selected by the PREA auditor for documentation review of Certification of confined persons Intake Orientation and Certification of PREA Orientation/Education (Policy attachment SCDC Form 18-78) within the 72 hours timeframe. Sixty confined persons did have the facility Certification of Intake Orientation signed by the confined person. Of the sixty, one confined person did not 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. This was determined to be an isolated incident with the paperwork. This was brought to the attention of the PREA Compliance Manager. It was rectified by having the intake staff follow-up and/or re-visit the paperwork with the confined person.

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

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

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

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

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

Twenty random confined persons were interviewed. All interviewed confined person could recall the facility's going over the rules against sexual abuse and harassment when they first came to the facility. They reported that they received intake paperwork or PREA brochure and reviewed a video. Most of the confined persons recall that they received the PREA information on the same day of arrival or within a week. Documentation review of confined persons signature and date on the Intake Orientation and Certification of PREA Orientation/Education collaborated that only one of these confined persons did not have a signature sheet of receiving the PREA information.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.33 (b)**

Compliance Determination:

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

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

SCDC 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 inmates receive a thorough orientation on the agency's zero-tolerance policy regarding the sexual abuse of inmates.

Based on a review of information the facility provided in the PAQ, the number of those confined persons admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake was 523.

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

Twenty random confined persons were interviewed. Interviewed confined person collaborated that when they came to the facility, they were told about their right to not be sexually abused or sexually harassed. How to report sexual abuse or sexual harassment. About their rights not to be punished for reporting sexual abuse or sexual harassment.

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.33 (c)**

Compliance Determination:

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

The provision requires confined persons to receive information during the intake process explaining, current confined persons who have not received such education

shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the confined persons new facility differ from those of the previous facility.

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

The auditor requested the facility roster and randomly selected 13 confined person's name that have been at the facility before PREA in 2012 and they completed the PREA education.

Informal conversation with facility PREA compliance manager during facility tour confirmed that all confined persons who arrival or transfer to the facility have received PREA education through watching a video and PREA brochure. Transferred confined persons received education on their rights to be free from both sexual abuse, sexual harassment, and retaliation for reporting these incidents. The auditor reviewed 59 confined persons documented signature to confirm the Certification of confined persons Certification of PREA Orientation have reviewed the PREA video. Interviewed intake staff confirmed that all confined persons to include those transferred from other facilities received PREA information on the agency's zero tolerance policy on sexual abuse or sexual harassment as all other confined person entering the facility through the intake packet and viewing PREA video. The information is in English and Spanish.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.33 (d)**

Compliance Determination:

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

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

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

The auditor has reviewed the PREA videos. The videos are in a format that is accessible to confined persons who are limited English proficient in Spanish format;

deaf confined persons by using sign language and caption in English and Spanish; and visually impaired by using clear speech.

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

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

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

### **115.33 (e)**

Compliance Determination:

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

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

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

Confined persons documentation review collaborated that the confined persons received the required PREA materials. Sixty confined persons were selected by the

PREA auditor for documentation review of Certification of confined persons Intake Orientation and Certification of PREA Orientation/Education (Policy attachment SCDC Form 18-78) within the 72 hours timeframe. Sixty confined persons did have the facility Certification of Intake Orientation signed by the confined person. Of the sixty, one confined person did not 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. This was determined to be an isolated incident with the paperwork. This was brought to the attention of the PREA Compliance Manager. It was rectified by having the intake staff follow-up and/or re-visit the paperwork with the confined person.

The facility maintains and confirms documentation of confined persons participation in PREA orientation and education by the confined persons signature on the acknowledgement of the Certification of PREA Education Video and confined persons Intake Certification Orientation.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.33 (f)**

Compliance Determination:

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

The provision requires 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.

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

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

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

Education, Dining Hall, Visitation, and the Intake area. The posters and brochures are eligible has the outside toll-free numbers and are in English and Spanish.

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

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

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



## **Evidence Relied Upon in Making the Compliance Determination:**

### **Documentation:**

- Investigator Notes
- 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
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.
- SCDC Policy 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

### **Interviews:**

- Investigator

## **Compliance Determination by Provisions and Corrective Actions:**

### **115.34 (a)**

Compliance Determination:

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

The provision requires that 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.

SCDC 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.

Based on SCDC Policy 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."

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.34 (b)**

Compliance Determination:

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

The provision requires that 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.

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 describes the specialized training. Online course provided by the National Institute of Corrections (NIC) - NIC.Learn.com. All agents take the "PREA": Investigating Sexual Abuse in a Confinement Setting", and "PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations" courses. The training goes through the methodology of conducting sexual abuse/sexual harassment investigations, evidence collection methods and requirements, interview techniques, Miranda and Garrity and provides examples of different

investigations within prisons.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.34 (c)**

Compliance Determination:

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

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

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.34 (d)**

Compliance Determination:

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

The provision requires that 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.

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

**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
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.
- SCDC Policy ADM-17.01 Employee Training Standards
- SCDC Policy GA-06.09 Care and Custody of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria
- Online PREA Audit: Pre-Audit Questionnaire

**Interview:**

- Facility Specialized Staff/Medical

**Compliance Determination by Provisions and Corrective Actions:**

**115.35 (a)**

Compliance Determination:

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

The provision requires that the agency ensure that all full and part time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment. How to preserve physical evidence of sexual abuse. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Based on 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.

Interviewed Medical and mental health staff full and part-time completes the National Institute of Corrections (NIC) online training Specialized training: Medical and mental health care includes the following topics: Detecting, Assessing, and Responding to Sexual Abuse and Harassment, Sexual Abuse in Confinement Settings, The Dynamics

and Effects of Sexual Abuse, Your Role in Responding to Sexual Abuse Incidents, Preserving Physical Evidence of Sexual Abuse, Reporting Allegations and Suspicions, High-Risk confined persons, Effects of Sexual Abuse, Trauma and the Brain, Rape Trauma Syndrome, SART, Medical Screening, 115.21 Evidence protocol and forensic medical examinations, 115.35 Special training: Medical and mental health care, 115.61 Staff and agency reporting duties, 115.65 Mandates a Coordinated Response to Sexual Abuse Incidents, 115.81 Medical and mental health screenings; history of sexual abuse, 115.82 Access to emergency medical and mental health services, 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.35 (b)**

Compliance Determination:

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

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

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.35 (C)**

Compliance Determination:

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

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

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.35 (d)**

Compliance Determination:

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

	<p>The provision requires that medical and mental health care practitioners also receive the training mandated for employees under standard 115.31 or for contractors and volunteers under standard 115.32, depending upon the practitioner’s status at the agency.</p> <p>Confirmed by SCDC Form 19-181, NIC Training Log Medical and mental health staff are required to take two classes. “Medical PREA 201 – both groups take, and they take the course for their specific group, medical or mental health. Medical and Mental Health staff completed the general PREA training that is provided for all staff members. Medical staff received specialized training regarding sexual abuse 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> <p>A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Corrective Action Package</li> <li>• Example of Screening Questions</li> <li>• Confined Persons Data Sheet</li> <li>• PREA Risk Screening User Guide</li> <li>• Confined Person Roster Past 12 Months</li> <li>• Initial Assessments and Reassessments</li> <li>• Required Number of Resident Interviewed</li> <li>• Facility Tour Observation Notes</li> <li>• Division Director of Classification &amp; Inmate Records; Reception &amp; Evaluation Center Interview Notes</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> </ul>

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

**Interviews:**

- Staff Responsible for Risk Screenings (1)
- The Division Director of Classification & Inmate Records-Reception & Evaluation Centers (1)
- Random Sample of 20 Confined Person Interviewed by the auditor’s non-certified support staff.

**Compliance Determination by Provisions and Corrective Actions:**

**115.41 (a)**

Compliance Determination:

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

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

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

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

During the facility site review of the medical Department, the auditor had informal conversations with medical staff that confirmed the initial risk screening is conducted by medical. The auditor requested a medical staff that conducts initial risk screening to demonstrate the PREA screening process. Staff started by logging-in into the PREA screening software which is a computerized system and walk the auditor through the process. The screening process occurred in a medical office with the door closed. The

auditor determined that the location of the screening ensured that as much privacy as possible is given to the confined persons in discussing potential sensitive information.

To ensure that the screening staff ask confined persons questions in a manner that fosters and set the confined persons at ease, the auditor requested and received a paper copy of the risk screening questions and selected three questions from the instrument. The three questions dealt with LGBTI. Staff demonstrated by using the three LGBTI questions (Are you gay or bisexual? Are you Transgender? Are you Intersex? The questions were rephased by staff which was, how do you identify? This confirmed that the screening staff ask confined persons about their sexual orientation and gender identity directly.

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

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

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

Twenty random confined persons were interviewed by the auditor's non-certified support staff, these confined persons came to the facility within the past 12 months collaborated that when they first came to the facility, they were asked about whether they had been in jail or prison before, have ever been sexually abused, identify as being gay, lesbian, or bisexual, and if they think they might be in danger of sexual abuse at this facility. All reported yes, they recall being asked these questions.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.41 (b)**

Compliance Determination:

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

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



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

A documentation review of 60 confined persons was randomly selected by the PREA Auditor from the confined persons roster with SCDC#, name, date assigned to facility, current housing, and bed assignments. The selected information was placed on a spreadsheet that included race, arrival date year, initial PREA screening date and reassessment date. Copies of the individual documentation for each confined person assessments were reviewed and uploaded into the PREA system.

Confined persons documentation collaborated that these confined persons received the initial PREA screenings. Of the sixty confined persons, 60 were within the required 72 hours.

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

Twenty random confined persons were interviewed by the auditor's non-certified support staff, these confined persons came to the facility within the past 12 months collaborated that when they first came to the facility, they were asked about whether they had been in jail or prison before, have ever been sexually abused, identify as being gay, lesbian, or bisexual, and if they think they might be in danger of sexual abuse at this facility. All reported yes, they remember being asked these questions. Nine reported these questions were asked in orientation, 9 reported in medical and 2 reported in classification. The confined persons received orientation, medical and classification the same day of arrival, but always within 72 hours period.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.41 (c)**

Compliance Determination:

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

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

SCDC Policy Number GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment 1.2.1.1 Intake screening will be conducted utilizing the PREA Screening Application. The PREA Screening Application "Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument" is a computerized system that assesses inmates objectively.

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.41 (d)**

Compliance Determination:

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

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

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

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

1. First time the person has been incarcerated (Adult Jail or Person, or Juvenile).
2. Is the inmate under 18 years old?
3. Are the inmate convictions solely non-violent?
4. Does the inmate have past convictions of committing a violent sexual offense?
5. Does the inmate have a mental health status?
6. Are you Gay or Bisexual?
7. Are you Transgender?
8. Are you Intersex?
9. Have you experienced sexual abuse that has never been reported?
10. Did sexual abuse happen in a prison, jail, juvenile facility, or any other detention facility?
11. Do you have a developmental disability?
12. Do you have a physical disability?

13. Have you ever been in protective custody because of the threat of sexual?
14. Do you have any reason to fear placement in the general population? If so, why?
15. Could others perceive the confined person to be gay or bisexual?
16. Could others perceive the confined person to be gender non-conforming?
17. Does the confined person have a slight physical build (i.e., Particularly thin for their height).

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

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

#### **115.41 (e)**

Compliance Determination:

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

The provision requires that the initial screening 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.

The PREA screening instrument considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse if known to the facility or agency. The auditor analyzed the PREA screening instrument and determined that the additional screening questions meet this provision's requirements.

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

6. Do you have a history of committing sexual abuse?

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.41 (f)**

Compliance Determination:

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

The provision requires that 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.

SCDC 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.

Based on interviewed staff responsible for risk screening reported that the reassessments are completed within 30 days. The auditor reviewed a sample of 60 reassessments. Of the 60, 23 reassessments were not completed within the 30-day timeframe. Staff reported that the reason for the late entry is because of staff shortages in the Intake/Classification Office. Informal conversation with the Intake/Classification superior, there was shortage of intake staff that conducts the reassessments. It was reported that this problem has been rectified by hiring a new intake/classification staff. As of February 7, 2024, the Intake/Classification Office vacancy have been filled.

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

Provision Corrective Action:

On February 7, 2024, during the exist conference the agency and facility discussed the results of the PREA reassessments documentation review and the confined person's question regarding reassessments. It was agreed that the deficiencies would be corrected using the following methods:

- o The Agency Division Director - Classification and Inmate Records would conduct a detailed refresher training regarding the importance of completing the reassessments

in the required 30-day time frame.

- o All staff receiving the training must sign showing their understanding of the information and the process. The information and signatures are sent to the auditor as required documentation.

- o After the completion of the training, staff must show the facility practice by completing the first 40 confined persons initial and 30-day PREA reassessments.

- o After the completion of the first 40 reassessments the facility will send them to the auditor for approval.

Compliance Determination for the Corrective Action is now compliant:

The facility received the corrective actions in the Interim report. As of April 9, 2024, the facility has demonstrated compliance with this provision corrective action because:

- o On February 12, 2024, the Agency Division Director - Classification and Inmate Records completed the agreement on PREA training for the staff. The staff confirm their understanding of reassessment procedures, drop down monitoring menus, type of review to select based on each possible scenario, and explanation of the questions asked on the reassessment, and the importance of completing reassessments within the 30-day timeframe.

- o In addition, alternative measures were discussed to ensure the reassessments are conducted regardless of the staffing shortage that often creates a challenge in accessing reassessments. Complete the reassessment between 15-30 days, as needed from confined persons arrival if there are certain days of the month additional staff are available to assist from the central office. During orientation, confined persons will be notified verbally and in writing of the purpose of the 30-days reassessment and that they will be asked if there are any changes to their initial assessment before the 30 days. The reassessment instrument is the same questions as the initial assessment that staff will ask the confined person again. If the facility needs assistance, the facility can request assistance from the Central Office staff.

- o On February 14, 2024, the facility provided the auditor with Division of Training/ Training Roster with Subject: PREA Assessment Training, Time, Date and Staff Signatures.

- o To ensure that the facility shows the practice of the PREA reassessment training is implemented. Effected February 14, 2024, the staff begin to implement the practice by conducting the initial and PREA reassessments on the first 40 confined person that arrive to the facility.

- o On April 9, 2024, the facility sent 40 initial and reassessments to the auditor for approval. The documentation review of the 40 corrective action initial and reassessments, phone conversations with the PREA compliance manager and agency PREA coordinator collaborated that the reassessments were completed within the required timeframe, and they will continue to monitor the reassessment practice for

compliance. As of April 12, this provision is now compliant.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies and the required corrective actions collaborated that the facility is following the provisions of this standard. No additional corrective action is warranted.

**115.41 (g)**

Compliance Determination:

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

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

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

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

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

A review of the appropriate documentations, interviews with staff and confined persons, review of relevant policies indicates that the facility is following the provisions of this standard. No corrective action is warranted.

**115.41 (h)**

Compliance Determination:

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

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

The policy prohibits disciplining confined persons for refusing to answer the questions regarding: Whether the confined person has a mental, physical, or developmental disability. Whether or not the confined person is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming. Whether or not the

confined person has previously experienced sexual victimization, and the confined person's own perception of vulnerability.

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.41 (i)**

Compliance Determination:

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

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

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

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

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

Based on interviewed PREA Compliance Manager collaborated that the facility has outlined who should have access to a confined person's risk assessment within the facility to protect sensitive information from exploitation. Medical, Mental Health, Operations, Classification, PREA Compliance Managers/Assistant PCM's the PREA

	<p>Coordinator’s Office, Warden, and Assistant Wardens have access. Staff are instructed through PREA training that any information obtained is limited to a need-to-know basis for staff, and only for the purpose of treatment, security, and management decisions, information as housing, work, education, and programming assignments. Information is not to be indiscriminately discussed. The administration monitor and takes immediate action if any sensitive information is exploited.</p> <p>Based on interviewed staff who perform PREA Screenings reported that the facility outlined who can have access to a confined person’s risk assessment within the facility to protect sensitive information from exploitations. This includes the warden, associate wardens, majors, captain, counselors, medical, investigators and a need-to-know bases.</p> <p>Interviewed agency PREA coordinator confirmed that the facility outlined who can have access to a confined person’s sensitive information. The facility upper management, medical, mental health, and investigations.</p> <p>A review of the appropriate documentations, interviews and conservations with staff and review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Transgender and Intersex: Gay, Lesbian, and Bisexual Confined Persons Interview Sheets</li> <li>• Transgender Accommodation Plan (Multidisciplinary Management and Treatment Team)</li> <li>• Confined Persons Roster Past 12 Months</li> <li>• LGBTI Housing Assignments</li> <li>• Division Director of Classification &amp; Inmate Records; Reception &amp; Evaluation Center Interview Notes</li> </ul>



- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy GA-06.09 Care and Custody of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria
- SCDC Policy OP-21.04 Inmate Classification Plan
- Online PREA Audit: Pre-Audit Questionnaire

**Interviews:**

- Facility Specialized Staff/Staff who Perform PREA Screenings (1)
- The Division Director of Classification & Inmate Records; Reception & Evaluation Center (1)
- PREA Compliance Manager (1)
- Agency PREA Coordinator (1)
- Gay (3)
- Transgenders (2)

**Compliance Determination by Provision and Corrective Actions:**

**115.42 (a)**

Compliance Determination:

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

The provision requires that the agency 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.

SCDC 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, Inmate Classification Plan.

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

The facility uses PREA information to make determinations for all confined persons regarding housing, bed, work, education, and program assignments. The information is used to maintain separation between confined persons at risk of being sexually

victimized and confined persons likely to commit sexual abuse. The facility's physical layout is also considered in the determinations of housing. The auditor confirmed the physical layout during the facility tour and reviewed the facility layout in the staffing plan.

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

Male Offenders Victimization - Max Score:66

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

Male Offenders Perpetration - Max: 27

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

Interviewed staff who perform PREA screening collaborated that the initial PREA screening during intake is 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. However, they do have input on assignments.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

#### **115.42 (b)**

Compliance Determination:

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

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

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

Interviewed staff who perform PREA screenings confirmed that the facility uses information from the risk screening during intake to keep confined persons safe from

being sexually victimized or from being sexually abusive. Staff reported that the initial PREA screen is entered into the automated PREA Screening Application Tool. This tool processes the ratings which help to determine housing the confined persons will be assigned or programming, education, and work area.

Two Transgender were interviewed by the auditor's non-certified support staff. They reported that they were not asked about their safety. During the facility tour the Auditor had an informal conversation with one Transgender and she said Associate Warden has been good with making sure she is safe and housed without issues. The and the PREA compliance manager visited the second confined person in her room regarding her say said she felt safe but do not recall being ask by facility staff.

The auditor received a confidential letter from confined person B1. On January 19, 2024, the Regional PREA Compliance Manager and the Associate Warden met with her and ask if she felt safe, she said yes. The concern was investigated by the agency PREA office.

**115.42 (c)**

Compliance Determination:

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

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

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

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

Interviewed agency PREA coordinator confirmed that the agency ensures against placing lesbian, gay, bisexual, transgender, or intersex confined persons in dedicated facilities, units or wings solely based on their sexual orientation, genital status, or gender identity. SCDC has a Multidisciplinary Management and Treatment Team (MMTT) which make recommendations; however, classification makes decisions on

which facilities would be most appropriate for placement of confined persons that identify as transgender or intersex, confined persons suffering from Gender Dysphoria, and intersex confined persons. Agency policy and classification system confirmed that LGBT confined persons are not placed in dedicated facilities, unit, or wings, solely based on their sexual orientation.

Interview with the Division Director of Classification & Inmate Records; Reception & Evaluation Center reported when a Transgender or Intersex confined persons enter the state agency Reception & Evaluation Center they are classified and send to a permanent facility. The agency has a Multidisciplinary Management and Treatment Team Accommodation Plan. The plan meets monthly and cover Health Considerations, Committee Housing Recommendations, and Disposition of Request of the Transgender or Intersex. The following agency staff participate on the Multidisciplinary Management & Treatment and Evaluation Treatment Team Accommodation Plan: Legal and Compliance; PREA Coordinator; Classification & Confined Person Records; Legal Representative; Health Services; Behavioral & Mental Health Services and the Transgender Services Clinical Coordinator. The facility PREA Compliance Manager receives a copy of the confined persons Accommodation Plan with the Transgender or Intersex confined person is send to their permanent facility.

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.42 (d)**

Compliance Determination:

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

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

The auditor sample ten (10) Multidisciplinary Management and Treatment Team Inmate Accommodation Plan that are used to document the Team review of the Transgenders or Intersex confined persons within the audit cycle.

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

responsible for conducting the reviews of all Transgenders and Intersex confined persons.

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

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

#### **115.42 (e)**

Compliance Determination:

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

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

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 4.6: Inmates who identify as transgender or intersex during confinement will have their own perceptions of safety and housing documented and considered on a case-by-case basis.

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

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

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

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

Two Transgender were interviewed by the auditor's non-certified support staff. They confirmed that they felt safe at this facility.

Based on interviewed staff responsible for risk screening reported that confined persons views for their own safety are consider specially when it comes to showering, using the toilet or housing.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.42 (f)**

Compliance Determination:

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

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

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 4.8: Transgender and intersex inmate will be given the opportunity to shower separately from other inmates.

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

During the onsite tour, the auditor observed the facility 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. The showers are in a community area with individual stalls. The toilets are in each cell of the confined persons rooms/cell (two-person cell).

Two Transgender were interviewed by the auditor's non-certified support staff. They confirmed that they are allowed to shower and use the toilet without other confined persons viewing them. One reported that she was offered to shower alone; she showers during count-time when the other confined persons are locked in their cells. Second interviewed Transgender reported that she showers at 1530. The showers are individual stalls.

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

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

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.42 (g)**

Compliance Determination:

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

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

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

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

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

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

During the facility documentation review of the LGBTI confined persons housing

assignments: Confined Person A1-SA0065B; Confined Person A2-CA0047A; Confined Person A3-CB0052B; Confined Person A4-CA0047B; and Confined Person A5-BLEo157Z. Informal conversations with staff and confined persons collaborated that there was no evidence that any of the LGBTI population was placed in a designated housing solely based on identification or status.

Two Transgenders were interviewed by the auditor’s non-certified support staff. Both Transgenders confirmed that they have not been placed in housing areas only for transgender or intersex confined persons. One reported that the facility does not do that here. One reported that she is in regular population with everyone.

Three confined persons were interviewed by the auditor’s non-certified support staff who identified as gay. Two reported that they have not been put in a housing area only for gay, lesbian, bisexual, transgender, or intersex confined persons. One did not interview because security staff advised that the confined person would not cooperate and was acting unstable. However, one reported he is housed in general population and the second reported he is housed with other confined persons.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence Relied Upon in Making the Compliance Determination:</b>
	<b>Documentation:</b>
	<ul style="list-style-type: none"> <li>• Restricted Housing Visits</li> <li>• SCDC Policy Number: OP 22.23 Statewide Protective Custody</li> <li>• Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated</li> </ul>



November 23, 2021

- SCDC Policy GA-06.09 Care and Custody of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria
- SCDC Policy HS-19.04 Mental Health Services – General Provisions
- SCDC Policy OP-21.04 Inmates 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)**

Compliance Determination:

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

The provision requires that confined persons at high risk for sexual victimization 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 a facility cannot conduct such an assessment immediately, the facility may hold the confined person in involuntarily segregated housing for less than 24 hours while completing the assessment.

SCDC 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, inmates at risk for possible abuse may be placed in isolation only as a last resort, when less restrictive measures of protection are not available and then only until an alternative means of keeping all inmates safe can be arranged.

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

Conversation with staff confirmed that confined persons at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the confined persons may be held in involuntary segregation for less than 24 hours while completing the assessment.

A review of the appropriate documentations, interviews and conversations with staff

and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.43 (b)**

Compliance Determination:

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

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

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.43 (c)**

Compliance Determination:

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

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

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

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

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

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.43 (d)**

Compliance Determination:

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

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

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.43 (e)**

Compliance Determination:

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

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

SCDC Policy OP-22.23 section 2.4 - If placement in Protective Custody is approved by

	<p>the warden/duty warden or approved designee the inmates will be transferred to available Short Term (ST) bed space for a period of up to seven (7) calendar days for further investigation.</p> <p>A review of the RHU logbooks indicated that facility that provides confined persons a review every 30 days to determine the continuing need for separation from the general population.</p> <p>A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Required Number of Confined Persons Interviewed</li> <li>• Audit PREA Posted Notices</li> <li>• Confined Persons Target List</li> <li>• Confined Persons Roster Past 12 Months</li> <li>• MOU for Outside Services</li> <li>• Investigation File Reviewed and Type of Documents Included</li> <li>• Sexual Abuse and Sexual Harassment Allegations Past 12 Months</li> <li>• PREA Facility Brochure (Spanish and English)</li> <li>• PREA Posters</li> <li>• ADM -15-02, Telephone Use</li> <li>• Agency Language Translation Instructions</li> <li>• Consular Notification and Access Manual</li> <li>• SCDC GA-01-03, Inmates Access to the Courts</li> <li>• SCDC GA-01-12, Inmate Grievance System</li> <li>• Inmate Mail</li> <li>• Confined Person Visitation</li> <li>• Inmate Orientation Manual (Handbook) - Tablet</li> </ul>

- SCDC OP-22-53, Inmate Tablets and Kiosks
- MOU Between SC Law Enforcement Division (SCLED) and SCDC
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.
- 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)**

Compliance Determination:

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

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

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 5.1: Inmates Reporting: Inmates incarcerated in an SCDC institution will have multiple ways of reporting actual or suspected acts of sexual abuse or sexual harassment. Inmates may make a report by utilizing the inmates phone system to call in an allegation by dialing \*22 or write or make a verbal report to any agency employee volunteer, intern, or contractor. Inmates may also utilize the kiosk system to write to the South Carolina Law Enforcement Division (SLED) or ask a family member or friend to file a report on their behalf through the PREA Tips page on the Agency's public website at <http://www.doc.sc.gov/preaweb/>.

The agency provided each facility with PREA Brochure for Males in English and Spanish and for Females in English and Spanish. These brochures were developed with the assistance of Just Detention International. This project was supported by Grant No. 2013-RP-BX-0001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. The Brochure Title, Let's Talk About Safety - SCDC has Zero-Tolerance for Sexual Abuse

and Harassment. Topics included, Safety Talk, a Week Later; Staff, Contractors, Volunteers, and Confined Persons Cannot...; How Can I Get Help? Support and Additional Information; You Have the Right to...; Things to Remember. There is a place on the back for local information.

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

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 \*63) 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).

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 six Black females, four Black males, one White female, and one white male. Staff reported that the confined persons can privately report sexual abuse or sexual harassment by using hotline number #22, their tablets, Kiosk, grievance, speak to staff or notify family, or friends. The reports can be made verbally or in writing. All interviewed staff reported that if a confined person makes a report verbally or in writing, regarding sexual abuse or harassment, the allegations are responded to immediately and they would immediately document the allegation.

Twenty random confined persons were interviewed. All interviewed confined persons could describe more than one way they could report sexual abuse, sexual harassment, or retaliation if they needed to. The ways were: confined persons reported filing a grievance, using the facility kiosk, reporting thru their tablet, request to visit medical and ask for help, tell their lawyer, a friend, or family member for help, dial \*22 from any confined person phone located each living units (PREA reporting line set up by the SCDC to leave a message regarding any violation in the facility). Call Sexual Assault Hotline or Dial \*22 to report sexual abuse or sexual harassment.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.51 (b)**

Compliance Determination:

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

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

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

The facility does not house confined persons solely for civil immigration purposes. However, if they did, the facility would notify any confined persons detained solely for civil immigration purposes about how they can access immigrant services agencies and provide mailing addresses and regular and toll-free telephone numbers which is in the law library.

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

Twenty random confined persons were interviewed. Eighteen reported that they are allowed to make a report of sexual abuse or sexual harassment without having to give your name. Two reported that they did not know that they could make an

anonymous report. The auditor's assistant explains that they can report without giving their names or they can stay anonymous.

Twenty random confined persons were interviewed. Most of the confined persons reported that there is someone who does not work at this facility who they could report to about sexual abuse or sexual harassment, by telling other family members, like mother, father, brother, sister, telling a friend, a lawyer or call the hotline.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.51 (c)**

Compliance Determination:

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

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

SCDC 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 inmates immediately as per SCDC policy GA-06-11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, SCDC Policy ADM-11.34, Employee- Inmates Relations; SCDC Policy ADM-11-39, Staff Sexual Misconduct with inmates; and the SC Employee Code of Ethics.

The facility mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports immediately, but always before leaving the shift. Staff can report sexual abuse and sexual harassment, privately and the agency informs staff through shift briefing, management meetings and PREA training.

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 six Black females, four Black males, one White female, and one white male. Staff reported that confined persons could make a report of sexual abuse or sexual harassment verbally, in writing, anonymously, and through third parties. And they would immediately respond to allegations, contact supervisor, and complete an incident report.

Twenty random confined persons were interviewed. Most of the confined persons report that they could make a report sexual abuse or sexual harassment in person or in writing. They also reported that they could ask a friend or relative to make a report for them so they could remain anonymous. Some reported they have family they could report to so they could remain anonymous.

Twenty random confined persons were interviewed. Nineteen confined persons reported that they have not reported to the authorities in person or in writing that



they were sexual abuse. One reported that she did report sexual abused serval years ago at another facility.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.51 (d)**

Compliance Determination:

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

The provision requires that the agency provide a method for staff to privately report sexual abuse and sexual harassment of confined persons.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) section 5.3 Employees, Volunteers, Contractors, or anyone who has knowledge of alleged, communicated, or suspected abuse can report anonymously to SCDC via SCDC's public PREA website at <http://www.doc.sc.gov/preaweb/>.

Conservation with staff during the tour indicated that staff can privately report sexual abuse and sexual harassment by use the PREA hotline or using a third-party.

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 six Black females, four Black males, one White female, and one white male. Staff reported that they can privately report sexual abuse and sexual harassment of confined persons by using the hotline number, notifying supervisor, the Warden, the facility PREA Compliance Manager or notifying the Agency PREA Coordinator. All the interviewed staff could also articulate at least one method in which staff could make a private report. Most staff reported they would notify their supervisor. Privacy would occur by discussing away from others.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### **Evidence Relied Upon in Making the Compliance Determination:**

#### **Documentation:**

- Investigation Notes
- Investigation File Reviewed and Type of Documents Included
- Sexual Abuse and Sexual Harassment Allegations Past 12 Months
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.
- SCDC Policy GA-01.12 Inmates Grievance System
- Online PREA Audit: Pre-Audit Questionnaire

#### **Interviews:**

- Agency PREA Coordinator
- PREA Compliance Manager

### **Compliance Determination by Provisions and Corrective Actions:**

#### **115.52 (a)**

Compliance Determination:

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

The provision requires that an agency be exempt from this standard if it does not have administrative procedures to address confined persons grievances regarding sexual abuse.

SCDC Policy Number: GA-01.12 Inmates Grievance System section 15.2.6 states that the inmates Grievance Coordinator (IGC) will not investigate allegations of a violation of PREA. A copy of any grievance alleging PREA violations will be provided to the PREA Compliance Manager within 24 hours of receipt for investigation and providing recommended responses to grievances. The PREA Compliance Manager will maintain a copy of the grievance and maintain a log of PREA allegations grievances.

The agency/facility has an administrative process to address confined persons grievances regarding sexual abuse.

The auditor reviewed documents from the investigation cases: Confined Person Grievance - 3; Grievance Transferal Memo - 1; and PCM confined persons Grievance Review Routing Slip - 2

The facility PREA compliance manager provided the auditor with copies of the PREA Compliance Manager Management Training Minutes. One of the agenda topics:

Grievance transferal Memo/Grievance Routing Slip. SCDC Form 19-190, Grievance Transferal Memo: This is the form that the institutional Grievance Coordinator will forward to the PCM (along with the actual grievance) that is a PREA-related grievance. The Grievance Office cannot investigate PREA related grievances, and the PCM must interview the confined persons, and provide PREA Coordinator@doc.sc.gov with documentation. All allegations must come to the PCM so that a case can be opened and will follow all the same protocols as every other allegation.

Conversation with the PREA compliance manager reported that any Sexual Abuse or Sexual Harassment submitted through the Grievance System the grievance coordinator picks it up and it is immediately forward to PREA investigations for actions. This ends the grievance process and begins the PREA investigation process.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.52 (b)**

Compliance Determination:

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

The provision requires that the agency 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 a confined persons lawsuit on the grounds that the applicable status of limitations has expired.

SCDC Policy Number: GA-01.12 Inmates Grievance System section 15.2.1 states, there will be no time frame for filing a grievance alleging sexual abuse. The inmates will not be required to attempt any informal resolution.

The facility does not impose a time limit on when a confined person may submit a grievance regarding an allegation of sexual abuse. Confined persons can submit 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.

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.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is

following the provisions of this standard. No corrective action is warranted.

**115.52 (c)**

Compliance Determination:

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

The provision requires that the agency 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.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 5.5: Consistent with SCDC Policy GA-01.12, Inmates Grievance System, the Grievance Branch will ensure that grievance receptacles are available and secure in all institutions. Inmates will not be required to give a grievance to any staff member who is subject to the complaint. Inmates may also file grievances through an available kiosk or provided mobile device.

The agency ensures that a confined 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.

During the facility tour conversation with the confined persons reported that they turn their grievance sin using the grievance box.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.52 (d)**

Compliance Determination:

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

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

SCDC 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 inmates of the process of the investigation when provided the information from the assigned investigator, consistent with SCDC Policy OIG-23.01, Investigations. The investigator assigned to the allegation will ensure that the PCM is notified of the investigation after receiving the allegation.

Conversation with the facility PREA manager reported if confined persons report a sexual abuse or sexual harassment through the grievance process, the grievance coordinator immediately forwards the grievance to the facility PREA Investigator to be investigated. This process ends the grievance process and begins the investigation process. All grievance timeframes are met.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.52 (e)**

Compliance Determination:

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

The provision requires that third parties, including fellow confined persons, staff members, family members, attorneys, and outside advocates, shall be permitted to assist confined persons in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of confined persons.

SCDC 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 inmates with filing a grievance, file a report on behalf of the alleged victim, or file a report themselves.

If a third-party report on behalf of a confined 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.

Conversations with the PREA compliance manage reported that third parties include individuals such as fellow confined persons, staff members, family members, attorneys, and outside advocates, are all permitted to assist confined persons in filing requests for administrative remedies relating to allegations of sexual abuse.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.52 (f)**

Compliance Determination:

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

The provision requires that the agency establish procedures for the filing of an emergency grievance alleging that a confined person is subject to a substantial risk of

imminent sexual abuse.

Confined persons who report a sexual abuse or sexual harassment through the grievance process, the grievance coordinator immediately forwards the grievance to the facility PREA Investigator to be investigated. This process ends the grievance process and begins the investigation process. All grievance timeframes are met.

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.

Conservation with the PREA compliance manager reported after receiving an emergency grievance alleging a confined persons are subject to a substantial risk of imminent sexual abuse, SCDC immediately would forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to investigations and/or a level of review at which immediate corrective action may be taken.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.52 (g)**

Compliance Determination:

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

The provision requires that the agency may discipline a confined person for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the confined persons filed the grievance in bad faith.

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of confined persons grievances alleging sexual abuse resulted in disciplinary action by the agency against the confined person for having filed the grievance in bad faith: 0.

SCDC Policy Number: GA-01.12 Inmates Grievance System states that the agency may discipline an inmate for filing a grievance related to the alleged sexual abuse if there is evidence that the inmate filed the grievance in bad faith.

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.

A review of the appropriate documentations, interviews and conservations with staff

	<p>and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• MOU for Outside Services (Hopeful Horizon)</li> <li>• Facility Tour Observation Notes</li> <li>• Audit PREA Posted Notices</li> <li>• Pictures Taken on Facility Tour</li> <li>• Outside Advocacy Interview Email with Notes</li> <li>• SC Title 43 Social Services Elderly Abuse</li> <li>• PREA Brochure English Outside Emotional Support Services</li> <li>• PREA Brochure Spanish Outside Emotional Support Services</li> <li>• Additional Outside Support Services</li> <li>• Zero Tolerance Poster</li> <li>• SCDC Statewide Partnerships with Sexual Assault Centers</li> <li>• US Department of State Consular Notification and Access Manual</li> <li>• MOU with SC Law Enforcement Division</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator (1)</li> <li>• Random Sample of 20 Confined Person Interviewed by the auditor’s non-certified support staff.</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Actions:</b></p>

**115.53 (a)**

Compliance Determination:

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

The provision requires that the facility provide confined persons with access to outside victim advocates for emotional support services related to sexual abuse by giving confined persons mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between confined persons and these organizations and agencies, in as confidential a manner as possible.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 5.9: Inmates will have access to available outside victim advocates for emotional support. Information for advocacy centers will be provided throughout all SCDC institutions and as a part of the inmate orientation program in all correctional institutions.

During the facility tour the auditor observed PREA posters on the wall. The posters observed was Auditor PREA Notice of the upcoming PREA audit; PREA Brochure- Let's Talk About Safety SCDC Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Poster - Reporting PREA Externally (South Carolina Law Enforcement Division (SLED)); Poster - How to Report Sexual Assault/Harassment; PREA flyer - Zero Tolerance Against Sexual Abuse/Sexual Harassment; and Wall Painting of PREA. The outside emotional support services are on the Hopeful Horizons flyer, which includes the following mailing address 1212 Charles Street, Beaufort, South Carolina 29902. This information was continuous throughout the facility to included posting near the phones in the housing units, medical, Education, Dining Hall, Common areas, Visitation, front entrance, and the Intake area. The posters and brochures are eligible, has the outside toll-free numbers and are in English and Spanish.

The auditor observed how mail moves from confined persons to the facility mailroom. It starts with the confined persons placing the mail in a lock drop box which is located where confined persons have access in front of the dining hall and outside of the mailroom. The drop box is only accessible by designated staff. The auditor visits the mailroom and has an informal conversation with a mailroom clerk that confirmed sending and receiving PREA confidential mail is treated as legal mail.

In each of the living units, the confined persons had access to five telephones. The auditor tested each phone by picking up the receiver and listening for a dial tone. Random phones were checked to ensure that the confined persons have access to Hopeful Horizons, that provides the local emotional rape crisis support services. The auditor received a dial tone, press #63 then a message to press 1 for English or 2 for Spanish. The auditor pressed the number, and the call went to the outside agency. The auditor was given the option to press for the name of staff or press to leave message. It was not required for the confined person to enter a personal ID PIN. The call was unmonitored. A review of the Hopeful Horizons flyer includes a statement to



inform confined persons that the PREA calls are unmonitored. The locations of the phones did provide some privacy to the confined person.

The Confined persons that are in Restricted Housing Unit (RHU) have access to the outside victim advocates for emotional support service through the “rolling phone” with instructions \*63. This was confirmed during the auditor site visit.

Informal conversations with confined persons during the tour collaborated that they are aware of the outside emotional support services painted on the walls and posters, however, they never used it.

On February 6, 2024, the auditor confirmed the outside emotional support services by conducting a Zoom Face-to-Face interview with Hopeful Horizons. There were four Hopeful Horizons staff members on the zoom face-to-face interview. The Hopeful Horizon staff confirmed that the confined person can and have contacted them for emotional support services through the facility toll free PREA line \*63. Most of the services provided by Hopeful Horizon are coping skills, listening, confined persons want someone to talk regarding the sexual abuse.

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

The auditor observed PREA information in the control booth located in each of the housing units. The PREA Auditor notices that informed the confined persons and staff were posted in the control booth. Some were posted on the door of the control room booth.

Staff and confined person conversations during the tour indicated that confined persons confirmed having access to writing instruments, paper, and forms to report. They use them in education, library, and programs as well as during free time in the living units. Staff indicated that confined persons can requested them from staff.

Twenty random confined persons were interviewed by the auditor’s non-certified support staff. Sixteen reported that they were aware of services available outside of the facility for dealing with sexual abuse if they needed it. The kind of services reported ranges from victim advocate, counseling, PREA for advocate. Most of the confined persons said that mailing addresses and phone numbers were given to them by pamphlet or on posters. The confined persons reported that the kind of services provided was victim services, rape counseling crisis, some said they were not sure because they never call or did not read the information. Most of the confined persons said the outside services numbers were free, and some said they did not know

because they never used it. Most of the confined persons reported that they think they can talk with outside service at any time when they are out of their cells.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.53 (b)**

Compliance Determination:

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

The provision requires that the facility inform confined persons, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

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

The facility informs confined persons through a flyer prior to communicating with outside organizations that phone calls (not the PREA numbers) may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities by mandatory reporting laws.

The facility flyer collaborated that the Hopeful Horizons How to Access Emotional Support Services for Survivors of Sexual Abuse dial \*63 for the confined phone to reach trained counselors' flyer that the call is not recorded, and you do not have to put in their confined person Personal Identification Number (PIN) to make the call. Calls are free and confidential.

Most of the interviewed confined persons reported that they did not know if their conversation would remain private because they never use the outside services. Some say that they think their conversation would remain private unless they reported a crime.

Interviewed PREA compliance manager collaborated that the confined persons are informed at orientation and by Medical and Classification staff when completing the PREA Screening Application the extent to which reports of abuse will be forwarded to authorities as mandated reporters.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.53 (c)**

Compliance Determination:

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

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

SCDC 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.

The facility/agency maintains memorandum of understanding (MOU) or other agreements with community service to providers that can provide confined persons with emotional support services related to sexual abuse. Informal conversations with the PREA compliance manager confirmed the facility have an agreement with an outside emotional support services for confined persons. The agreement is with Hopeful Horizons, Inc. The agreement is documented as required and a copy of the agreement is maintained in the PREA Compliance Manager's office.

The auditor reviewed a copy of the Ridgeland CI and Hopeful Horizons agreement, and it meets the requirements of the standard. Memorandum of Understanding between SCDC Ridgeland Correctional Institution and Hopeful Horizons. The Hopeful Horizons is responsible for:

- Provide SCDC with 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 e-mail addresses, and be updated as necessary.
- Provide to SCDC a mailing address, office phone number, and crisis hotline number to disseminate to the inmate population so that confined persons may contact RCC if they wish to receive support or advocacy services related to a sexual abuse incident.
- Advise confined persons that contact RCC that services available are for support and advocacy for a sexual abuse incident occurring at SCDC and /or sexual abuse support occurring at any time in their lives, to include outside of an SCDC facility. RCC shall advise SCDC confined persons that mental health services related to any sexual abuse are available through the SCDC Psychology Department. RCC shall advise SCDC confined persons that instances of sexual abuse occurring at SCDC can be reported by the confined persons immediately to SCDC staff, however RCC will maintain confidentiality at the confined persons' request.
- Provide hospital accompaniment for a confined person victim to provide advocacy and support. Note: If a victim (i.e. confined person) is taken to a hospital in Beaufort, Jasper, Hampton, or Colleton County for a sexual abuse related incident and/or a forensic medical evaluation, the hospital's protocol is to contact RCC in order for a

	<p>RCC advocate to come to the hospital to offer support to the victim.</p> <ul style="list-style-type: none"> <li>• Provide orientation and training to the institution’s PREA response team (Institution PREA compliance manager, Chief Psychologist, Captain, SIA, and Health Services Administrator), at a minimum, in relation to the anticipated confined person services at any time if requested by SCDC.</li> <li>• Provide confined persons that receive advocacy and support from RCC with post-release services or referrals as needed and requested by confined persons. Provide confined persons from other geographical areas with information about national sexual abuse resources or resources in their own communities. Note: Exception: RCC shall provide SCDC confined persons advocacy and crisis intervention services through the crisis hotline number or mail only. RCC will not offer in person services to SCDC confined persons at the SCDC.</li> </ul> <p>On February 6, 2024, the auditor collaborated with the outside emotional support services by conducting a Zoom Face-to-Face interview with Hopeful Horizons. There were four Hopeful Horizons staff members on the zoom face-to-face interview. The MOU between the Ridgeland Correctional Institution and Hopeful Horizons was signed on April 13, 2021, and is still active. The Chief Executive Officer reported that the MOU is effective upon the date of final signatures of both parties, as designated on the contract, and continues until it is terminated by either party. No parties have terminated. The Chief Executive Officer also reported that there have been no SAFE or SANE referral for the past 12 months. There were four confined persons that received services within the past 12 months, however, they would and could not share any information. Hopeful Horizons confined that confined person could contact them for emotional support services through the facility toll free PREA line *63. Most of the services provided are coping skills, listening to confined persons who want someone to talk to about their abuse.</p> <p>A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **Evidence Relied upon in Making the Compliance Determination:**

### **Documentation:**

- MOU Outside Advocacy
- MOU between SCDC and Statewide Partnership for Victim Services
- MOU with SC Law Enforcement Division
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.
- SCDC PREA Tip Line - Anonymous
- SCDC Official Website (Third-Party Reporting)
- Report Sexual Abuse or Sexual Harassment of a inmates (Clicking Here) Website
- Online PREA Audit: Pre-Audit Questionnaire

### **Compliance Determination by Provision and Corrective Actions:**

#### **115.54 (a)**

##### Documentation:

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

The provision requires that the agency establish a method to receive third party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a confined persons.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 5.12: Consistent with SCDC Policies PS-10.08, Inmates Correspondence Privileges, and SCDC Policy OP-22.09, Inmates Visitation, inmates will be allowed confidential access to their attorneys or other legal representation.

The auditor reviews the agency website that which is one established method for receiving reports of sexual abuse and sexual harassment from third parties and ensure that the reports are handled the same way as other reports of sexual abuse or sexual harassment, including ensuring that any identified or potential victims are safe and receive necessary support services, and that reports are thoroughly investigated.

The auditor reviewed the SCDC website under the PREA section, it gives the public access to third party reporting by completing an automated form to make a report of sexual abuse inside a correctional institution in South Carolina and can choose to remain anonymous which is forwarded to the PC Office for review and distribution. If the public have access to the website, they can just click on the link and enter required information. Tip line allows third-party reporters to indicate the date of the incident, location of the incident, type of incident and describe in detail the incident the third-party is reporting.

	<p>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.</p> <p>Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.</p> <p>A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Posters</li> <li>• SCDC Policy ADM-11.04 Employee Corrective Action</li> <li>• SCDC Policy ADM-11.17 Employee Conduct</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.</li> <li>• SCDC Policy ADM-17.01 Employee Training Standards</li> <li>• SCDC Policy OIG-23.01 Investigation</li> <li>• MOU Between South Carolina Law Enforcement Division (SCLED) and South Carolina Department of Correction (SCDOC)</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul>

**Interviews:**

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

**Compliance Determination by Provisions and Corrective Actions:****115.61 (a)**

Compliance Determination:

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

The provision requires that the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against confined persons or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) section 6.1 All employees are required to immediately report any knowledge, suspicion, information or allegation of sexual offenses consistent with SCDC Policy GA-06.11, "Prevention, Detection, and Response to Sexual Abuse/sexual Harassment", SCDC Policy ADM-11.17, Employee Conduct; SCDC Policy ADM-11.34, Employee Inmate Relations, and SCDC Policy OP-22.25, Reporting Incidents and Accidents Management Information Notes (MINS) and Other Methods of Reporting.

The policies collectively address provisions of the standard including providing all staff immediately report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment, or incidents of retaliation and according to mandatory reporting laws.

Staff consistently described a process for reporting any information related to sexual abuse incidents as: reporting immediately, taking the confined persons to medical, 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.

Interviewed staff who conducts medical services reported that staff are required to report any knowledge, suspicion, or sexual harassment to a designated supervisor or official immediately upon learning. In accordance with SCDC policy, all employees must report incidents immediately to one of the following: Institutional Investigator, Warden, PREA Compliance Manager, appropriate member of the Director's staff, Division Director of Human Resources or the PREA Coordinator immediately upon learning of the incident.

Conservation with staff during the tour reported all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are

reported directly to designated facility investigators are the management team.

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 six Black females, four Black males, one White female, and one white male. 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.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.61 (b)**

Compliance Determination:

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

The provision requires that 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.

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.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.61 (c)**

Compliance Determination:

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

The provision requires that 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.

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



confidentiality.

SCDC 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."

Conversation with medical staff reported at the initiation of services to a confined person during intake they disclose the limitations of confidentiality and their duty to report and mandated reporters. Staff are expected to abide by the confidentiality requirements as medical professionals. Staff is also required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their designated supervisor immediately upon learning of the incident.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.61 (d)**

Compliance Determination:

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

The provision requires that if the allege 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.

The auditor checks rosters to ensure that the facility does not house youthful offenders. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person statute, the agency is required to report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Interviewed warden reported that there are no confined persons under the age of 18 at this facility, but if there was, the facility would ensure the sexual abuse or sexual harassment for confined persons under the age of 18 is investigated and reported to State Children Services. The facility is aware of the South Carolina Code of Laws Unannotated Title - 43 - Social Services (Vulnerable Adults) and Title 20 Juveniles.

Interviewed agency PREA coordinator reported that when an allegation is received, the alleged victim and the alleged perpetrator are immediately separated. Security supervisors and the Institutional PREA compliance manager are notified, so that the proper procedures, documentation, and notifications are completed. For individuals under the age of 18, the Youthful Offenders Program Manager is notified so that the

juvenile’s family is notified of the allegation and all mandatory required agencies are informed. The juvenile is provided an opportunity to call and work with the local rape crisis center (RCC) and/or Qualified Mental Health Professional within the institution. However, this facility does not house confined persons under the age of 18.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.61 (e)**

Compliance Determination:

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

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

Policies collectively provide for all allegations to be reported to the PREA compliance manager, including third-party and anonymous reports as also verified by staff interviews. The policy requires staff members, including medical and mental health staff to immediately report any knowledge, suspicion, or information of any incident in any facility, even in a facility that is not a part of the agency.

The interviewed warden confirmed that staff have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift, and all allegations will be investigated.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence Relied Upon in Making the Compliance Determination:</b>

**Documentation:**

- PREA Coordinated Response Protocol
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy OP-22-38, Restrictive Housing Unit
- SCDC, Policy, OP-22.23, Statewide Protective Custody
- SCDC Policy OP-21.04 Inmates Classification Plan
- Online PREA Audit: Pre-Audit Questionnaire

**Interviews:**

- Agency Head (Designee)
- Random Sample of Staff

**Compliance Determination by Provisions and Corrective Actions:**

**115.62 (a)**

Compliance Determination:

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

The provision requires that when an agency learns that a confined person is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the confined persons.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 6.3: SCDC will take immediate action to protect an inmate who is at a substantial risk of imminent sexual abuse consistent with SCDC Policy OP-22.23, Statewide Protective Custody.

According to the Pre-Audit Questionnaire, in the past 12 months, the number of times the agency or facility determined that a confined person was subject to a substantial risk of imminent sexual abuse was zero.

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee interviewed reported, if there is a specific source of the imminent sexual abuse, the potential abuser will be relocated so that there is no contact between the potential victim and perpetrator during an investigation and afterwards, if the investigation supports the potential for sexual abuse. Potential victimization and potential perpetrator conduct are taken into consideration in all housing and work assignments. As a last resort, the potential victim may be housed in protective custody until an investigation can be conducted and potential abusers identified.

The interviewed warden reported that when he learns that a confined person is subject to a substantial risk of imminent sexual abuse the facility will protect them by removing the confined person to another housing unit or facility.

	<p>Twelve (12) staff were randomly selected and interviewed by the auditor’s non-certified support staff. The random staff representing staff from all shifts. All staff reported that if learn of a confined person at risk of imminent sexual abuse they would protect the confined person by immediately notifying their supervisor, separating the confined persons, monitor until supervisor arrives.</p> <p>A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• MOU with SC Law Enforcement Division</li> <li>• Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview:</li> <li>• SCDC Form 19.184, Warden-to-Warden PREA Notification (Past 12 Months) Received</li> <li>• SCDC Form 19.184, Warden-to-Warden PREA Notification (Past 12 Months) Send</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Deputy Director of Legal and Compliance/Agency Head Designee</li> <li>• Warden</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Actions:</b></p> <p><b>115.63 (a)</b></p> <p>Compliance Determination:</p>

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

The provision requires that 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.

SCDC 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 an inmate was housed at an institution outside the authority of SCDC will be reported to the Warden within seventy-two (72) hours of receiving the allegation and will be documented utilizing SCDC Form 19.184, Warden-to-Warden PREA Notification.

According to the Pre-Audit Questionnaire, in the past 12 months, the number of allegations the facility received that a confined person was abused while confined at another facility was six.

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 within 72 hours and send to the appropriate investigative agency.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.63 (b)**

Compliance Determination:

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

The provision requires that such notification be provided as soon as possible, but no later than 72 hours after receiving the allegation.

SCDC 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 inmate was housed at an institution outside the authority of SCDC will be reported to the Warden within seventy-two (72) hours of receiving the allegation and will be documented utilizing SCDC Form 19.184, Warden-to-Warden PREA Notification.

Notification is made as soon as possible but no longer than 72 hours after receiving the information. The facility head/designee documents the notification as required. It is the responsibility of the receiving agency to ensure an investigation is completed.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.63 (c)**

Compliance Determination:

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

The provision requires that the agency document that it has provided such notification.

The facility uses the Warden-to-Warden PREA Notification as documentation. The auditor reviewed two of the investigation files.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.63 (d)**

Compliance Determination:

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

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

SCDC 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 inmate was housed at an institution outside the authority of SCDC, the SCDC institutional Warden will contact the institution head of the institution where the alleged abuse occurred and will notify SCDC OIG. This notification will be provided within seventy-two (72) hours of receiving the report and will be documented and provided to the institution's PREA Compliance Manager and the Agency's PREA Coordinator.

According to the Pre-Audit Questionnaire, in the past 12 months, the number of allegations the facility received that a confined person was abused while confined at another facility was six.

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee reported that when a facility/agency (or a facility within the agency) receives an allegation the PREA coordinator reviews the allegation and refers it to the institutional PREA compliance manager for documentation that might exist and for administrative investigation if the allegation warrants an administrative investigation or the Office of Inspector General if a criminal investigation is necessary. When asked regarding examples, she reported the this is specific to the institution, so the answer is determined by the institution if there was an allegation from one or another.

Interviewed warden reported when the facility receives an allegation from another facility that the incident of sexual abuse or sexual harassment occurred in his facility, he would contact the facility PREA compliance manager to begin the investigation process. PREA compliance manager may contact the facility where the confined

	<p>person is at for additional information.</p> <p>A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinated Response Protocol</li> <li>• Investigation Notes</li> <li>• Sexual Abuse and Sexual Harassment Allegations Past 12 Months</li> <li>• Investigation File Reviewed and Type of Documents Included</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SCDC Form Sexual Abuse Response Protocol</li> <li>• SCDC Policy ADM-17.01 Employee Training Standards</li> <li>• MOU with SC Law Enforcement Division</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Facility Non-Security Staff</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Actions:</b></p> <p><b>115.64 (a)</b></p> <p>Compliance Determination:  The facility has demonstrated compliance with this provision of the standard because:  The provision requires that upon learning of an allegation that a confined person was</p>

sexually abused, the first security staff member to respond to the report shall be required to: Separate the alleged victim and abuser. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time 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.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) section 7.2 Consistent with SCDC Policy GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report will ensure that the alleged victim is separated from the alleged perpetrator, will preserve and protect the crime scene, will not allow the alleged victim or perpetrator (if known and applicable ) to possibly destroy evidence through washing, brushing, or using bodily functions, and will notify supervisory staff, to include the institution's PREA Compliance Manager. All actions taken will be documented on SCDC Form 19-29A, Incident Report.

Conversations with facility PREA compliance manager reported that upon learning of an allegation that a confined person was sexually abused, the staff member to respond to the report are required to: 1. Separate the alleged victim and abuser. 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse occurred within a time that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence. 4. If the abuse occurred within a time that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.64 (b)**

Compliance Determination:

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

The provision requires that 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.

SCDC 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 an



	<p>inmate has been sexually victimized. The guide gives requirements for the duties of the security and non-security staff.</p> <p>According to the Pre-Audit Questionnaire, of the allegations that a confined person was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero.</p> <p>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.</p> <p>During the facility tour a non-security staff reported their responsibilities as a first responder would be to immediately contact security (nearest) and report, stay with the confined person until security arrived. They would not let the confined person use the bathroom, drink water, or change clothing.</p> <p>A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies corroborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinated Response Protocol</li> <li>• Investigation Notes</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul> <p><b>Interviews:</b></p>

- Warden

### **Compliance Determination by Provisions and Corrective Actions:**

#### **115.65 (a)**

Compliance Determination:

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

The provision requires that the facility develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

SCDC 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. Each member of staff assigned to each institution in any capacity will be informed and/or trained on the institution's coordinated response plan within thirty (30) calendar days from the date of its publication or update.

The auditor reviewed the facility written Coordinated Response Plan which is aligned with the 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. The coordinated plan is signed by staff.

The interview warden reported that the Coordinator Response Plan does coordinate actions among staff first responders, medical, and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

#### **Overall Findings:**

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

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Copy of any Collective Bargaining Agreements - None</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SC Code Title 41 Labor and Employment Right to Work Law</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Deputy Director of Legal and Compliance/Agency Head Designee</li> <li>• Warden</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Actions:</b></p> <p><b>115.66 (a)</b></p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The provision requires that neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any confined persons confined persons pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The auditor requests collective bargaining agreement from the facility. There are no current agreements that limit the agency’s ability to remove alleged staff sexual abusers from contact with confined persons pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There have not been any collective bargaining agreements since August 20, 2012.</p> <p>Interviewed Deputy Director of Legal and Compliance/Agency Head Designee reported that the agency does not have a collective bargaining agreement.</p> <p>A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p>

	<p><b>115.66 (b)</b></p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The provision requires that nothing in this standard restrict the entering into or renewal of agreement that govern: The conduct of the disciplinary process, if such agreements are not inconsistent with the provisions of standards 15.72 and 115.76; or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>The agency/facility is not involved in any form of collective bargaining and can remove any staff alleged to have violated an agency sexual abuse or sexual harassment policy.</p> <p>A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Investigations Notes</li> <li>• SCDC Form 19-182, Sexual Abuse Retaliation Monitoring (Past 12 Months)</li> <li>• SCDC PREA Tip Line Anonymous</li> <li>• PREA Training Section 1800 Curriculum - Retaliation</li> <li>• SCDC Policy Number: ADM 115.15 South Carolina Whistleblower Act Section, Retaliation Against an Employee for Filing a Report</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> </ul>

- Online PREA Audit: Pre-Audit Questionnaire

**Interviews:**

- Facility Specialized Staff/Charge with Monitoring for Retaliation
- Deputy Director of Legal and Compliance/Agency Head Designee
- Warden

**Compliance Determination by Provisions and Corrective Actions:**

**115.67 (a)**

Compliance Determination:

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

The provision requires that the agency establish a policy to protect all confined persons and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other confined persons or staff and shall designate which staff members or departments are charged with monitoring retaliation.

SCDC 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 inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of ninety (90) days while maintained within the same institution. Monitoring will be documented on SCDC Form 19-182, Sexual Abuse Retaliation Monitoring, and filed for auditing purposes.

The facility prohibits retaliatory behavior by confined persons or staff regarding the reporting of sexual abuse, sexual harassment, or cooperation with investigators as it relates to PREA related incidents and allegations. The facility PREA compliance manager is responsible for monitoring retaliation along with upper management staff.

Auditor's Review Notes from SCDC 2022 PREA Training Module Slide #17. Sexual Abuse Retaliation Monitoring process. Monitoring staff were training on things you should ask a confined person .... How are you doing? Do you feel safe? Do you feel you are being retaliated against for reporting the allegation? Then relay the answers to the PCM who will complete SCDC Form 19-182, Sexual Abuse Retaliation Monitoring Form.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.67 (b)**

Compliance Determination:

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

The provision requires that the agency employ multiple protection measures, such as

housing changes or transfers for confined persons victims or abusers, removal of alleged staff or confined persons abusers from contact with victims, and emotional support services for confined persons or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee reported that the facility/agency protect confined persons and staff from retaliation from sexual abuse or sexual harassment by removed the perpetrator from the area that might allow contact with the victim. Consults with the agency PREA coordinator or facility PREA compliance manager to conduct wellness checks with the victim for at least 90 days to ensure the victim is not subjected to retaliation. The victim is also offered mental health counseling.

Interviewed warden reported that for allegations of sexual abuse or sexual harassment the different measures that the facility would take to protect the confined persons and staff from retaliation is to have the PREA compliance manager to monitor, make housing changes, transfer the abuser.

Interviewed designated staff changed with monitoring for retaliation is the facility PREA compliance manager. They reported that they understand their role is to prevent retaliation against confined persons and staff who report sexual abuse and sexual harassment. They monitor by making rounds through the facility, visiting the area where the confined persons live or work. For staff they check schedules, promotions, other staff reactions.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.67 (c)**

Compliance Determination:

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

The provision requires that 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.

SCDC Policy Discussion: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that wardens would ensure that all inmates, employees, witnesses, and reporters of alleged sexual abuse or sexual harassment are monitored for retaliation or reprisal for a minimum of ninety (90) days while housed or employed at the same institution. Institutional PCMs will ensure all

individuals monitored are documented on SCDC Form 19-182, "Sexual Abuse Retaliation Monitoring" and this form is filed for auditing and review.

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

Interviewed designated staff charged with monitoring for retaliation is the facility PREA compliance manager. They reported that they look for the confined person and staff response when reporting sexual abuse or sexual harassment. They monitor confined persons disciplinary reports, housing changes, program changes. For staff they check schedules, promotions, negative performance reviews or reassignments of staff. The monitoring lasts for 90 days, if concern that potential retaliation might occur, the maximum length of time would vary.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.67 (d)**

Compliance Determination:

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

The provision requires that in the case of confined persons, such monitoring to also include periodic status checks.

The facility PREA compliance manager and upper management Team monitors for retaliation through periodic checks on daily inspections and randomly speaking with confined persons and staff.

Interviewed designated staff charged with monitoring for retaliation is the facility PREA compliance manager. They reported that they look for the confined person and staff response when reporting sexual abuse or sexual harassment. They monitor confined persons disciplinary reports, housing changes, program changes. For staff they check schedules, promotions, negative performance reviews or reassignments of staff. The monitoring lasts for 90 days, if concern that potential retaliation might occur, the maximum length of time would vary.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.67 (e)**

Compliance Determination:

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

The provision requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall respond appropriately to protect that individual against retaliation.

SCDC Policy Number: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment no inmate will be subjected to retaliation, reprisal, harassment, or disciplinary action by employees, volunteers, or other inmates for reporting allegations or knowledge of sexual abuse against a inmate. Inmates may report retaliation using any of the procedures for reporting sexual abuse, as described in standard 115.33. Allegations of reprisal may also be investigated by the Inspector General or Division of Investigations.

The facility has several protection and reporting measures for confined persons. They can utilize the grievance process to document retaliatory acts or other PREA related concerns and issues. The process is over-seen by the facility PREA compliance manager who works in concert with the facility management team to ensure the removal of alleged staff or confined person abusers from contact with victims, and emotional support services for confined persons or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee reported that if a confined person or staff cooperates with an investigation expresses a fear of retaliation the agency/facility take measures to protect them by having the PREA compliance manager to monitor, make housing changes, transfer the abuser.

Interviewed warden reported that the measure taken when suspect retaliation have 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.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.67 (f)**

Compliance Determination:

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

The provision in the PAQ states, an agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The auditor is not required to audit this provision.

**Overall Findings:**

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



<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 344 1278 378"><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p data-bbox="256 412 512 445"><b>Documentation:</b></p> <ul data-bbox="256 479 1469 1061" style="list-style-type: none"> <li>• Investigation File Reviewed and Type of Documents Included</li> <li>• Sexual Abuse and Sexual Harassment Allegations Past 12 Months</li> <li>• Investigation Notes</li> <li>• SCDC Form 19-182, Sexual Abuse Retaliation Monitoring (Past 12 Months)</li> <li>• Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview:</li> <li>• SCDC PREA Tip Line Anonymous</li> <li>• PREA Training Section 1800 Curriculum - Retaliation</li> <li>• SCDC Policy Number: ADM 115.15 South Carolina Whistleblower Act Section, Retaliation Against an Employee for Filing a Report</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul> <p data-bbox="256 1106 432 1140"><b>Interviews:</b></p> <ul data-bbox="256 1173 1294 1252" style="list-style-type: none"> <li>• Facility Special Staff/Supervise Confined Persons in Segregated Housing</li> <li>• PREA Compliance Manager</li> </ul> <p data-bbox="256 1285 1278 1319"><b>Compliance Determination by Provisions and Corrective Actions:</b></p> <p data-bbox="256 1352 416 1386"><b>115.68 (a)</b></p> <p data-bbox="256 1431 639 1464">Compliance Determination:</p> <p data-bbox="256 1476 1342 1554">The facility has demonstrated compliance with this provision of the standard because:</p> <p data-bbox="256 1588 1358 1711">The provision requires that any use of segregated housing to protect confined persons who are alleged to have suffered sexual abuse shall be subject to the requirements of standards 115.43.</p> <p data-bbox="256 1744 1406 1946">SCDC GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that inmates identified to be at high risk for sexual victimization will not be placed in protective custody or involuntarily segregated, unless there is no available location or method of keeping the inmates separated from likely abusers.</p> <p data-bbox="256 1980 1390 2058">Based on a review of information the facility provided in the PAQ, the number of confined persons who alleged to have suffered sexual abuse were assigned to</p>

involuntary segregated housing in the past 12 months for longer than 24 days while awaiting alternative placement was zero. The number of confined persons who alleged to have suffered sexual abuse were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was zero.

The facility may designate housing that is safer for confined persons who are at risk of sexual abuse. If there was no place to safely house a potential or actual victim, the victim will be temporarily housed in the administrative segregation area but would be expeditiously transferred to another facility where he could feel safe.

Interviewed warden reported that the agency policy prohibits placing confined persons at higher risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas unless an assessment has determined there are no available alternative means of separation for potential abuse. They are only place until an alternative means of separation for safety. If they are place in segregation, they only stay there until a safety place is located.

Interviewed staff who supervise confined persons in segregated housing reported that when confined persons are placed segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to programs, privileges, and education. The facility does document restrictions to any programs in the RSU logbook or computerize sheet. Confined persons 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.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence Relied Upon in Making the Compliance Determination:</b>

**Documentation:**

- 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
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy GA 05.01 Investigations and Procedures
- 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:**

- Inspector General

**Compliance Determination by Provisions and Corrective Actions:****115.71 (a)**

Compliance Determination:

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

The provision requires that 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.

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

A review of the policy requires that investigations into all allegations of sexual abuse and sexual harassment will be done so promptly, thoroughly, and objectively, for all allegations, including those reported third-party and an anonymously and a preponderance of evidence will be imposed or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

All allegations of sexual abuse and sexual harassment, including threats and

attempts, will be immediately and aggressively investigated. The Office of Inspector General (OIG) initiated the investigation and notified South Carolina Law Enforcement Division (SLED) when sexual misconduct by staff, contractors or volunteers is alleged. OIG will conduct an internal investigation in accordance with SCDC Policy OIC-23.01, Investigations.

Interview Inspector General reported that an investigation is initiated as soon as the allegation is received and reviewed by OIG. Time from incident date to referral to OIG does vary depending on circumstances out of OIG control (institutional processing, means by which the allegation is made, etc.). The first steps initiating an investigation in all cases are different, normally, it starts with 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 in 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.

Interviewed Inspector General reported when discover evidence that a prosecutable crime may have taken place they may consult with prosecutors before conducting compelling interviews. Agents are trained investigator and are not required to consult with prosecutors before conducting interviews. Attorney is of staff that provides guidance when necessary.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.71 (b)**

Compliance Determination:

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

The provision requires that where sexual abuse is alleged, the agency use investigators who have received special training in sexual abuse investigations pursuant to standard 115.34.

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

Interviewed facility Administrative Investigator who is the facility PREA compliance manager. PCMs are required to complete the National Institute of Corrections (NIC) online PREA Specialized Investigations training in addition to the general PREA training. If the case may be criminal, it is referred to OIC. The first steps in initiating and investigation would be to immediately ensure the victim's safety, collect statements from the staff and other confined person witnesses, secure the area where incident occurred to preserve possible evidence and DAN for OIG.

Interviewed Inspector General reported policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. OIG is the legal authority to conduct criminal investigations. Ninety percent of the criminal cases are investigated by OIG, there may be times that South Carolina Enforcement Division (SLED) investigates. The first steps in initiating an investigation would be to enter the case into the OIG Intake Portal. Date and Time tracking deadlines, agent interviews victim, suspect, collects DNA evidence for the facility or hospital.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.71 (c)**

Compliance Determination:

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

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

SCDC Policy: OIG-23.28 Evidence Protocol – Purpose: The purpose of this policy is to establish guidelines for maintaining the integrity of the evidence collected or received by the SCDC Office of Inspector General (OIG). SCDC Policy: OIC-23.28 Evidence Protocol section 1.2 – The impounding agent shall effectively manage, mark, and package all evidence, and transport and log-in all physical evidence to the evidence room, or other authorized secure location, prior to the end of the officer's tour of duty or as soon as practical thereafter. Contraband must be delivered within seventy-two (72) hours.

Evidence/Security Procedures: if there is evidence that a sexual assault has occurred, the area will be treated as a possible crime scene and the following steps will be

implemented immediately upon discovery: 1. Identify and maintain the crime scene, preserve evidence, including on the victims' and alleged perpetrator's bodies or clothes, and maintain custody of evidence until released to law enforcement officials. 2. Items 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, requested that the victim - and ensure that the alleged perpetrator (s) refrain from actions that could destroy evidence, such as bathing, brushing teeth, changing their clothes, urinating, defecating, drinking, or eating until they have been examined by qualified medical personnel. 6. Ensure that any alleged staff, volunteer, or contractor perpetrators are immediately separated from contact with confined persons.

Interviewed Inspector General reported that anonymous or third-party reports of sexual abuse or sexual harassment are handled as all other investigation processes. Direct and circumstantial evidence the investigators would be responsible for in an investigation is alleged victim and witness interviews, evidence collections, suspect interviews, follow-up interviews, written reports, any physical evidence, and video tapes. Interviewed Inspector General also reported they may judge the credibility of an alleged victim, suspect or witness by demeanor during interviews, personnel records, confined person past credibility.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies corroborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.71 (d)**

Compliance Determination:

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

The provision requires that when the quality of evidence supports criminal prosecution, the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The auditor reviewed a total number of sexual abuse and sexual harassment investigations for the past 12 months = 12; Total number of investigations reviewed by auditor = 12; Total number of sexual abuses classified by investigations = 7; Total number of sexual harassments classified by investigations = 5; Total number of pending cases = 1; Total number of referrals for prosecution = 0; and total number of terminated staff or contractors = 0.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies corroborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.71 (e)**

Compliance Determination:

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

The provision requires that the credibility of an alleged victim, suspect, or witness be assessed on an individual as is and not be determined by the person's status as confined person or staff. No agency 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.

Interviewed Inspector General reported that 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 reported that that under no circumstances a confined person who alleges sexual abuse to submit to a polygraph examination device as a condition for proceeding with an investigation.

Conversation with the facility investigators reported that they do not have authority to conduct these types of examinations. The investigation will continue. A confined persons who alleges sexual abuse are not required to submit to a polygraph examination device as a condition for proceeding with the investigation.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

#### **115.71 (f)**

Compliance Determination:

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

The provision requires that 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.

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that Administrative Investigations: All allegations of sexual abuse or sexual harassment that do not meet the level of a criminal offense will be investigated for violations of agency policies, procedures, rules, or guidelines.

The auditor reviewed the investigation cases documentation (Criminal and Administrative), the following were included:

- PREA Investigative Folder checklist - 11
- Incident Report - 11
- Incident Report Checklist for PREA Reviews - 11
- Confined Persons Search Detail Report / Disciplinary History - 11
- PREA Confined Persons Voluntary Statements - 11

- Disposition of PREA Report (Confined Persons Notification Signature) - 11
- Additional Information and Emotional Support Services (Hopeful Horizon) - 10
- Report of Finding Agency PREA Coordinator and OIG - 10
- Sexual Abuse Retaliation Monitoring Sheets - 11
- Email refers to -11.
- Warden-to-Warden PREA Notification - 3
- Confined Person Grievance - 3
- Grievance Transferal Memo - 1
- PCM confined persons Grievance Review Routing Slip - 2
- Medical Incident showing Confined Person when to Medical - 1
- Sexual Assault Examination Protocol - 1
- Authorization for Assault Medical - Forensic Examination and Release of Information - 1
- Confined Person A1 - Medication Administered Case #1A and #1B (SANE Report another facility)

Interviewed facility PREA investigator report that administrative investigations are documented in written reports. Reports includes available physical evidence and any available electronic monitoring data, interview alleged victims, perpetrators, and witnesses, and review any available prior complaints and reports of sexual abuse or sexual harassment involving the alleged or suspected perpetrators. In addition, administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Administrative investigations utilize the preponderance of the evidence as the standard for determining whether an allegation of sexual abuse or sexual harassment is substantiated.

Interviewed facility PREA investigator reported that the efforts use in an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse includes policies violations, leaving POST or assigned area. In nature, the complete investigative report, with the findings, is turned over to the proper authorities, for any action they deem necessary. This is done in cooperation with the PREA Coordinator. This includes if the administrative investigations findings are policies or agency violations.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

### **115.71 (g)**

Compliance Determination:

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

The provision requires that criminal investigations to be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.



SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that Criminal Investigations: Any allegation that provides evidence of criminal sexual abuse will be forwarded to the proper authorities for prosecution.

Agents with SCDC's OIG Services will gather and preserve direct and circumstantial evidence, including available physical evidence, and any available electronic monitoring data, interview alleged victims, perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the alleged or suspected perpetrator.

Interviewed Inspector General ensures that criminal investigations documented, and the report contains all OIG investigations which are in written forms. All information received, and documents generated, are in the report.

Interviewed Inspector General reported the agency procedures require that a confined person who makes an allegation of sexual abuse is informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The investigation report is submitted to the facility and the facility PREA compliance manager informed the confined persons.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.71 (h)**

Compliance Determination:

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

The provision requires that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

According to policy, if allegations of conduct that are criminal are substantiated, referral will be made to the appropriate solicitor for prosecution of the local area.

Based on a review of information the facility provided in the PAQ, the number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit was zero.

Interviewed Inspector General reported when the agency refer cases for prosecution is anytime the allegation is found to be criminal under the SC Code of Laws.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.71 (i)**

Compliance Determination:

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

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

SCDC has a general investigative record retention schedule of physical destruction of 7 years after adjudication or until the confined person discharges from a sentence, dies while incarcerated, whichever comes first, the records can then be destroyed. The schedule has been corrected to meet standard requirements.

SCDC Policy Number: HS-18.07 Inmates Health Records section 10 - Inactive health records will be maintained by the Central HIR office in hard copy form for 25 years or on microfilm and/or on electronic media for 99 years.

Conversations with the agency PREA coordinator reported that the agency/facility requires that all written reports pertaining to administrative or criminal investigations of alleged sexual assault or sexual harassment be kept for as long as the alleged abuser in incarcerated or employed by the agency, plus five years.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

#### **115.71 (j)**

Compliance Determination:

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

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

Agency policy includes that the departure of the alleged abuser or victim from employment or control of the facility or agency will not terminate the investigation.

Interviewed Inspector General reported that when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct the agency continues with the investigation. The fact that the suspect is no longer employed has no bearing on the investigation. Their employment status means nothing to investitive 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.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

#### **115.71 (k)**

Compliance Determination:

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

The provision requires that any State entity or Department of Justice component that conducts such investigations do so pursuant to the above requirements.

Auditor is not required to audit this provision.

**115.71 (I)**

Compliance Determination:

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

The provision requires that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The interviewed warden reported that OIG handles all criminal investigations and provides the agency PREA coordinator and facility with the final reports.

Interviewed agency PREA coordinator reported that SCDC conducts its own investigations, but if an outside agency assists or investigates, SCDC ensures that all reports are received and are provided to the PREA Coordinator. The Office of the Inspector General stays in constant communication with outside agencies. SCDC has an agreement with the South Carolina Law Enforcement (SLED) for investigations. However, if an outside agency investigates an incident of sexual abuse in the facility OIG would still open a case as an assisting agency and assist the outside agency with the investigation, evidence collection, and interviews.

Interviewed facility PREA compliance manager reported that South Carolina Department of Corrections conducts investigations of all allegations that alleged events that the potential to be deemed criminal in nature on federal, state, and local laws. Those allegations that do not have criminal intent are investigated by internal administrative investigators that have completed specialized investigations training provided online by the National Institute of Corrections. The agency PREA coordinator keeps the facility informed of the results of all PREA investigations.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Sexual Abuse and Harassment Allegations Past 12 Months</li> <li>• Investigations File Reviewed and Type of Documents Included</li> <li>• Inspector General Interview Notes</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.</li> <li>• SCDC Policy GA 05.01 Investigations and Procedures</li> <li>• SCDC Policy Number: OP 21.12 Section 9 Data Collection/Tracking</li> <li>• SCDC Policy OIG-23.01 Investigation</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Inspector General</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Actions:</b></p> <p><b>115.72 (a)</b></p> <p>Compliance Determination:  The facility has demonstrated compliance with this provision of the standard because:</p> <p>The provision requires that the agency impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>SCDC 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.</p> <p>Interviewed facility investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.</p> <p>Interviewed Inspector General reported that the preponderance of the evidence is the standard of decision used.</p>

	<p>A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Evidence Relied Upon in Making the Compliance:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Inspector General Interview Notes</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SCDC Policy OIG-23.01 Investigation</li> <li>• PREA Audit: Pre-Audit Questionnaire</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Inspector General</li> <li>• Warden</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Actions:</b></p> <p><b>115.73 (a)</b></p> <p>Compliance Determination:  The facility has demonstrated compliance with this provision of the standard because:</p> <p>The provision requires that 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.</p> <p>SCDC 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</p>

abuse/sexual harassment, the alleged victim is notified of the outcome of the investigation. When the alleged perpetrator is a staff member, the institution's PCM will ensure the alleged victim is notified of the progress of the investigation as specified in PREA standard.

The agency/facility addresses the confined persons being informed by staff when the investigation is completed, informed of the outcome of the investigation, and the documentation of the notification. The PREA compliance manager remains abreast of an investigation conducted by any of the investigative entities by serving as the primary contact persons (s), as determined by the interviews. The facility indicated that any confined persons who 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.

Interviewed Inspector General reported that the responsibility of notifying the alleged victim of the outcome of the investigation falls to the PREA compliance manager of the institution. OIG has no procedure or policy that requires them to notify the victim of the outcome.

Interviewed warden reported that the facility notifies a confined person who makes an allegation of sexual abuse when the allegation has determined that the allegation is substantiated, unsubstantiated, or unfounded following an investigation. The PREA compliance manager used the SCDC form to document confined person notifications. Notification is normally made within 30 days of the close of the investigation or when an investigation is received.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

#### **115.73 (b)**

Compliance Determination:

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

The provision requires if the agency did not conduct the investigation, it request the relevant information from the investigative agency to inform the confined persons.

Based on a review of information the facility provided in the PAQ, the number of investigations of alleged confined persons sexual abuse in the facility that were completed by an outside agency in the past 12 months was three.

#### **115.73 (c)**

Compliance Determination:

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

The provision requires that 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.

Conversations with the facility PREA compliance manager reported that the agency/facility requires that following a confined persons allegation that a staff member committed sexual abuse against the confined persons, the confined persons will be informed of the results, unless it has been determined that the allegation is unfounded as stated above. The facility uses SCDC Form 19-165 to document notification.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.73 (d)**

Compliance Determination:

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

The provision requires that following a confined persons allegation that he or she has been sexually abused by another confined persons, the agency shall subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

SCDC Policy 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 inmate allegation that he or she suffered sexual abuse in an institution, the institution's PCM will ensure the alleged victim is provided notification of whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded by completing and having the inmate sign that he/she has received a copy of SCDC Form 19-165, "Disposition of PREA Report." The original is placed in the inmate PREA case file in the PCM's office.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.73 (e)**

Compliance Determination:

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

The provision requires that all such notifications or attempted notifications shall be documented.

	<p>As reported in the PAQ, in the past 12 months, the number of notifications to confined persons that were provided pursuant to this standard was zero. However, on further onsite review the auditor reviewed the investigation cases documentation (Criminal and Administrative), and there were 11 Disposition of PREA Reports (Confined Persons Notification Signature) of confined persons notified of the determined of the PREA allegations.</p> <p>Review of the policy requires the institution’s PCM to ensure that alleged victim is provided notification of whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded by completing and have the confined persons sign that he/she has received a copy of SCDC Form 19-165, “Disposition of PREA Report.” The original is placed in the confined persons PREA case file in the PCM’s office.</p> <p>A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>115.73 (f)</b></p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The provision requires that an agency’s obligation to report under this standard terminate if the confined persons are released from the agency’s custody.</p> <p>Interviewed staff indicated that if the confined persons are released from the agency’s custody the facility will terminate.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• SCDC Policy ADM-11.04 Employee Corrective Action</li> </ul>



- SCDC Policy ADM-11.17 Employee Conduct
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy ADM-11.34 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

**Interviews:**

- Warden
- PREA Compliance Manager

**Compliance Determination by Provisions and Corrective Actions:**

**115.76 (a)**

Compliance Determination:

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

The provision requires that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

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

During the documentation review there was no evidence of termination relative to sexual abuse/sexual harassment.

Conservation with warden if allegations of conduct that appears to be criminal are substantiated, referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to agency corrective action for violating agency sexual abuse or sexual harassment policies up to and including termination.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.76 (b)**

Compliance Determination:

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

The provision requires that termination is the presumptive disciplinary sanction for

having engaged in sexual abuse.

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero. In the PAQ, in the past 12 months, the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero.

Conservation with warden if allegations of conduct that appears to be criminal are substantiated, referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to agency corrective action for violating agency sexual abuse or sexual harassment policies up to and including termination. The agency/facility standard will be the presumptive disciplinary sanction for having engaged in sexual abuse is termination.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.76 (c)**

Compliance Determination:

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

The provision requires that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than engaging in sexual abuse) was zero.

Conversation with warden, violating agency sexual abuse and sexual harassment policies will be commensurate with past act in the personal files and comparable offenses by other staff with similar histories to make disciplinary decisions.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.76 (d)**

Compliance Determination:

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

The provision requires that all terminations for violations of agency sexual abuse or

	<p>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.</p> <p>SCDC 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 an inmate will be reported to the appropriate licensure authority.</p> <p>Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination) or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies was zero.</p> <p>The agency/facility indicated that all terminations for violations of the facility’s sexual abuse or sexual harassment policies, or staff resignations related to violations of the policy, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, it will be reported to relevant licensing bodies.</p> <p>A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• SCDC Policy PS-10.04 Volunteer Services Programs</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SCDC Policy ADM-11.39, Staff Sexual Misconduct with Confined Person</li> </ul>

- 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)**

Compliance Determination:

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

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

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of confined persons was zero.

Conversations with the PREA compliance manager reported if criminal, any contractor, or volunteer who engages in sexual abuse will be prohibited for contact with confined persons and reported to law enforcement.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.77 (b)**

Compliance Determination:

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

The provision requires that the facility take appropriate remedial measures and consider whether to prohibit further contact with confined persons, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Interviewed warden reported that any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will always prohibit further contact with confined persons. The contractor or volunteer person's visitation access to the institution may be barred, suspended, or temporarily reassigned to a different location or program until further notice.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is

	<p>following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SCDC Policy GA-01.12 Inmate Grievance System</li> <li>• SCDC Policy OP-21.04 Inmate Classification Plan</li> <li>• SCDC Policy OP-22.14 Inmate Disciplinary System</li> <li>• SCDC Policy OIG-23.01 Investigation</li> <li>• SCDC Form 19-29A.</li> <li>• SCDC Policy Number: HS 19.01 Placement of Inmates in Mental Health Observation and Evaluation Status</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul> <p><b>Interview:</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator</li> <li>• Facility Specialized Staff/Medical</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Actions:</b></p> <p><b>115.78 (a)</b></p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The provision requires that confined persons are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the confined persons engaged in confined persons -on- confined persons sexual abuse or</p>

following a criminal finding of guilt for confined persons -on- confined persons' sexual abuse.

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of administrative findings of confined persons-on-confined persons sexual abuse that have occurred at the facility was zero. In the PAQ, in the past 12 months, the number of criminal findings guilty of confined persons-on-confined persons were zero.

The agency/facility has a disciplinary process in place for confined persons who violate the rules of the facility which includes incidents of sexual abuse. Sanctions for confined persons violating agency policy vary depending upon the level of the violation.

Disciplinary staff reported that policy requires once the confined persons is formally charged (and entered the Offender Management System), the hearing will be held within 21 calendar days. SCDC Form 19-69 will be used to document the charges and the results of the hearing. The charges will be explained by the Hearing Officer to the 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.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.78 (b)**

Compliance Determination:

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

The provision requires that sanctions are commensurate with the nature and circumstances of the abuse committed, the confined person's disciplinary history, and the sanctions imposed for comparable offenses on other confined persons with similar histories.

SCDC Policy Number: OP 22.14 Inmates Disciplinary System section 7.1 and 7.2 - Inmate will be served with notice of disciplinary charges at least forty-eight (48) hours prior to their hearings, Should the inmate refuse to sign SCDC Form 19-69, Confined Person Disciplinary Report and Hearing Record, he/she will forfeit the opportunity to request that their accuser and/or witness (s) be present at their scheduled hearing.

Interviewed warden reported that the agency has a disciplinary policy with sanctions of confined persons subject to administrative or criminal finding that the confined person engaged in confined person-on-confined person related to sexual abuse. The sanctions proportionate to the nature and circumstances of the abuse committed, the confined person disciplinary histories and the sanctions are imposed to similar offenses by other confined persons.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.78 (c)**

Compliance Determination:

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

The provision requires that the disciplinary process consider whether a confined persons mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, in any, should be imposed.

SCDC Policy Number: OP-22.14 section1.4 - If the inmate has a mental health issue noted on his/her MEDCLASS screen or is acting in such a manner that indicates a mental health concern, then a copy of SCDC Form 19-29A, "Incident Report." Must be forwarded to the mental health staff. This referral must be documented on SCDC Form 19-29A. In these instances, a memorandum from the mental health care professional must be included as an attachment to SCDC Form 19-29A, attesting to the inmate's mental status and accountability for his/her actions. Refer to SCDC Policy HS-19.01, "Placement of confined persons Mental Health Observation and Evaluation Status," for additional information).

Interviewed warden reported that the agency/facility reported that the disciplinary process considers whether a confined persons mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivation for the abuse, the facility considers whether to require the offending confined persons participate in such interventions as a condition of access to programming or other benefits.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.78 (d)**

Compliance Determination:

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

The provision requires that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending innate to

participate in such interventions as a condition of access to programming or other benefits.

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 an 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.

Interview with the Medical staff reported that the facility offers counseling and outside intervention services designed to address and correct the underlying reasons or motivations for sexual abuse medical consider whether to offer these services to the confined persons when they are available. Confined persons are not required to participate as a condition of access to programming or other facilities services.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.78 (e)**

Compliance Determination:

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

The provision requires that 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.

Conversation with the facility PREA compliance manager indicated that the facility may discipline a confined person for sexual contact with staff only upon finding that the staff member did not consent to such contact and if the discipline confined person been proven that staff member did not consent to the conduct.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.78 (f)**

Compliance Determination:

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

The provision requires that for disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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



Preventive Planning Section 7.9: inmate who willingly submit a false report will be subject to discipline consistent with SCDC Policies OIG-23-01, Investigations, and OP-22.14 Inmate Disciplinary System.

A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient to substantiate the allegation. Any confined persons conclusively found to have filed an intentionally false report alleging sexual abuse will be subject to disciplinary action through the confined persons disciplinary system.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.78 (g)**

Compliance Determination:

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

The provision requires that an agency may, in its discretion, prohibit all sexual activity between confined persons and may discipline confined persons for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 7.10: Any inmate who engages in a consensual or non-consensual sexual act or intimate physical contact of a sexual nature with another inmate, solicits sexual acts from another inmate, or engages in any non-consensual sex with an employee, visitor, vendor, contractor or a volunteer may be subject to discipline consistent with SCDC Policy OP-22.14, Inmate Disciplinary System.

Conversation with the warden reported that SCDC prohibits sexual activity between confined persons and may discipline confined persons proven but does not consider such activity sexual abuse unless an investigation and preponderance of the evidence proves otherwise.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 344 1275 378"><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p data-bbox="256 412 512 445"><b>Documentation:</b></p> <ul data-bbox="256 479 1466 1151" style="list-style-type: none"> <li>• Confined Persons Target List</li> <li>• Confined Persons Who Disclosed Sexual Victimization During Risk Screening Interview Sheets</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SCDC Policy HS-18-02, Emergency Care</li> <li>• SCDC Policy HS-18-12, Informed Consent</li> <li>• SCDC Policy HS-18-13, Health Screening and Exams</li> <li>• SCDC Policy HS-18-15, Level of Care</li> <li>• SCDC Policy HS-19-04, Mental Health Services General</li> <li>• SCDC Policy HS-19-11, Mental Health Services Screening</li> <li>• SCDC Policy GA-06.09 Care and Custody of Transgender Inmate and Inmates Diagnosed with Gender Dysphoria</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Prisons and Jails</li> </ul> <p data-bbox="256 1184 437 1218"><b>Interviews:</b></p> <ul data-bbox="256 1252 1134 1375" style="list-style-type: none"> <li>• Facility Specialized Staff/Staff who Perform PREA Screenings</li> <li>• Target Confined Persons</li> <li>• Facility Specialized Staff/Medical</li> </ul> <p data-bbox="256 1408 1286 1442"><b>Compliance Determination by Provisions and Corrective Actions:</b></p> <p data-bbox="256 1476 424 1509"><b>115.81 (a)</b></p> <p data-bbox="256 1554 647 1588">Compliance Determination:</p> <p data-bbox="256 1599 1477 1632">The facility has demonstrated compliance with this provision of the standard because:</p> <p data-bbox="256 1666 1461 1868">The provision requires that if the screening pursuant to standard 115.41 indicates that a prison confined persons has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the confined persons is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p data-bbox="256 1912 1461 2069">SCDC 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</p>

Plan, and SCDC Policy HS-19.04, Mental Health Services-General Provisions, inmate will be screened for prior sexual abuse, victimization and potential for abusiveness. Results from the screening will be used for physical and mental health evaluations, program inclusion, and housing assignments.

The agency facility provides that confined persons who reported during initial screening that they were a victim or perpetrator of sexual abuse are offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. A review of documentation demonstrates confined persons are offered follow-up meetings in a timely manner. This information was also confirmed through the interview with target confined persons.

The interviewed staff who perform PREA Screenings reported that when a confined person has experienced prior sexual victimization whether in an institutional setting or in the community, they offer a follow-up meeting with medical or mental health staff. The confined persons may choose to refuse. If the confined person wants to have a follow-up with mental health or medical, the staff makes the referral.

Four confined persons were interviewed by the auditor's assistant who disclosed prior sexual victimization during risk screening. They reported that when they told someone at the facility that they were sexually abused prior to coming here, two reported they were told, one said they did ask him, and he said no because it was a long time ago. One answered that because that is private, and one could not recall, or he was asked.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

#### **115.81 (b)**

Compliance Determination:

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

The provision requires that if the screening pursuant to standard 115.41 indicates that a prison confined persons has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the confined persons is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

The interviewed staff who perform PREA Screenings reported that they do not obtain informed consent from confined person under the age of 18 because they are not house at this facility. However, other confined persons received this information at intake within 14 days.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

#### **115.81 (c)**

Compliance Determination:

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

The provision requires that if the screening pursuant to standard 115.41 indicates that a jail confined person has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the confined person is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

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.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.81 (d)**

Compliance Determination:

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

The provision requires that 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.

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.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.81 (e)**

Compliance Determination:

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

The provision requires that medical and mental health practitioners obtain informed consent from confined persons before reporting information about prior sexual victimization that did not occur in an institutional setting unless the confined persons are under the age of 18.

	<p>Agency/facility provides that medical and mental health practitioners obtain informed consent from confined persons before reporting information about prior sexual victimization that did not occur in an institutional setting unless the confined persons is under the age of 18. The facility has created the informed consent form to document this type of situation. However, there is no confined person under the age of 18 at this facility.</p> <p>Interviewed staff who provide medical services,” do you have a separate informed consent process for confined persons under the age of 18?” Staff indicated no, these individuals are wards of the state and do not require a separate informed consent process.</p> <p>A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.82	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SCDC Policy GA-06.09 Care and Custody of Transgender Inmate and Inmate Diagnosed with Gender Dysphoria</li> <li>• SCDC Policy HS-18-02, Emergency Care</li> <li>• SCDC Policy HS-18-12, Informed Consent</li> <li>• SCDC Policy HS-18-13, Health Screening and Exams</li> <li>• SCDC Policy HS-18-15, Level of Care</li> <li>• SCDC Policy HS-19-04, Mental Health Services General</li> <li>• SCDC Policy HS-19-11, Mental Health Services Screening</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul>

**Interviews:**

- Facility Specialized Staff/Medical

**Compliance Determination by Provisions and Corrective Actions:**

**115.82 (a)**

Compliance Determination:

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

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

SCDC 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 inmate who are victims of sexual abuse will have unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception and sexually transmitted injection prophylaxis without financial cost to the confined persons.

The agency/facility mandates the victim receives timely and unimpeded access to emergency medical treatment, crisis intervention services and advocacy services. The victim would be transported to the local hospital for a forensic examination, at no cost to the victim. Interviews revealed the mental health services are determined according to the professional judgement of the practitioner. Confined persons are informed of medical services during intake and sign acknowledgement statements indicating key information reviewed in the education session which includes treatment services. The confined persons have access to medical request forms.

Interviewed staff who conducts medical services, "Do confined persons victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services?" Yes, in accordance with SCDC policy all confined persons who are victims of sexual abuse will have unimpeded access to emergency medical treatment. This process happens within 24 hours of receiving the report.

Interviewed medical staff indicated that confined person victims of sexual abuse receive immediate, timely and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services are determined according to their professional judgement.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.82 (b)**

Compliance Determination:

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

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

Interviewed non-security staff reported describe the actions he take as a first responder to an allegation of sexual abuse would be to separate the alleged victim and abuser; preserve and protect the crime scene until for the collection of any evidence; do not let the alleged victim not take actions that could destroy physical evidence like washing, brushing teeth, changing clothes, urinating, defecating, smoke, drinking, or eating; ensuring that the alleged abuser does not take any actions that could destroy evidence; and immediately notifying medical and supervisor.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.82 (C)**

Compliance Determination:

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

The provision requires that confined persons victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Information conversation with nurse while visiting the medical area confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed are provided by the facility's medical and mental health staff. It was also indicated that the local hospital may give and share the sexually transmitted infection with the confined persons as well.

Interviewed staff who conduct medical services reported that victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection or prophylaxis. When a confined person returns from outside.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.82 (d)**

Compliance Determination:

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

	<p>The provision requires that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Interviewed medical staff who conducts medical services were asked, “Are the medical and mental services offered consistent with community level of care?” Staff reported that the services provided by the facility are consistent with community level of care or better because the confined persons have access to the services. These services are provided at no cost to the confined persons.</p> <p>A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<p><b>115.83</b></p>	<p><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• MOU -Outside Advocacy</li> <li>• Outside Advocacy Interview with Auditor Notes</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SCDC Policy Number: HS 18.15 Level of Care</li> <li>• SCDC Policy GA-06.09 Care and Custody of Transgender Inmate and Inmate Diagnosed with Gender Dysphoria</li> <li>• SCDC Policy HS-18-02, Emergency Care</li> <li>• SCDC Policy HS-18-12, Informed Consent</li> <li>• List of SC Sane Program Locations</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul>



**Interviews:**

- Facility Specialized Staff/Medical

**Compliance Determination by Provisions and Corrective Actions:**

**115.83 (a)**

Compliance Determination:

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

The provision requires that 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.

SCDC GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that victim support: an individual treatment plan shall be developed and initiated for each victim of sexual abuse to address post-traumatic stress resulting from the sexual abuse. The treatment plan shall include, at a minimum, mental health counseling, and medical follow-up (i.e., baseline testing for infectious diseases, etc.). In the case of female inmates, a pregnancy test will be completed as appropriate.

The facility offers medical and mental health evaluations and treatment to all confined persons who have been victimized by sexual abuse. Confined persons receive a continuum of care as appropriate for victims of sexual abuse. Additional services may be provided by the local rape crisis center as needed.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.83 (b)**

Compliance Determination:

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

The provision requires that the evaluation and treatment of such victims are 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.

Informal conversation with medical staff during facility tour reported that ongoing medical and mental health care will be provided as appropriate and will include but not limited to any recommendations and medications from the local hospital, follow-up on confined persons, additional testing, and medical services. Provide information to confined persons regarding community support and instruction on medication taken with the confined persons for release from custody.

Medical staff reported that evaluation and treatment of confined persons who have been victimized entail basic first aid, lab work/STDs, noninvasive assessment

(medical), referral to trauma counseling.

The audit reviewed the Memorandum of Understanding between SCDC Ridgeland Correctional Institution and Hopeful Horizons. The MOU and Staff interviews indicated that Hopeful Horizons would advise confined persons that contact RCC that services available are for support and advocacy for a sexual abuse incident occurring at SCDC and /or sexual abuse support occurring at any time in their lives, to include outside of an SCDC facility. RCC shall advise SCDC confined persons that mental health services related to any sexual abuse are available through the SCDC Psychology Department. RCC shall advise SCDC confined persons that instances of sexual abuse occurring at SCDC can be reported by the confined persons immediately to SCDC staff, however RCC will maintain confidentiality at the confined persons' request. Provide confined persons that receive advocacy and support from RCC with post-release services or referrals as needed and requested by confined persons. Provide confined persons from other geographical areas with information about national sexual abuse resources or resources in their own communities. Note: Exception: RCC shall provide SCDC confined persons advocacy and crisis intervention services through the crisis hotline number or mail only. RCC will not offer in person services to SCDC confined persons at the SCDC.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.83 (c)**

Compliance Determination:

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

The provision requires that the facility provide such victims with medical and mental health services consistent with the community level of care.

The agency/facility is committed to providing medically necessary care to confined persons throughout their incarceration period. Services provided by agency/facility medical staff are in keeping with accepted medical standards of the community and will be the most reasonable level of service available for treatment of medical condition.

Interviewed medical staff reported that medical and mental health services provided at the facility are consistent with community level of care or better because the confined persons have access to the services.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.83 (d)**

Compliance Determination:

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

The provision requires that confined persons victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Interviewed medical staff reported "if pregnancy results from sexual abuse while incarcerated, victims will be given timely information and access to all lawful pregnancy related services. Staff stated that this does not apply to this facility. The facility is male only.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.83 (e)**

Compliance Determination:

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

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

N/A. This facility is a male facility.

**115.83 (f)**

Compliance Determination:

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

The provision requires that confined persons victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

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.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.83 (g)**

Compliance Determination:

The facility has demonstrated compliance with this standard because:

The provision requires that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interviewed medical staff reported that the treatment services provided are without financial cost to the confined persons.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.83 (h)**

Compliance Determination:

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

The provision requires that 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.

Interviewed medical staff reported that mental health evaluation of all known confined person-on-confined person abusers and offer treatment if appropriate. After learning about the abuse history of the confined person they would typically conduct the evaluation within 60 days, when possible.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Annual PREA Report September 2022</li> <li>• SSV Summary 2021 Report</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul>

**Interviews:**

- Warden
- Incident Review Team Member
- PREA Compliance Manager
- Agency PREA Coordinator

**Compliance Determination by Provisions and Corrective Actions:****115.86 (a)**

Compliance Determination:

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

The provision requires that the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) section 9.2 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.

As reported in the PAQ, in the past 12 months, the number of criminal and / or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents was six.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies corroborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.86 (b)**

Compliance Determination:

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

The provision requires that such a review ordinarily occur within 30 days of the conclusion of the investigation.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) section 9.2 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.

Based on a review of information the facility provided in the PAQ, in the past 12 months the number of criminal and or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review with 30 days, excluding only "unfounded" incidents was one. However, on further review the auditor reviewed 11 incident reports for PREA reviews that were completed within the required 30 days.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.86 (c)**

Compliance Determination:

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

The provision requires that the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The interviewed warden reported that the facility has a sexual abuse incident review team. The upper-level management officials and input from the supervisors, investigators, and medical and mental health staff, PREA compliance manager and the agency attorney. This information is from the team meeting and is used for identifying any policy, training, or other related issues that indicate a need for changes.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.86 (d)**

Compliance Determination:

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

The provision requires that the review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or

intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise cause by other group dynamics at the facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The interviewed warden reported that the facility has a sexual abuse incident review team. The upper-level management officials and input from the supervisors, investigators, and medical and mental health staff, PREA compliance manager and the agency attorney. This information is from the team meeting and is used for identifying any policy, training, or other related issues that indicate a need for changes.

Interviewed warden reported that the review team consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation. Examine areas in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Review staffing level and monitoring technology should be deployed.

Interviewed facility PREA compliance manager reported that the facility prepares a report of findings from the review, to include any determinations per standard 115.86 (d-1 through 5) and any recommendations for improvements. Then the reports are reviewed by the PREA compliance manager. The Final report is submitted to the warden for approval for any actions.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.86 (e)**

Compliance Determination:

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

The provision requires that the facility implement the recommendations for improvement or document its reasons for not doing so.

Facility implements recommendations for improvement or document its reasons for not doing so. The upper-management team is familiar with this practice. The facility has a form they use to document incident reviews, it allows for documentation of the considerations of the standard. The form and meeting provide recommendations for improvement by the team members.

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 inmate-on-inmates abuse, and 27% were allegations of staff-on-inmates' 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.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**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 documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence Relied Upon in Making the Compliance Determination:</b>  <b>Documentation:</b>



- Annual PREA Report – September 2022
- Core Civic PREA Annual Report 2021
- SSV Summary 2021 Report
- 2021 Tallahatchie Final PREA Report
- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- 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

**Interview:**

**Compliance Determination by Provisions and Corrective Actions:**

**115.87 (a)**

Compliance Determination:

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

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

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.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.87 (b)**

Compliance Determination:

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

The provision requires that the agency aggregate the incident-based sexual abuse data at least annually.

The 2022 Annual Report included but is not limited to: 2022 Aggregation of Data: 1. 2022 Aggregate of Sexual Abuse/Sexual Harassment with Female Victim Vs Male

Victim; 2. Comparison; 3. Comparison 2021 - 2022; 4. Data by Institutions; 5. Analysis; 6. Type of Cases and Percentage of Total Volume; 7. Allegation Breakdown; 8. Corrective Actions; 9. Notable Successes; and 10. Schedule of Audits.

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.87 (c).**

Compliance Determination:

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

The provision requires that the incident-based data collected include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistic (BJS) is tasked with annual data collection responsibilities under PREA. The agency has collected the required data using the Survey of Sexual Violence (SSV) including administrative data reported to the agency.

The SCDC website listed a links of SSV reports from 2006 through 2021 submitted to BJS. The agency PREA coordinator provided the auditor with the latest copy of the SSV Report.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.87 (d)**

Compliance Determination:

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

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

Based on the review of the SSV reports the agency maintains, review, and collects the required data, including reports, investigation files, and sexual abuse incident reviews.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.87 (e)**

Compliance Determination:

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

The provision requires that the agency obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its confined persons.

Informal conversations with the agency PREA coordinator provided the auditor with a copy of Core Civic 2021 PREA Annual Report.

The auditor reviewed the private facility report provided by the agency of the Annual PREA Report Addendum dated September 2022, stating that the SCDC contract with Core Civic (private facility) for the housing of certain SCDC confined persons in confinement. Core Civic must also comply with the Federal PREA Standards. The Core Civic Safety - Tallahatchie County Correctional Facility.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.87 (f)**

Compliance Determination:

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

The provision requires that upon request, the agency provides all such data from the previous calendar year to the Department of Justice no later than June 30.

The auditor reviewed the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistic (BJS) is tasked with annual data collection responsibilities under PREA. The South Carolina Department of Corrections has collected the required data using the Survey of Sexual Violence (SSV) including administrative data reported to the Central Office. The SCDC website listed a links of SSV reports from 2006 through 2021 submitted to BJS.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**Overall Findings:**

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

<b>115.88</b>	<b>Data review for corrective action</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 344 1275 378"><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p data-bbox="256 412 512 445"><b>Documentation:</b></p> <ul data-bbox="256 479 1466 815" style="list-style-type: none"> <li>• Annual PREA Report 2022</li> <li>• Core Civic PREA Annual Report 2021</li> <li>• SSV Summary 2021 Report</li> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul> <p data-bbox="256 848 437 882"><b>Interviews:</b></p> <ul data-bbox="256 916 1203 1039" style="list-style-type: none"> <li>• PREA Compliance Manager</li> <li>• Deputy Director of Legal and Compliance/Agency Head Designee</li> <li>• Agency PREA Coordinator</li> </ul> <p data-bbox="256 1072 1286 1106"><b>Compliance Determination by Provisions and Corrective Actions:</b></p> <p data-bbox="256 1140 424 1173"><b>115.88 (a)</b></p> <p data-bbox="256 1218 1481 1296">Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p data-bbox="256 1330 1461 1576">The provision requires that the agency review data collected and aggregated pursuant to standard 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including 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.</p> <p data-bbox="256 1610 1481 1901">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.</p> <p data-bbox="256 1935 1453 2058">The agency requires data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices, and training. A review of the 2021 and 2022 Annual Report indicated compliance with the standard and included</p>

all the required elements. This annual report is posted on the website for public review.

A review of the SCDC 2021 Annual Report, in calendar year 2021, SCDC received 364 reported allegations of sexual abuse/sexual harassment. The SCDC Office of Inspector General (OIG) investigated 25% of the allegations of sexual abuse/sexual harassment for criminal intent. Seventy-five percent of the allegations were investigated by institutional investigators. 31% of reports were allegations of confined persons -on-confined persons abuse, and 23% were allegations of staff-on- confined persons' abuse. Of the 364 allegations, 6% of the allegations were substantiated, 48% were unsubstantiated, 36% were unfounded, and 16% of the cases are ongoing.

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee was asked, "How do you use incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training?" The agency reviewed incident-based information relating to sexual abuse to analyze locations of abuse, the frequency with which offenders may be identified as a perpetrator or victim, patterns within certain institutions, and the times and days of abuse. The information is used to determine locations for electronic surveillance equipment, facility renovation needs, staffing allocations within institutions, institutional training, and the need to take protective measure for specific confined persons.

Interviewed agency PREA Coordinator reported his office collects, review data and aggregated the data based on standard 115.87 to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, and training. This data is collected from all SCDC facilities. The collected data is securely retained in a computerized system with passwords.

Interviewed agency PREA coordinator reported that the agency takes corrective action on an ongoing basis. The PREA Office also prepares an annual report of findings from the collected data review and any corrective actions for each facility.

Conversation with the PREA compliance manager reported that the facility through the agency reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training, what role does the facility and facility data play in the reviews. The facility PREA Compliance Manager also indicated that the facility would submit facility data to the agency PREA coordinator who will collect data from all institutions. The data will be aggregated into an annual report with corrective actions. The agency PREA coordinator holds semi-annual meetings to discuss the data with division heads.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.88 (b)**

Compliance Determination:

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

The provision requires that such a report 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.

A reviewed of the SCDC 2022 Annual Report, in calendar year 2023, SCDC received 391 reported allegations of sexual abuse and sexual harassment. The SCDC Office of Inspector General (OIG) investigated 28% of these allegations for criminal intent, while institutional investigators examined 72%. Out of the total number of reports, 30% were allegations of inmate-on-inmates abuse, and 27% were allegations of staff-on- inmate abuse. Of the 391 allegations, 5% were substantiated, 46% were unsubstantiated, and 45% were unfounded. There are also 4% of the cases still pending outcomes. The report has comparison data for the current year and corrective actions per report.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.88 (c)**

Compliance Determination:

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

The provision requires that the agency's report be approved by the agency heard and made readily available to the public through its website or, if it does not have one, through other means.

Interviewed Deputy Director of Legal and Compliance/Agency Head Designee was asked, "Do you approve the PREA annual reports written?" The Deputy Director of Legal and Compliance and the Director of the South Carolina Department of Corrections review and approve written PREA annual reports. The annual reports are available on the agency website.

The Annual PREA Report (2022) was approved by the Agency Heard and the Chief Legal & Compliance Officer in September 2022 and posted on the agency website.

Note: Signatures on File.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.88 (d)**

Compliance Determination:

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

The provision requires that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security

	<p>of a facility but must indicate the nature of the material redacted.</p> <p>Interviewed agency PREA coordinator was asked, “What types of material are typically redacted from the annual reports? Does the agency indicate the nature of material redacted?” Yes, personal identifying information (PII) is redacted. The annual report does not include personal identifying information like facility staff names, confined persons names or ID numbers, etc.</p> <p>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> <p>A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• SCDC POLICY Number: HS 18.07 Inmates Health Records</li> <li>• Email: Retention Policy are not put in policies anymore</li> <li>• Online PREA Audit: Pre-Audit Questionnaire</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Compliance Manager</li> <li>• Agency PREA Coordinator</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Actions:</b></p>

**115.89 (a)**

Compliance Determination:

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

The provision requires that the agency ensure that data collected pursuant to standard 115.87 are securely retained.

SCDC 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.

SCDC 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.

Interviewed agency PREA Coordinator reported his office collects, review data and aggregated the data based on standard 115.87 to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, and training. This data is collected from all SCDC facilities. The collected data is securely retained in a computerized system with passwords.

A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.89 (b)**

Compliance Determination:

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

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

SCDC 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 auditor reviews the 2022 PREA Annual Report. The report provides a review of the incident-based and aggregated data for calendar year and a comparison of aggregated data for past calendar years. The report provides corrective actions developed to further reduce sexual abuse and sexual harassment.

The auditor reviews the Annual PREA Report Addendum dated September 16, 2021, stating that the SCDC (private facility) contract with Core Civic for the housing of certain SCDC confined persons in confinement. Core Civic must also comply with the Federal PREA Standards. The Core Civic Safety - Tallahatchie County Correctional Facility.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.89 (c)**

Compliance Determination:

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

The provision requires that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

The informational conversation with the agency PREA coordinator and review of the Annual Report indicated that all personal identifiers were removed.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.89 (d)**

Compliance Determination:

The facility has demonstrated compliance with this standard because:

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

SCDC Policy Number: HS-18.07 Inmates Health Records section 10 - Inactive health records will be maintained by the Central HIR office in hard copy form for 25 years or on microfilm and/or on electronic media for 99 years.

Informational discussions with staff indicated that the record retention standard is determined in state statutes and would require the legislature to make a change to the state law. This is an area that 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.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is

	<p>following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• Core Civic 2021 PREA Annual Report</li> <li>• Facility Past Final Audit Report</li> <li>• Agency PREA Website</li> <li>• Facility Posting of PREA Notices</li> <li>• Agency Annual PREA Report</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator</li> <li>• PREA Compliance Manager</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Actions:</b></p> <p><b>115.401 (a)</b></p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The provision requires that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.</p> <p>A review of the agency’s website provided PREA audit reports according to cycles.</p>

Each facility is included in the agency's Annual PREA Report. The private facility product its own annual PREA report.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.401 (b)**

Compliance Determination:

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

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

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

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.401 (h)**

Compliance Determination:

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

The provision requires that the auditor have access to, and shall observe, all areas of the audited facilities.

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. Housing units, medical area, visitation, intake area, gatehouse, administrative areas, mail room. Kitchen, dining, storage, work areas were toured.

A review of the appropriate documentations, interviews and conservations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.

**115.401 (i)**

Compliance Determination:

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

The provision requires that the auditor be permitted to request and receive copies of any relevant documents (including electronically stored information).

The PREA Coordinator and the facility provided the auditor with all relevant documents to include electronically stored information through the agency system.

**115.401 (m)**

Compliance Determination:

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

The provision requires that the auditor be permitted to conduct private interviews with confined persons.

During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email and pictures confirming the posted notices and observed the posted notices on-site.

During the onsite visit the auditor requested and receive areas to interview confined persons in private.

**115.401 (n)**

Compliance Determination:

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

The provision requires that confined persons be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

There were two confidential communications from confined persons and none from staff. Staff interview indicated that confined persons are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

The auditor reviews the MOU between Ridgeland CI and Hopeful Horizons: 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

	<p>on before they became incarcerated.</p> <ul style="list-style-type: none"> <li>• Just Detention International (JDI) - is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. - and the world - dedicated exclusively to ending sexual abuse behind bars. 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. This agency reported that they did not receive reports from the facility.</li> <li>• National Sexual Violence Resource Center (NSVRC) response: A email was sent 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.</li> </ul> <p>A review of the appropriate documentations, interviews and conversations with staff and confined persons, review of relevant policies collaborated that the facility is following the provisions of this standard. No corrective action is warranted.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023.</li> <li>• SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021</li> <li>• Core Civic 2021 PREA Annual Report</li> <li>• Facility Past Final Audit Report</li> <li>• Agency PREA Website</li> <li>• Facility Posting of PREA Notices</li> </ul>

- Agency Annual PREA Report

**Interviews:**

- Agency PREA Coordinator
- PREA Compliance Manager

**Compliance Determination by Provisions and Corrective Actions:**

**115.403 (f)**

Compliance Determination:

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

The provision requires that the agency 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.

The auditor reviewed the agency website and the facility final PREA reports are published on the agency website.

**Overall Findings:**

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

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	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
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	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
<b>115.33 (b)</b>	<b>Inmate education</b>	
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	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
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(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).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	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
<b>115.43 (d) Protective Custody</b>		
	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
<b>115.43 (e) Protective Custody</b>		
	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
<b>115.51 (a) Inmate reporting</b>		
	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
<b>115.51 (b) Inmate reporting</b>		
	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.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na



	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
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	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
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	



	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403</b>	<b>Audit contents and findings</b>	

<b>(f)</b>		
	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