PREA Facility Audit Report: Final

Name of Facility: Broad River Correctional Institution
Facility Type: Prison / Jail
Date Interim Report Submitted: 09/14/2026
Date Final Report Submitted: 11/14/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Adam T. Barnett, Sr.	**Date of Signature:** 11/14/2026

AUDITOR INFORMATION	
Auditor name:	Barnett, Adam
Email:	adam30906@gmail.com
Start Date of On-Site Audit:	08/25/2026
End Date of On-Site Audit:	08/27/2026

FACILITY INFORMATION	
Facility name:	Broad River Correctional Institution
Facility physical address:	4460 Broad River Road, Columbia, South Carolina - 29210
Facility mailing address:	4460 Broad River Road, Columbia, South Carolina - 29210

Primary Contact

Name:	Lydell Chestnut
Email Address:	chestnut.lydell@doc.sc.gov
Telephone Number:	803-896-2199

Warden/Jail Administrator/Sheriff/Director	
Name:	Stephen Duncan
Email Address:	Duncan.Stephen@doc.sc.gov
Telephone Number:	803-896-2234

Facility PREA Compliance Manager	
Name:	Lydell Chestnut
Email Address:	chestnut.lydell@doc.sc.gov
Telephone Number:	
Name:	Floravia Jones
Email Address:	jones.floravia@doc.sc.gov
Telephone Number:	(803) 896-2988

Facility Health Service Administrator On-site	
Name:	Julianna Briggs
Email Address:	Briggs.Julianna@doc.sc.gov
Telephone Number:	803-896-2137

Facility Characteristics	
Designed facility capacity:	1458
Current population of facility:	1101
Average daily population for the past 12 months:	1006

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	18-94
Facility security levels/inmate custody levels:	Level III
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	266
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	425

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

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

Agency-Wide PREA Coordinator Information			
Name:	Tracy Webb	**Email Address:**	webb.tracy@doc.sc.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
2	• 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

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-08-25
2. End date of the onsite portion of the audit:	2026-08-27

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Pathways of Healing

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1458
15. Average daily population for the past 12 months:	1006
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) 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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	1098
25. 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:	44
26. 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:	33
27. 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:	6
28. 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:	10
29. 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:	12
30. 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:	0

31. 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:	0
32. 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:	8
33. 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:	7
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. 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):	None of the staff selected to be interviewed refused. The facility was accommodating and assigned supervisors to work with the auditor so there was minimal downtime waiting for staff or residents to interview.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	266
37. 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:	425

38. 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:	0
39. 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:	None of the staff selected to be interviewed refused. The facility was accommodating and assigned supervisors to work with the auditor so there was minimal downtime waiting for staff or residents to interview.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor made a concerted effort to ensure that the sample of residents selected for interviews represented a broad geographic diversity. This process began with a thorough review of the detainee roster, taking into account various factors such as race, ethnicity, length of time incarcerated at the facility, and housing assignments. To further validate the diversity and appropriateness of the sample, the auditor also engaged in informal conversations with residents encountered during the facility tour, cross-checking the selected individuals against these interactions. This approach helped confirm that the interviewee group reflected the overall inmate population in a fair and balanced manner.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
44. 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):	The auditor initially selected the required number of residents for interviews based on the resident interview requirements in the Auditor's Handbook, using the facility's population size. The auditor found no indication that residents were afraid to be interviewed due to threats or fear of retaliation. Interviewed residents did not appear distressed or fearful about participating confidentially.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20

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".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. 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:	2
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2

52. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Not Applicable.
53. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Not Applicable.

54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	6
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ) which did not identify any residents, examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender and Race.

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	(●) Yes ( ) No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	In selecting staff for interviews, both gender and race were considered. There were no barriers in conducting interviews. These factors were included to ensure that the sample reflected the diversity present within the facility, thereby supporting a fair and representative assessment of the population.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
63. Were you able to interview the Agency Head?	( ) Yes (●) No
a. Explain why it was not possible to interview the Agency Head:	The agency head has formally appointed the Deputy Director of Legal and Compliance to serve as the official designee. This designation ensures that the responsibilities and duties typically carried out by the agency head are appropriately delegated. By selecting the Deputy Director of Legal and Compliance, the agency maintains both a clear line of authority and continuity in decision-making processes, particularly on matters requiring legal oversight or interpretation.
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No

65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☑ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	.

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.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. 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
73. 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
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor conducted a comprehensive site review of the facility, examining a wide range of areas to ensure an in-depth assessment. The following areas were included during the walkthrough: Housing; Intake/Classification; Record Storage; Administrative Areas; Front Entrance; Main Control; Kitchen/Cafeteria; and Intake Holding. Throughout the site review, the auditor completed his personal PREA Audit Site Review Checklist and took notes. This process involved direct observation, testing of critical facility functions, and engaging in informal conversations with both staff and residents. Key observations and actions included: • Assessment of PREA-related signage, including PREA Audit Notices, PREA Posters, Flyers, Pamphlets, and similar materials. • Verification that signage was available in both English and Spanish. • Examination of the height and physical placement of signage to ensure visibility and accessibility. • Identification of any signage that was obscured, unreadable due to graffiti, or otherwise damaged. • Testing of internal and external reporting mechanisms, such as phones. • Observation of housing, the number of toilets and showers, placement of cameras and mirrors, identification of blind spots, staff announcements regarding the presence of the opposite gender, frequency of checks, and verification of whether any youth were present. • Informal conversations with staff regarding facility perceptions of safety and reporting sexual abuse.

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.

77. 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?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	During the facility tour, the auditor held informal conversations with residents and staff. Residents were asked whether they felt safe at the facility; the common response was yes. They were also asked whether they were aware of the PREA audit scheduled for that week. Some said yes, and others said they had seen the posted PREA audit notice. When asked how they would report a PREA allegation, residents stated they would tell staff or use the PREA line. Staff were asked how often they conducted rounds in the living units; responses ranged from 15 to 45 minutes. The auditor also asked about staffing levels in each unit, and responses varied by unit and time of visit. Staff were asked about the agency/facility PREA policy and identified its zero-tolerance approach to sexual abuse and sexual harassment.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	5	1	4	0
Staff-on-inmate sexual abuse	5	2	3	0
Total	10	3	7	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	4	0
Staff-on-inmate sexual harassment	1	0	3	0
Total	4	0	7	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	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.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	5

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	5
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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.	( ) Yes (●) No

Non-certified Support Staff	
103. 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.	(●) Yes ( ) No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	2
AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	( ) The audited facility or its parent agency (●) My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ( ) A third-party auditing entity (e.g., accreditation body, consulting firm) ( ) Other
Identify your state/territory or county government employer by name:	Diversified Correctional Services, LLC
Was this audit conducted as part of a consortium or circular auditing arrangement?	( ) Yes (●) No

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) • Policy: GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment • Agency's Organizational Chart • Acting PREA Coordinator • Pre-Audit Questionnaire (PAQ • Warden PCM Appointment / State of South Carolina Job Position Description • Facility Organizational Chart (Staffing Plan) • PREA Compliance Manager **Reasoning and Analysis by Provision:** **115.11 (a)** The provision requires, the agency to have a written policy mandating zero tolerance

toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

Review of Documents:

The Pre-Audit Questionnaire (PAQ): A review indicated that the agency/facility has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

The Pre-Audit Questionnaire (PAQ): A review indicated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

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

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.

The agency/facility enforces a zero-tolerance policy for all forms of sexual abuse and sexual harassment. The policy describes the facility's approach to prevention, detection, and response to such conduct. It includes definitions of prohibited behaviors related to sexual abuse and sexual harassment and outlines sanctions for individuals found to have engaged in prohibited behaviors.

The agency and facility uphold a strict zero-tolerance policy regarding all forms of sexual abuse and sexual harassment. This policy clearly defines the facility's comprehensive approach to preventing, detecting, and responding to any incidents of sexual misconduct within its operations.

The policy establishes procedures focused on proactive prevention strategies, effective detection methods, and timely responses to reports or findings of sexual abuse or harassment. These procedures are designed to ensure that every allegation is taken seriously and handled according to established guidelines.

Clearly defined terms specify the types of behaviors that are prohibited, encompassing all forms of sexual abuse and sexual harassment. The policy also outlines the sanctions that may be imposed on individuals found to have engaged in these prohibited behaviors, reinforcing the agency's commitment to maintaining a safe and respectful environment for all.

The definitions of sexual abuse and harassment in the agency's PREA policy align with those outlined in Standards for Prisons and Jails 115.6.

The auditor received a memo from the Acting Agency PREA Coordinator dated August 26, 2025, referring to the SCDC Policy Update. The memo serves to provide the process for ensuring the most current policies are uploaded into the institutional Pre-Audit Questionnaires.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Discussions with the Facility PREA Compliance Manager revealed that the agency has a written PREA policy, which is also part of staff training and included in the staffing plan.

Corrective Actions: Not Required

Provision Findings:

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

115.11 (b)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): A review indicated that the agency designated an upper-level, agency wide PREA Coordinator.

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

An examination of the Agency's Organizational Chart confirms the existence of the Agency PREA Coordinator position. This verification supports the fact that the agency has formally designated an upper-level, agency-wide PREA Coordinator. The inclusion of this role on the organizational chart demonstrates the agency's commitment to ensuring adequate authority and visibility for PREA oversight responsibilities in line with PREA requirements.

PREA Coordinator – Q:1,2,3

Agency Acting PREA Coordinator: Do you feel that you have enough time to manage all of your PREA-related responsibilities? Yes, she has enough time and authority to ensure all facilities meet PREA standards. She has 21 facilities and 3 Regional PREA Compliance Managers. She reports directly to the Deputy Director of Legal and

Compliance, as shown on the organization’s chart.

Agency Acting PREA Coordinator: How many facility PREA compliance managers are there throughout your agency? How, if at all, do you interact with them? She indicated that she interacts with 21 facility PREA compliance managers. Once per year she coordinates the Agency PREA Compliance Manager’s Conference where they conduct PREA Trainings and Refreshers and give PREA awards. And the Regional PREA Compliance Managers also visit assigned sites there to monitor and work with the facility PREA Compliance Managers.

Agency Acting PREA Coordinator: If you identify an issue with complying with a PREA standard, what actions or processes do you undertake to work toward compliance with that standard? She indicated that she would work with the Regional PREA Compliance and the Facility PREA Compliance Manager to get an understanding of the issues. If the issues involved the Central Office she would serve as the contact, and working with the facility to resolve the issues. To resolve the issue, it may be additional training, policy readjustment or process reviewing.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility tour, the auditor engaged in informal conversations with staff members to discuss the agency's acting PREA Coordinator and to clarify the responsibilities associated with this position. Through these interactions, staff provided insight into the acting PREA Coordinator's role in overseeing PREA compliance efforts, emphasizing her authority and the scope of her duties within the agency. These exchanges helped to further verify the agency's commitment to maintaining PREA standards across all facilities and illustrated the practical impact of the acting PREA Coordinator's leadership on daily operations.

Corrective Actions: Not Required

Provision Findings:

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

115.11 (c)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): The review revealed that the facility has designated a Facility PREA Compliance Manager and the Facility PREA Compliance Manager reports to the Warden.

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

PCM Appointment: The warden provided the auditor with a letter appointing the PREA Compliance Manager (s).

A review of the facility's organizational chart confirmed the existence of the PREA Compliance Manager position. The chart outlines the reporting hierarchy associated with this role, demonstrating where the PREA Compliance Manager is positioned within the organizational structure and to whom they report. This documentation provides transparency regarding the authority and responsibilities linked to the role, supporting the facility's commitment to PREA compliance.

PREA Compliance Manager – Q:1

PREA Compliance Manager: Do you feel that you have enough time to manage all of your PREA-related responsibilities? Yes. The PREA Compliance Manager indicated that they have enough time to manage all of their PREA related responsibilities.

PREA Compliance Manager: Discuss how you coordinate your facility’s efforts to comply with the PREA standards. The PREA Compliance Manager indicated that they attended brief shifting to share PREA updates, ensures that all staff completes the PREA training, checks phones in the housing units to ensure that they are working, monitor PREA allegations, investigate administrative allegations, and conduct PREA around.

PREA Compliance Manager: If you identify an issue with complying with a PREA standard, what actions or process do you undertake to work toward compliance with that standard? The PREA Compliance Manager indicated that they get an understanding of the issue, meet with the areas involved, meet with the warden, contact the agency PREA Office for additional guidance, this is based on what the specific standard provisions that have the issue.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Review):

Informal conversations regarding the facility's organizational chart identify a designated PREA Compliance Manager, with "PREA" specifically listed under the individual's name. This chart was reviewed and observed by the auditor during the site visit, confirming the official assignment and visibility of this role within the facility's structure.
Additionally, informal discussions with the Facility PREA Compliance Manager revealed that he possesses both adequate time and sufficient authority to effectively coordinate the facility's efforts in meeting PREA standards. These conversations support evidence that the PREA Compliance Manager is empowered to fulfill the responsibilities required for compliance.

Corrective Actions: Not Required

Provision Findings:

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

Overall Findings:

The Agency's PREA Coordinator Unit includes an Agency PREA Coordinator, Assistant Coordinator Position, Case Manager, and one Regional Manager position. The PREA provided the auditor with additional documents that two other Regional Manager positions have been posted, and the hiring process has begun. This team ensures all 21 facilities comply with PREA standards.

The auditor uses triangulation by linking PREA documentation, policies, on-site observations, facility reviews, practices, interviews, and the online Pre-Audit Questionnaire to confirm findings. The analysis shows the facility exceeded the standard requirement.

115.12 Contracting with other entities for the confinement of inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in making Compliance Determinations:

- Pre-Audit Questionnaire (PAQ)
- Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA)
- Policy: GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment
- Columbia Regional Care Center (Recovery Solutions) PREA Final Report
- Agency's Contract Administration/Deputy of Legal and Compliance

Reasoning and Analysis by Provision:

115.12 (a)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): The review revealed that the number of contracts for confinement of inmates that the agency entered into or renewed with private

entities or other government agencies, facility reported 0. The number of contracts that did not require contractors to adopt and comply with PREA Standards was 0.

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.

The agency has one contract for the confinement of some of its medical inmates with private agency. The auditor reviews the contract, and it has the required PREA language. Any potential new contracts or renewals would have included provisions requiring the contracting entity to adopt and comply with the Prison Rape Elimination Act (PREA) standards.

The auditor also reviewed the Columbia Regional Care Center (Recovery Solutions) PREA Final Report to ensure that the facility was compliant with the PREA standards.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.12 (b)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): The review revealed that the number of contracts referenced in 115.12 (a)-3 that do not require the agency to monitor contractor’s compliance with PREA standards, facility reported 0.

The agency has one contract for the confinement of some of its medical inmates with private agency. The auditor reviews the contract, and it has the required PREA language. Any potential new contracts or renewals would have included provisions requiring the contracting entity to adopt and comply with the Prison Rape Elimination Act (PREA) standards.

The auditor also reviewed the Columbia Regional Care Center (Recovery Solutions) PREA Final Report to ensure that the facility was compliant with the PREA standards.

Agency’s Contract Administration/Deputy of Legal and Compliance – Q:1, 2,

	3 Agency’s Contract Administration/Deputy of Legal and Compliance: How do you monitor new and renewed contracts for confinement if the contractor complies with required PREA practices? SCDC monitors new and renewed contracts by ensuring that the PREA language is in the contract, requesting PREA reports ensuring compliance. Agency’s Contract Administration/Deputy of Legal and Compliance: Have PREA compliance results been completed for each contract entered into in the past 12 months? No contract has been entered into for the past 12 months that required PREA compliance. Agency’s Contract Administration/Deputy of Legal and Compliance: Have contract facilities completed and submitted PREA compliance results? Yes. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.13	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) • Policy: GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment • Policy OP-22.48, Institutional Weekly Rounds Policy • Policy OP-22.24, Post Orders • Informal Conversations

- Staffing Plan
- SCDC Form 19-212 Deviation from Staffing Plan
- Acting PREA Coordinator
- Pre-Audit Questionnaire (PAQ)
- Daily Population Report
- Unannounced Rounds Logs
- Site Review
- Deviation For Staffing Plan
- Duty Warden’s Checklist
- Warden
- PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff

Reasoning and Analysis by Provision:

115.13 (a)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates, facility reported 1006.

The Pre-Audit Questionnaire (PAQ): Based on a review of information that the facility provided in the PAQ, since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates the staffing plan was predicted, facility reported 1006.

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.

The auditor examined the staffing plan, which included details about the

	organizational chart, facility demographics, facility breakdown, cameras, physical plant, staffing patterns, post chart, minimum staffing, and PREA policy information to include all the required elements were taken into consideration. A review of the Broad River Correctional Institution Staffing Plan included the following: The Institution’s design capacity, this is the number of inmates the institution is designed to hold without overcrowding, is 1914. The Institution’s budgeted capacity, this is the rated capacity, is 1914. The facility requires at a minimum of 24 Inmate Correctional Officers (CO) 7 days week, Monday through Friday, to minimally cover a weekday shift at the Facility. First shift requires a minimum of 12 officers, second shift requires 12 officers. The facility is comprised of 6 housing units with 2 wings (A and B). The facility has 296 cameras located in and around the facility that are always monitored and recorded. The cameras in the facility cover the main sections of the building to include housing wings, hallways, recreation areas and visitation. The outside cameras cover the surrounding areas, exits, and entrances to the facility. There are no cameras in general population rooms or in holding cells. All offenders’ rooms are equipped with functioning sinks and toilets. Camera surveillance is utilized throughout the facility. The facility previously had 6 identified blind spots within the facility that are accessible to offenders. All the blind spots have been covered with either Cameras or Mirrors. Additionally, the Staff Plan included the institutional diagram, and the layout of the facility. In order to evaluate the extent of overcrowding within the housing units, the auditor conducted a thorough review of the Daily Population Reports spanning from June 10, 2025 – June 1, 2026. This evaluation involved analyzing data on the institution’s designated capacity in comparison to the actual inmate population recorded on the 1st, 10th, and 20th days of each month throughout the twelve-month period. The findings from this analysis revealed that the highest daily occupancy rate during this timeframe reached 93.05% of the institution’s designated capacity. Warden Q: 1,2,3 / PREA Compliance Manager Q: 4 Warden: Does your facility have a staffing plan? Are adequate staffing levels to protect inmates against sexual abuse considered in this plan, and if so, how? Is video monitoring part of this plan? Is the staffing plan documented, and if so, where? Yes. The facility has a staffing plan, and the plan is based on adequate staffing levels to protect inmates against sexual abuse. Video monitoring is a part of the plan, and some housing units have 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. 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.

Warden: When assessing adequate staff levels and the need for video monitoring, please explain if and how the facility staffing plan considers the requirements of this provision. The staffing plan considers national correctional practices, judicial findings, federal findings, internal and external oversight reports, physical plant to include blind spots, components of inmates, staffing, programs, and other relevant factors.

Warden: How do you check for compliance with the staffing plan? The facility checks for compliance with the staffing plan by reviewing post assignments, routine unannounced rounds, staff shift briefing, reviewing incident reports, call outs, shift reports, safety radios monitoring, and key control check outs.

PREA Compliance Manager: Indicated that when assessing adequate staffing levels and need for video monitoring they consider general correctional practices, any law litigation, outside investigation of the agency from other facility departments, internal and external security audits, blind spots, and the inmate populations.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Site Review Notes / 2026 Staffing Plan.

During the site review, the auditor observes the following:

- The auditor compares the written staffing plan against the tour observations to determine whether the staffing plan adequately assesses the staffing and electronic monitoring needs of the facility with regard to sexual safety. The auditor also checks whether the facility is staffed according to the staffing plan and whether deviations from the plan have been documented.
- The number of staff in the housing units is noted. Informal conversations with the officers in each unit report the number of inmates in each housing unit and the number of staff assigned to that shift, not including the rover or supervisor.
- These housing units do not have an isolated area like administrative/disciplinary segregation and protective custody; such areas are located in another housing unit such as the RHU.
- The auditor reviews the areas where sexual abuse is known to be more likely to occur according to the staffing plan and areas that were in the investigation's files.
- In addition to this review, the auditor evaluates whether staff assignments, camera placements, and supervision practices in these locations are sufficient to deter and detect incidents, ensuring that any identified vulnerabilities are addressed

effectively through both physical presence and technological measures.

- During the housing site review, the auditor observes the staff line of sight and assesses whether there are blind spots. The auditor counts cameras in each unit and notes their locations. Some units also have mirrors to eliminate blind spots. The auditor determines that movement in and out of the units is monitored by surveillance and by staff.
- The auditor observes indirect supervision, and the frequency of cell checks in housing units where the inmates are living. The frequency is confirmed by reviewing the unit logbook and through informal conversations with the officer. Most Officers indicate that unit rounds are conducted every 30 to 50 minutes on average.
- When visiting the main control room and reviewing the monitors for the housing units, the auditor has an informal conversation with the control room officer. It is reported that the control room is staffed 24/7 and indirect supervision is a part of the shift change process.
- During the onsite visit, the auditor tours the Intake/Classification, Intake Holding Area, Administration Area, Medical, Visitation, Mailroom, Law Library, Education/ Program Areas, Gymnasium, Canteen, Kitchen/Cafeteria, Commissary, Maintenance, and Housing Areas. No youthful inmates were present.

Corrective Actions: Not Required

Provision Findings:

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

115.13 (b)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) indicated that each time the staffing plan is not complied with, the facility documents justify all deviations from the staffing plan, facility response was yes.

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 plan. 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 auditor reviewed 34 SCDC Form 19-212 Deviation from Staffing Plan reasons and justifications. A summary of the review indicated, due to the limited/shortages of security staff on each shift, the shift is working at a critical level, the shift will cover

	all critical posts for the daily operation of the facility and will fill in with C-card security staff where needed to run the institution at normal operation. To review deviation from the staffing plan per shift, please review the shift strength report and the Shift Duty Roster. The strength report will show the authorized strength, the security staff assigned, and the actual number assigned. The Shift Duty Roster will show the staff post assignment. All shift supervisors will make every effort to fill all critical posts by utilizing available resources, such as our c-card security and any mandatory shift security that is required to work. C-card security staff are also utilized on the weekend mandatory assignment to aid in helping the shift with limited staff to run the overall operation of the institution where needed. Warden – Q: 4 Warden: Does the facility document all instances of non-compliance with the staffing plan? Yes. If yes, does this documentation include explanations for non-compliance? The facility document instances of non-compliance with the staffing plan and the documentation included explanations for non-compliance. The deviation is documented on SCDC Policy form 19-212 Deviation from Staffing Plan some with additional attachments. Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): During the facility tour, observations were made regarding staff presence in various units. Informal discussions with staff further supported these observations. It was noted that the actual number of staff present in the units did not correspond with the numbers outlined in the facility's written staffing plan. Staff members acknowledged that the facility is currently experiencing a shortage of personnel, which impacts their ability to consistently meet the staffing plan requirements. Review site review outlined under provision (a). Corrective Actions: Required Finding required corrections: During the documentation review, the auditor reviewed 75 completed Deviation Forms (Form 19-212) of the 75, 2 were from the year 2026 and 73 from the year 2025. The facility has not completed the required forms for 2026 in the past 8 months. Facility Corrective Action: On November 6, 2026, the auditor reviewed the additional 26 completed Deviation Forms (Form 19-212) that confirmed the facility is documenting Deviations for the staffing plan as required by this provision. This provision is now rated as compliant. Provision Findings: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard.

115.13 (c)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) indicated that at least once every year the facility/ agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed, response was yes.

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

The Staffing Plan Compliance Checklist, which is attached to the Staffing Plan, provides documented confirmation that the agency and facility conduct an annual review of the staffing plan. Evidence from the most recent review shows that the plan was evaluated and formally signified by the Facility management, the Agency PREA Coordinator, and the Regional PREA Manager.

PREA Coordinator – Q:10

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

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility tour the auditor observed the facility video monitoring system in the main control room as well as the location of the cameras throughout the facility to include the front gate house.

Informal conversations with the Acting PREA Coordinator along with Facility Warden and PREA Compliance Manager (PCM) indicated that they assess, determine, and document whether adjustment is needed to the staffing plan.

Corrective Actions: Not Required

Provision Findings:

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

115.13 (d)

The provision requires each agency operating a facility to implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency has a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility.

Review of Documents:

The Pre-Audit Questionnaire (PAQ): Indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment, facility response was yes.

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

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

SCDC Policy OP-22.48, Institutional Weekly Rounds Policy Statement: To require the executive and senior staff members to make unannounced visits to the institution’s housing and activity areas at least weekly to encourage informal contact with staff and inmates and to informally observe housing and working conditions. In addition, each institution shall maintain a system of two-way communication between all levels of staff and inmates.

	As part of the audit process, the auditor conducted a review of unannounced rounds that were documented on the Unannounced Round Logs, specifically SCDC Form 19-164A, “General Population Housing Unannounced Rounds Logs.” The auditor reviewed 10 log pages and 126 log entries. including the specific locations where the rounds were conducted, the date of each round, the name and signature of the staff member performing the round, as well as the recorded time-in and time-out for each inspection. As part of the compliance audit, the auditor conducted a detailed review of documentation related to unannounced supervisory rounds. Specifically, 56 Facility Unannounced Rounds were examined, as recorded on SCDC Form 19-173, Duty Warden’s Checklist. These records included PREA unannounced rounds, ensuring a focus on the identification and deterrence of staff sexual abuse and sexual harassment. The Duty Warden’s Checklist provided comprehensive details for each round, including the date, site/event/inspection, specifics of the unannounced facility round, the name of the individual submitting the report, and the date of submission. This review confirmed that all facility shifts were appropriately covered by unannounced rounds, demonstrating adherence to policy requirements. Intermediate or Higher-Level Facility Staff – Q: 1, 2, 3 Intermediate/Higher-Level Facility Staff: Have you conducted unannounced rounds? Yes. Intermediate/Higher-Level Facility Staff: Have you documented these rounds? Yes. Intermediate/Higher-Level Facility Staff: How do you prevent staff from alerting other staff that you are conducting unannounced rounds? Staff reported that unannounced rounds occur on various days and times, including weekends and holidays. They use different routes in the facility and monitor radio announcements. The duty officer conducts rounds, and the supervisors conduct PREA rounds. The unannounced rounds are documented on Unannounced Round Logs SCDC Form 19-164A “General Population Housing 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. Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): The PREA Compliance Manager confirmed that facility staff carry out unannounced rounds at various times throughout all shifts, including both daytime and nighttime hours. To ensure accountability and proper documentation, these unannounced rounds are recorded using official agency forms to include logbooks. This process demonstrates the facility's commitment to maintaining oversight and supporting compliance with established PREA standards. Corrective Actions: Required

	Finding required corrections: During the documentation review, the auditor reviewed 126 Unannounced Rounds log entries. Of 126, 56 have timing concerns. The length of time in a location or no time of leaving the location. The auditor did not match times, date as recorded by monitoring system. Facility Corrective Action: On November 6, 2026, the auditor reviewed 84 Unannounced Rounds log entries. All required log entries were completed. This provision is now rated compliant. Provision Findings: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.14	**Youthful inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) • Policy OP-22.39, Young Offender Parole and Reentry Services (YOPRS) • Youthful Inmates Interviews • Pre-Audit Questionnaire (PAQ) • Population Breakdown by Age • Daily Population Report • Informal Conversation • Site Review • Line Staff Who Supervise Youthful Inmates • Youthful Inmates • Education and Program Staff who Work with Youthful Inmates **Reasoning and Analysis by Provision:** **115.14 (a)**

	The provision requires a youthful inmate not to be placed in a housing unit in which the youthful inmates will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. **Review of Documents:** The Pre-Audit Questionnaire (PAQ): In the past 12 months, the number of housing units to which youthful inmates are assigned provides sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters, facility reported 0. In the past 12 months, the number of youthful inmates placed in same housing unit as adults at this facility; facility reported 0. 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 inmate 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. As part of the assessment process, the auditor examined the facility's Population Breakdown by Age Report. This review confirmed that there are no inmates under the age of 18 currently housed at the facility. The absence of youthful inmates underlines the facility’s adherence to policies and regulations regarding the housing and separation of youthful offenders from the general population of adult inmates. **Line Staff who Supervise Youthful Inmates – Q: 1,2,3, 5 / Youthful Inmates Q:1** Questions regarding Youthful Inmates are not applicable because the facility does not house youthful inmates. Questions regarding staff who work with youthful inmates are not applicable because the facility does not house youthful inmates. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the onsite visit, the auditor conducted a comprehensive tour of the facility, inspecting key areas including Intake/Classification, Intake Holding Area, Administration Area, Medical, Visitation, Mailroom, Law Library, Education, Gymnasium, Canteen, Kitchen/Cafeteria, Commissary, Industries, Maintenance, Maintenance, RHU, and Housing Areas. At the time of the onsite visit, no youthful inmates were present within any of these locations. Interviews with both staff and inmates confirmed that the facility does not house

youthful inmates. Staff shared that, in the event a youthful inmate were admitted, PREA Compliance personnel would ensure the individual’s placement in a separate area, such as medical or intake, to maintain sight and sound separation from adult inmates.

Corrective Actions: Not Required

Provision Findings:

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

115.14 (b)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): The facility maintains sight, sound, and physical separation between youthful inmates and adult inmates in areas outside housing units if the house has any youthful inmates, facility reported no (0).

The auditor examined the facility's Population Breakdown by Age, including a review of admissions prior to August 20, 2012, through June 1, 2026. The documentation provided a table listing the ages of current inmates, which ranged from 18 through 94. The report also detailed the number of inmates within each age category, offering a comprehensive overview of the facility's demographic makeup.

Line Staff who Supervise Youthful Inmates Q:4 / Education and Program Staff who Work with Youthful Inmates Q: 2/ Youthful Inmates Q: 2.

Questions regarding Youthful Inmates are not applicable because the facility does not house youthful inmates.

Questions regarding staff who work with youthful inmates are not applicable because the facility does not house youthful inmates.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the onsite visit, the auditor toured the Intake/Classification, Intake Holding Area, Administration Area, Medical, Visitation, Mailroom, Law Library, Education, Gymnasium, Canteen, Kitchen/Cafeteria, Commissary, Maintenance, and Housing Areas. No youthful inmates were present.

During the onsite tour staff and informal discussions suggest the facility does not accommodate youthful inmates.

Corrective Actions: Not Required

Provision Findings:

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

115.14 (c)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): In the past 12 months, the number of youthful inmates who have been placed in isolation in order to separate them from adult inmates, facility reported 0.

There was no evidence or documentation that the facility housed youthful inmates. There were no housing assignments of youthful inmates, no service delivery to youthful inmates, no documentation of exigent circumstances of instances where access to exercise, education, other programs, and work opportunities were denied.

Line Staff who Supervise Youthful Inmates – Q:6,7 / Education and Program Staff who Work with Youthful Inmates – Q:1 / Youthful Inmates – Q: 3, 4, 5, 6, 7.

Questions regarding Youthful Inmates are not applicable because the facility does not house youthful inmates.

Questions regarding staff who work with youthful inmates are not applicable because the facility does not house youthful inmates.

During the onsite visit, the auditor toured the Intake/Classification, Intake Holding Area, Administration Area, Medical, Visitation, Mailroom, Law Library, Education, Gymnasium, Canteen, Kitchen/Cafeteria, Commissary, Maintenance, RHU, and Housing Areas. No youthful inmates were present.

During the onsite tour staff and informal discussions suggest the facility does not accommodate youthful inmates.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the site tour, the auditor observed that there were no youthful inmates housed at the facility. This observation was consistent throughout the tour of all areas,

	including the Intake/Classification, Intake Holding Area, Administration Area, Medical, Visitation, Mailroom, Law Library, Education, Gymnasium, Canteen, Kitchen/Cafeteria, Commissary, Maintenance, Restricted Housing Unit (RHU), and Housing Areas. At no point during the tour were youthful inmates present in any of these locations. The absence of youthful inmates during the onsite review further supports the documentation and interview findings, which indicate that the facility does not currently house, nor provide programs or services to, youthful inmates. **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.15	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making overall Compliance Determination: • Pat Search Guidelines – Males / Strip Search Guidelines – Male • Lesson Plan – Frisk and Cell Searches • Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) • Policy HS-18.13 Health Screening and Exams • Policy: OP 22.19 Searches of Inmates • 2021 PREA Training Power Point • Pre-Audit Questionnaire (PAQ • Staff Training Roster • Facility Shakedown/Search Reports • Non-medical staff (involved in cross-gender strip or visual searches) • Site Review • Random Sample Staff • Inmate Interview Questions (Female Inmates) • Random Sample Inmates

Reasoning and Analysis by Provision:

115.15 (a)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): A review of the PAQ indicates that in the past 12 months, the number of cross-gender strip or cross -gender visual body cavity searches of inmates, facility reported 3.

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 “Incident Report”.

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

The auditor requested and received 58 Facility Shakedown/Search Reports. The reports had the Reason for Shakedown (Routine, Suspicious of Contraband Possession, Return from Work Detail/Recreation Outing and Other) and the Type of Shakedown/Search (Routine Shakedown, Firs shake, Strip Search, Quarters Search, Vehicle Search and Work Assignment Area Search). Of the 58 there were no body cavity searches.

Informal conversations with staff indicated that all body cavity searches are conducted by medical staff or taken off site.

Non-medical staff (involved in cross-gender strip or visual searches) – Q: 1

Non-Medical Staff: What urgent circumstances would require cross-gender strip searches and visual body cavity searches? That they have never been involved in cross-gender strips or visual search and there have not been any urgent circumstances that would require them to conduct cross-gender strips or visual body searches. An urgent circumstance would be medical emergencies or safety concerns at risk of institutional threats. Example is major fire and moving all inmates out of the area.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the site review, the auditor identified specific areas designated for the conduct

of strip searches. These areas include the visitation shake down room, the intake arrival shake down room, and the medical rooms. All of these locations are set up to ensure privacy for inmates during the search process.

The auditor confirmed that strip searches and visual body cavity searches are not performed by staff of the opposite gender. This practice helps maintain compliance with facility policies and preserves the dignity of the inmates. Only staff of the same gender as the inmate conduct these types of searches.

Pat-down searches, however, may be conducted by staff of the opposite gender. Regardless of the type of search, the facility ensures that searches are performed in areas that provide the necessary privacy for inmates.
Note: All visual body cavity searches are conducted by medical staff or off site.

During informal discussions with facility officers, it was consistently noted that staff do not recall any instances where visual body cavity searches were conducted due to exigent circumstances. Officers reported no recollection of such searches occurring in their experience at the facility. These conversations further support the documentation and interview findings indicating that cross-gender visual body cavity searches are extremely rare and only considered under limited, documented exigent situations.

Corrective Actions: Not Required

Provision Findings:

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

115.15 (b)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): Based on a review of information the facility provided in the PAQ, the number of pat-down searches of female inmates that were conducted by male staff, facility reported 0.

The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstances (s), facility reported 0.

A review of the facility rosters was conducted to determine the rated capacity of the institution. This documentation review confirms that the facility’s rated capacity exceeds 50 inmates. This finding is consistent with direct observation and supports

the understanding that the institution is designed to accommodate a population greater than 50 inmates.

Random Sample Staff – Q:3 / Inmates Interview Questionnaire (Female inmates) – Q:3

Twelve randomly selected staff members from all shifts were interviewed by the auditor's support staff using the PRC questions for random sample of staff. Of those interviewed, four identified as Black, eight as White, and zero as Hispanic. Regarding gender, there were seven females and five males. Staff were not asked, if female staff are not available to conduct pat-down searches of female inmates, does the prison restrict those inmates to programs or out-of-cell opportunities? Because the facility has all male inmates.

There were no female inmates (Male Only Facility) to respond to the following question. Have you been unable to participate in activities outside of your cell because female staff was unavailable to conduct pat down searches? Inmates indicated no.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility tour, it was observed that the institution is designed to accommodate more than 50 inmates. The auditor conducted a walkthrough, examining housing units and common areas, and verified based on direct observation and facility records that there are no female inmates present. This confirms that the facility exclusively houses male inmates and does not currently provide accommodations for female inmates.

Review site review under provision (a).

Corrective Actions: Not Required

Provision Findings:

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

115.15 (c)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): The Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented, facility reported no (0).

	SCDC Policy: OP 22.19 Searches of Inmates section 4.3 – Strip searches will be performed by employees of the same sex as the person being searched, except in extreme emergencies approved by the major (or captain at those institutions without a major) or other higher authority, or when medical practitioners perform the search. Facilities shall document all cross-gender strip searches. As part of the audit process, the auditor formally requested documentation of all cross-gender strip searches conducted within the facility. Facility officers responded to this request by providing the relevant logbooks and records. Upon review, it was determined that no cross-gender strip searches had been conducted. This finding is consistent with facility reports and confirms adherence to the established policy regarding cross-gender searches. As part of the audit process, the auditor formally requested documentation regarding visual body cavity searches conducted by medical staff. Facility staff responded that there were no such searches. It was further clarified that, in instances where a visual body cavity search is necessary, the procedure is performed at the local hospital rather than within the facility itself. This practice aligns with facility protocols and ensures that such searches are conducted by qualified medical professionals in an appropriate setting. The facility provided the auditor with Shakedown Searches Reports. The auditor reviewed 58 Shake Down Search Reports which included officer Conducting Shakedown; Inmate (s); Reason for Shakedown; Type of Shakedown Search (Routine, Frisk-Shake or Strip Search), Details of Shakedown Search; and Dates and Signatures. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the facility tour, the auditor engaged in informal discussions with members of the security staff. Staff confirmed that the facility does not currently house female inmates. However, they demonstrated awareness of the established protocol for conducting searches involving female inmates. Specifically, staff stated that if a situation were to arise in which a female inmate required a search, the procedure would require prior approval from a supervisory authority. Staff also affirmed that any such search would be properly documented in accordance with facility policy. **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **115.15 (d)** The provision requires that the facility implement policies and procedures that enable 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. Such policies and procedures require staff of the opposite gender to announce their presence when entering an inmate's housing unit.

Review of Documents:

The Pre-Audit Questionnaire (PAQ): Indicated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit, facility reported yes.

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. 11B, Applying the Prison Rape Elimination Act (PREA) – 1, Preventive Planning Section 1.10: All SCDC institutions will ensure that all staff, volunteers, interns, visitors, and contractors are required by institutional policies and procedures to have their own presence announced when entering a housing unit. Employees, volunteers, interns, visitors, and contractors entering a living facility will announce or have announced a statement like "Staff on the floor".

Random Inmate Questionnaire – Q: 1, 2 / Random Sample Staff – Q: 14, 15

Twelve randomly selected staff members from all shifts were interviewed by the auditor's support staff using the PRC questions for random sample of staff. Of those interviewed, four identified as Black, eight as White, and zero as Hispanic. Regarding gender, there were seven females and five males. Eleven staff interviewed reported that they and other officers announced their presence when entering a housing unit that houses inmates of the opposite gender. When staff enter the unit they say, "female of the rock", or something similar. One staff indicated that female officers do it.

Twelve randomly selected staff members from all shifts were interviewed by the auditor's support staff using the PRC questions for random sample of staff. Of those interviewed, four identified as Black, eight as White, and zero as Hispanic. Regarding gender, there were seven females and five males. All staff reported that inmates can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Twenty random inmates were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. Seventeen (85%) interviewed inmates said yes; three (15%) said no. Most described announcements as "female on the rock" or "female on the unit".

	Twenty random inmates were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. Are you and other inmates ever naked in full view of female staff, not including medical staff such as doctors, nurses? When and how often? All inmates (100%) said no. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the site review, the auditor observed areas where inmates could be in a state of undress, including spaces used for showering, using the toilet, and changing clothes. The facility's pods lack individual toilets, with communal bathrooms serving the living units. Showers are provided in a community setting, and informal conversations with inmates confirmed that clothing changes occur either in cells or in the shower areas. The showers are equipped with PREA-compliant shower curtains to protect inmate privacy. The auditor conducted thorough observations of several key areas within the facility, including the medical area, intake, shower areas, transport holding, and recreation areas. These observations ensured that practices aligned with facility policies and PREA requirements. During the housing unit site review, the auditor examined the layout from multiple perspectives throughout the living unit. At no point did the auditor identify vantage points that would allow staff of the opposite gender to view inmates while changing clothes or in a state of undress. The auditor visited the main control room to review the video monitoring system for the housing units. In conversation with the control room officer, it was confirmed that the control room is staffed around the clock and that indirect supervision is part of the shift change process. Video monitoring technology allows for zooming into certain areas; however, when the auditor requested a demonstration, it was established that the system cannot zoom into common shower areas or inside inmates' rooms, ensuring privacy is maintained. It was observed that staff of the opposite gender announced their presence when entering housing units, as required by policy. Informal conversations with inmates indicated that most recognized these announcements, though some reported that it occurred only sometimes. The auditor also reviewed the placement and angles of the electronic surveillance cameras from the main control room. The cameras do not display images of inmates who are naked or using showers or toilets. Attempts to zoom in on showers and toilets in randomly selected living units confirm that the camera monitors do not provide views inside these private areas.

	Lock boxes were observed in accessible locations, allowing inmates to submit grievances or PREA-related concerns. Additionally, a mailbox is situated in a central area of the yard to further facilitate confidential reporting. **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **115.15 (e) Not Applicable** **115.15 (f) Not Applicable** **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making overall Compliance Determination: • SCDC Policy: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment • SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) • SCDC Policy OP-21.04, Inmates Classification Plan • Americans with Disabilities Act (ADA) • PREA Posters • HIT Interpret Manager Guide and Best Practices • HIT Interpret Line Language List • Communication Support & Guidance During Interpreted Encounters • Informal Conversations • Pre-Audit Questionnaire (PAQ • Agency Head (Designee) • Site Review • Target List • PREA Brochure in English and Spanish

- Inmates (with disabilities or who are limited English proficient
- Random Sample Staff

Reasoning and Analysis by Provision:

115.16 (a)

The provision requires that the agency take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary, ensuring effective communication with inmates 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.

Review of Documents:

The Pre-Audit Questionnaire (PAQ): The agency has established procedures to provide disabled inmates 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, facility reported yes.

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

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

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

The auditor requested a Target List of Disabilities of Inmates that included the following:

- Inmates with Physical Disabilities (Wheelchairs) – 44
- Inmate with low Intellectual Disabilities – 33

- Inmates Blind or Low Vision – 6
- Inmates Deaf or Hard of Hearing – 10

The auditor requested a Target List of Inmates that included the following:

- Inmates Limited English Proficient - 12
- Inmates Reported Sexual Abuse – 20
- Inmates Disclosed Prior Sexual Victimization/Risk Screening – 7
- Inmates in Segregated Housing/Isolation – 0
- Youthful Inmates - 0

The auditor examined several documents, including the Inmate Target List, SCDC Form 18-69 (Certificate of Inmate Orientation Acknowledgements), and SCDC Form 18-78 (Certificate of PREA Education Video Acknowledgements). This review ensured that all disabled inmates are given opportunities to participate in the facility's initiatives to prevent, detect, and respond to sexual abuse and harassment.

Upon reviewing PREA documentation, including the email confirming that all inmates' tablets contain the six PREA videos, as well as conducting informal interviews with staff and inmates, the auditor verified that the agency implements appropriate measures to ensure inmates with disabilities have equal access to and can benefit from all initiatives related to preventing, detecting, and responding to sexual abuse and harassment. The agency submitted the following supporting evidence:

- Deaf or hard of hearing: PREA video Adult Intake English (Sign Language and Captioned)
- Blind or have low vision – Facility can access the agency Braile Program (Good Quality of Sound of Videos)
- Speech Disabilities (LEP) – PREA video Adult Intake Spanish (Captioned) and Language Line Interpretative Services
- Copy of the interpreter's contract (Language line).

The auditor reviewed the Agency PREA Coordinator's email confirming that PREA posters and brochures are written at a 4th–5th grade level.

Documents were also examined to ensure blind or low vision inmates can access PREA services, including Male and Female Brochures in UEB Braille, PREA Braille documentation at Central Office, and the School for the Deaf and Blind's PREA Braille Production Brochure. Additionally, the Agency PREA Office provides TTY phones upon request for facilities with deaf inmates.

The auditor reviewed documentation to verify that inmates who are blind or have low vision are provided with accessible PREA services. This included examination of Brochures available in UEB Braille (Central Office), as well as PREA-related Braille documentation maintained at the Central Office. Additionally, the School for the Deaf and Blind's PREA Braille Production Brochure was assessed to confirm the availability of resources for visually impaired individuals.

The Agency PREA Office also ensures that facilities with deaf inmates have access to

	TTY phones, which are provided upon request. This measure supports effective communication and guarantees that inmates with hearing impairments are able to access PREA services as needed. **Agency Head/Designee – Q: 11 / Inmates (with disabilities or who are limited English proficient – Q: 1, 2, 3.** Deputy Director of Legal and Compliance/Agency Head Designee: Has the agency established procedures to provide inmates with disabilities and inmates who are limited English proficient 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? Agency Head Designee reported that the South Department of Corrections has established procedures to provide inmates with disabilities and for limited English proficiency equal opportunity to participate in PREA efforts. The agency provides inmates 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 inmates with disabilities that can be requested from the agency headquarters. Two blind or low vision inmates were interviewed by the auditor's support staff. The interviews utilized the PRC Disabled and Limited English Proficient Inmates questions. Each inmate was asked questions specifically designed to assess their understanding of PREA-related information, as well as the accessibility of resources and support available to them within the facility. They were asked, Does the facility provide information about sexual abuse and sexual harassment that you are able to understand? Yes. Does the facility provide you with someone to help you read, write, speak, or to explain things to you if you need help? Yes. Both inmates indicated that they understand the PREA information. Two Intellectual Mental Health Inmates were interviewed by the auditor's support staff. The interviews utilized the PRC Disabled and Limited English Proficient Inmates questions. The inmate was asked questions specifically designed to assess their understanding of PREA-related information, as well as the accessibility of resources and support available to them within the facility. They were asked, Does the facility provide information about sexual abuse and sexual harassment that you are able to understand? Yes. Does the facility provide you with someone to help you read, write, speak, or explain things to you if you need help? His case manager. Two inmates with Limited English Proficient were interviewed by the auditor's support staff. The interviews utilized the PRC Disabled and Limited English Proficient Inmates questions. Each inmate was asked questions specifically designed to assess their understanding of PREA-related information, as well as the accessibility of resources and support available to them within the facility. They were asked, Does the facility provide information about sexual abuse and sexual harassment that you are able to understand? Both inmates indicated yes and were able to complete the interview without a translator. However, the auditor's support staff test the facility language to verify the process. Two inmates with physical disability (Wheelchairs) were interviewed by the auditor's

support staff. The interviews utilized the PRC Disabled and Limited English Proficient Inmates questions. Each inmate was asked questions specifically designed to assess their understanding of PREA-related information, as well as the accessibility of resources and support available to them within the facility. They were asked, does the facility provide information about sexual abuse and sexual harassment that you are able to understand? Both inmates indicated yes that they understand PREA. They were also asked, are the PREA posters, or are phones too high for you? Both said no.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility tour, informal discussions with staff revealed that when challenges arise in communicating with inmates who have limited English proficiency (LEP), staff members promptly reach out to the management team for support and utilize the language line service to facilitate effective communication.

OMS indicates that English is not the primary or secondary language for these inmates. Agency data from the Offender Management System (OMS) shows that English is neither the primary nor secondary language for certain inmates. This finding confirms the presence of inmates who may require additional language support to access and understand information regarding sexual abuse and sexual harassment. By identifying these individuals, the facility can better ensure that its PREA education and related services are accessible to all inmates, regardless of their language background.

The auditor completed a comprehensive review of all PREA educational videos. The available versions were developed to ensure accessibility for diverse populations and include Adult Intake English with Sign Language and Captions; Adult Intake English with Captions; Adult Intake Spanish with Captions; Comprehensive Education English with Sign Language and Captions; Comprehensive Education English with Captions; and Comprehensive Education Spanish with Captions.

To further assess the facility’s commitment to accessibility, auditor support staff tested the process by which interpretation services are secured, ensuring that the procedures in place are effective and responsive to the needs of all inmates requiring language assistance.

To evaluate the facility’s commitment to accessibility for inmates requiring language assistance, the auditor support staff conducted a practical test of the procedures used to secure interpretation services. This assessment focused on ensuring that the process was both effective and responsive to the needs of inmates with limited English proficiency or other communication barriers. By actively testing the steps taken to obtain interpreters, the staff verified that the facility can reliably provide meaningful access to critical information and support, such as PREA-related education and reporting resources. These efforts reinforce the facility’s ability to uphold standards for communication and accessibility among its diverse inmate population.

As part of the facility tour, the auditor examined the placement and accessibility of PREA informational materials and resources. This included observing the height at

which PREA posters were displayed throughout the facility, ensuring they were positioned so that all inmates, including those with physical disabilities or limited mobility, could easily read and access the information. The auditor also reviewed the accessibility of phones and the kiosk stations, verifying that these resources were available and usable by all inmates, regardless of their abilities. These observations support the facility's commitment to providing critical PREA information and reporting tools in a manner that is accessible to the entire inmate population.

Corrective Actions: Not Required

Provision Findings:

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

115.16 (b)

The provision requires that the agency to take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates 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.

Review of Documents:

The Pre-Audit Questionnaire (PAQ): The agency takes 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, facility reported yes.

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

PREA Spanish posters are in the housing units so that inmates 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 inmates cannot…; How Can I Get Help? Support and Additional Information; You Have the Right to…; Things to

Remember.

Inmates (with disabilities or who are limited English Proficient – Q: 1,2,3.

Two inmates with Limited English Proficient were interviewed by the auditor's support staff. The interviews utilized the PRC Disabled and Limited English Proficient Inmates questions. Each inmate was asked questions specifically designed to assess their understanding of PREA-related information, as well as the accessibility of resources and support available to them within the facility. They were asked, Does the facility provide information about sexual abuse and sexual harassment that you are able to understand? Both inmates indicated yes and were able to complete the interview without a translator. However, the auditor's support staff test the facility language to verify the process.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility site review, the auditor engaged in informal discussions with inmates regarding their access to facility tablets. The auditor specifically requested that inmates demonstrate how to access the PREA video in Spanish. The inmates were able to navigate the system and successfully display the PREA videos in English and Spanish, which the auditor observed.

The auditor also reviewed the PREA information available on the facility's Kiosk system, implemented by SCDC in all facilities. The Kiosk and tablet system requires inmates to view PREA information before proceeding with other tasks in the system. This requirement is a one-time process, ensuring that every inmate receives the necessary PREA information. Additionally, the system serves as a refresher for inmates on PREA-related topics.

Corrective Actions: Not Required

Provision Findings:

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

115.16 (c)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of instances where inmates

interpreters, readers, or other types of inmates assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmates safety, the performance of first response duties under 115.64, or the investigation of the inmates allegations, facility reported 0.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 1, Preventive Planning Section 1.14: SCDC will not rely on inmates' interpreters, inmates' readers, or any other type of inmate's assistance in obtaining information regarding investigations that may compromise the safety of the inmates.
See Provision 115.16 (b).

In assessing the facility's compliance with requirements for individuals with Limited English Proficiency (LEP), the auditor conducted a review of several key documents. JHIT Interpret Manager Guide and Best Practices, HIT Interpret Line Language List, and the Communication Support & Guidance During Interpreted Encounters. These serves provide accessible resources for staff needing immediate guidance on interpretation services. Together, these documents verify that the facility maintains appropriate resources to support LEP inmates and staff, ensuring effective communication and adherence to established standards.

Random Sample of Staff – Q:9

Twelve randomly selected staff members from all shifts were interviewed by the auditor's support staff using the PRC questions for random sample of staff. Of those interviewed, four identified as Black, eight as White, and zero as Hispanic. Regarding gender, there were seven females and five males. All interviewed staff reported that the facility never allows the use of another inmate to interpreters, service as a PREA reader or any assistants to assist inmate with disabilities who are limited English proficient when making an allegation of sexual abuse or sexual harassment. Some staff reported they would use another staff, get help from the agency language line or other agency resources.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During informal discussions with staff members conducted on-site, staff consistently stated that the agency does not permit the use of inmate interpreters to assist with PREA-related issues for other inmates. Staff emphasized that they would only consider using an inmate as an interpreter in extreme, life-or-death situations where no other immediate resources are available. In all other circumstances, staff reported they would seek assistance from other staff members or utilize the facility's language line services to ensure proper communication and compliance with policy.

Corrective Actions: Not Required

Provision Findings:

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

	confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.17	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making overall Compliance Determination: • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA) • SCDC Policy ADM 11.28 Applicant Selection Process section 9.13 Applicant Criminal History • SCDC Policy OIG 23.31 Pre-Employment Background Investigations - Preliminary Procedures • Pre-Audit Questionnaire (PAQ) • Employee Applications (3 Questions) • Active Employee Roster NCIC Background checks • Medical and Mental Health contract staff NCIC Background checks • Contractor Roster • Staff Hired in the Past 12 Months NCIC Background Checks • Administrative (Human Resources) Staff • Informal Conversation **Reasoning and Analysis by Provision:** **115.17 (a)** The provision requires that the agency not hire or promote anyone who may have contact with inmates, and shall not enlist the 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); Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a-2 of this standard. **Review of Documents:**

The Pre-Audit Questionnaire (PAQ): The agency prohibits the hiring or promotion of anyone who may have contact with inmates who have engaged in sexual abuse in a prison, facility reported yes (0).

SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021, Section 1.15 Consistent with SCDC Policy ADM-11.28 “Applicant Selection Process, “SCDC will conduct criminal background records checks before hiring employees and will not hire or promote anyone who have engaged in sexual abuse of any kind. Individuals who have engaged in sexual harassment will be considered on a case-by-case basis.

SCDC Policy ADM 11.28 Applicant Selection Process section 9.13 Applicant Criminal History:

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

An examination of employee applications, including five non-security and five security staff, showed that all applicants are required to initial and confirm responses to 49 separate questions. Notably, Question 32 asks whether the applicant has ever been accused of, or found liable for, sexual abuse, sexual misconduct, or sexual harassment, or if the applicant has resigned during a pending investigation regarding such allegations with any previous employer. Additional questions address an applicant’s criminal history: Question 34 inquires if the applicant has ever been arrested; Question 35 asks whether the applicant has ever been charged with a crime; and Question 36 seeks to determine if the applicant has ever been convicted of a crime. Furthermore, Question 38 requires the applicant to provide details on any charges, including the arresting authority, location (city and state), disposition date, and whether a conviction occurred.

The facility conducted a review of its Active Employee Roster, focusing on National Crime Information Center (NCIC) background checks and NCIC Status. This review encompassed all categories of staff, including full-time, part-time, promoted personnel, and selected contract staff. The facility provided the auditor with a spreadsheet listing 264 staff members currently or was assigned to the facility. The spreadsheet detailed essential information such as Name, Employee Number, Title, Hire Date, State Title, SCDC Title, NCIC Date, and NCIC Status.

Of the 264 staff members reviewed, 228 received a status of “C,” indicating a clean background check. Thirty-five (35) individuals received a status of “Hit (H),” signifying that their background checks revealed an item of concern. However, these issues did not meet the threshold for disapproval, as they pertained to misdemeanors. Two (2) under review. The review of the spreadsheet confirms that the agency is consistently conducting background checks on its staff, in accordance with policy and regulatory requirements.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the site tour, the auditor held informal conversations with staff members to discuss the implementation of background checks. Through these discussions, it was confirmed that all staff had participated in the required background check process. This finding was further validated by an examination of the National Crime Information Center (NCIC) background checks spreadsheet, which demonstrated that staff members were not hired or promoted if they possessed criminal backgrounds. The combined evidence from staff interviews and documentation review supports the facility’s adherence to its background check policy for both hiring and promotion decisions.

Corrective Actions: Not Required

Provision Findings:

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

115.17 (b)

The provision requires that the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Review of Documents:

The Pre-Audit Questionnaire (PAQ): The agency policy requires the consideration of any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with inmates, facility reported yes.

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

The agency considers any prior incidents of sexual harassment when deciding whether to hire or promote an individual, or whether to enlist a contractor, if that person may have contact with inmates. The auditor verified by requesting background checks and reviewing the employee’s application question responses.

Upon review, formal and informal conversations with management indicated that all employees and contractors statewide received background checks because it is embedded in the SLED Automated Biometric Identification System (AFS) for current, prospective employees, and contractors which will be reported to SCDC.

Administrative (Human Resources) Staff – Q:2

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

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During interviews, Human Resources staff explained that the agency strictly enforces its policy related to hiring, promotion, and the use of contractors who may have contact with inmates. Specifically, the agency does not hire or promote any individual, nor does it enlist the services of any contractor, who may have contact with inmates, without first considering relevant factors such as criminal background checks and any incidents of sexual harassment. This comprehensive vetting process applies equally to all staff and contractors in order to uphold the safety and integrity of the facility's operations.

Corrective Actions: Not Required

Provision Findings:

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

115.17 (c)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): Based on a review of information about the facility provided in the PAQ for the past 12 months, the number of staff hired who may have contact with inmates who have criminal background record checks, facility reported 38.

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

SCDC Policy OIG 23.31 Pre-Employment Background Investigations - Preliminary Procedures section 1.1 through 1.3: 1.1 Phase I of the background investigation process is initiated after the interview panel for an open position is completed and the name of the chosen candidate is submitted to the SCDC Recruiting and Employment Office. The candidate is then contracted by the SCDC Recruiting and Employment Office and given a conditional offer of employment pending the successful completion of a background investigation. 1.2 The candidate will be required to sign SCDC Form 23-64, “Authorization for Release of Information,” to allow persons, businesses, and agencies to release information to the Investigating Agent (s) who may normally be restricted under the Right to Privacy Act. 1.3 Upon receiving the completed SCDC Form “Authorization for Release of Information,” the Chief of Administration or his/her designee will request for the SCDC Fusion Center to conduct the following checks on the candidate to evaluate the validify of information provided by the candidate:

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

The facility conducted a review of background checks for staff members hired within the past 12 months. To support this review, the facility provided the auditor with a spreadsheet listing 79 staff assigned to the facility. The spreadsheet included key information such as Name, Employee Number, Title, Hire Date, State Title, SCDC Title, National Crime Information Center (NCIC) Date, and NCIC Status. The auditor reviewed 46.

Of the 46 staff members reviewed, 39 received a status of “C” on their NCIC checks, indicating a clear result. Seven (7) staff members received a status of “Hit (H),” which means that the background check identified an issue; however, the finding did not reach the threshold for disapproval, as it was related to a misdemeanor. This review of documentation confirms that the agency is consistently conducting background checks on staff, in compliance with established procedures.

Administrative (Human Resources) Staff – Q:1

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

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Facility staff described an established system for conducting criminal background checks on current employees and contractors who may have contact with inmates. These checks are conducted at least every five years and utilize the LEMS Web system. Central Human Resources is responsible for reviewing existing employee background checks. Both NCIC reports and fingerprint-based background checks are completed using LEMS Web.

During the facility tour, the auditor engaged in informal conversations with staff regarding their background check experiences. All staff interviewed confirmed that they had completed a background check as part of their employment process. For some staff members, this information was corroborated by entries in the NCIC background check spreadsheet.

Corrective Actions: Not Required

Provision Findings:

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

115.17 (d)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): Based on a review of information the facility provided in the PAQ provided for the past 12 months, the number of contracts for services where criminal background checks were conducted on all staff covered in the contract who might have contact with inmates, facility reported 0.

As part of the audit process, the facility provided the auditor with a spreadsheet detailing the National Crime Information Center (NCIC) background check results for

Contract Employees to include some Medical and Mental Health staff hired. The spreadsheet included pertinent information for 203 contractors assigned to the facility. Specifically, it listed each individual's Name, Employee Number, Title, Hire Date, State Title, SCDC Title, NCIC Date, and NCIC Status.

Upon review, the NCIC Status column reflected that 26 contractors received a status of “C,” indicating a clear result, while 5 contractors received a status of “Hit (H).” The “Hit” status denotes that an item was found during the background check; however, the nature of the finding—a misdemeanor—did not meet the threshold for disqualification from employment. 172 NICI Status field were blank.

Administrative (Human Resources) Staff – Q:1

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

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Informal discussions with facility staff confirm that all contractors and volunteers are required to successfully complete a background check before they are permitted to provide services to inmates. This process is verified and overseen by staff to ensure compliance with facility policy and regulatory requirements.

Staff also make every effort to contact previous employers at facilities where the individual worked (Completed by Central). The purpose of these inquiries is to gather information on any substantiated allegations of sexual abuse or to determine if the individual resigned during an ongoing investigation into such allegations.

Corrective Actions: Not Required

Provision Findings:

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

115.17 (e)

The provision requires that the agency either conduct criminal background records and check 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.

Review of Documents:

The Pre-Audit Questionnaire (PAQ): Agency policy requires that criminal background record checks be conducted at least every five years for current employees and

contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees, facility reported yes.

SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021, Section 1.15 Consistent with SCDC Policy ADM-11.28 “Applicant Selection Process. SCDC shall conduct criminal background records checks at least every five (5) years for current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

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

Upon review, formal and informal conversations with management indicated that all employees and contractors statewide received background checks to include the 5-year process because it is embedded in the SLED Automated Biometric Identification System (AFS) for current, prospective employees, and contractors which will be reported to SCDC.

Administrative (Human Resources) Staff – Q:3

Agency HR Staff: What system does the facility presently have in place to conduct criminal record background checks of current employees and contractors who may have contact with inmates? Are these background checks conducted at least once every five years? Indicated that the facility uses South Carolina Law Enforcement Division (SLED) to stay informed of any staff member who may have committed a crime within the five-year background check. SLED reports and crime committed by employees to the agency per MOU.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

A discussion with the HR staff clarified that staff in security roles are not subject to the standard five-year background check schedule. Instead, these positions require background checks every three years, which coincide with each security employee’s recertification cycle. These checks are conducted through the Division of Training and Staff Development, ensuring that security staff are regularly vetted as part of their ongoing professional requirements.

Informal communication from the agency’s Acting PREA Coordinator provided further clarification regarding the five-year background check process for all facility

employees. The South Carolina Department of Corrections (SCDC), through an agreement with the South Carolina Law Enforcement Division (SLED), employs an active monitoring system. Under this system, SCDC submits electronic fingerprints for all employees to SLED, which continuously monitors these employees for any arrests or convictions. If an employee is arrested or convicted, SLED notifies SCDC within 24 business hours. This automated system is utilized by multiple agencies within the state. Although the process does not generate traditional documentation, as it is an internal state procedure managed by SLED, all employees are required to undergo an initial background check through the National Crime Information Center (NCIC) upon hiring.

Corrective Actions: Not Required

Provision Findings:

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

115.17 (f)

The provision requires that the agency asks 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) and Information Conversation: The agency asks 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, facility reported yes.

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

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

Administrative (Human Resources) Staff – Q: 4, 5

Agency HR Staff: Does the facility ask all applicants and employees who may have contact with inmates about previous misconduct described in section (a) in written applications for hiring or promotions, and in any interviews or promotions, and in any

interviews or written self-evaluations conducted as part of reviews of current employees?

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

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Informal conversations with both the Acting Agency PREA Coordinator and the Facility HR staff have confirmed that agency employees are required to uphold an affirmative duty to disclose any misconduct. This obligation ensures that staff maintain transparency and accountability in their professional conduct.

Specifically, all agency staff must promptly report any arrests and the issuance of restraining orders to Human Resources. These incidents must be communicated within 24 hours of either being arrested or served with a restraining order, reinforcing the agency's commitment to maintaining a safe and compliant work environment.

Corrective Actions: Not Required

Provision Findings:

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

115.17 (g)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): The Agency policy states that material omissions regarding such misconduct, or the provision of materially false information are grounds for termination, facility reported yes.

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

The facility informs all employees and contractors that material omissions about such misconduct, or materially false statements, serve as grounds for termination.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility tour, informal discussions with staff members demonstrated their understanding of the agency's expectations regarding honesty and accurate reporting. Staff reported that they are fully aware that any omission or falsification of information on incident reports or voluntary statements is considered a serious violation. They acknowledged that such actions could result in disciplinary measures, up to and including termination. This awareness highlights the agency's commitment to maintaining integrity and accountability within the facility.

Corrective Actions: Not Required

Provision Findings:

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

115.17 (h)

The provision requires that unless prohibited by law, the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) and Informal Conversations: The Agency provides 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, facility reported yes.

The agency will provide the information unless prohibited by law, the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work only if it is not a HIP violation.

Administrative (Human Resources) Staff – Q: 6

Agency HR Staff: When a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law? Agency HR staff reported when a former employee applied for work at another institution, upon request from that institution, the facility does provide information on substantiated allegations of sexual abuse or

	sexual harassment involving the former employee, unless prohibited by law. The agency follows the employment verification process and policy. The agency also submits a PREA Questionnaire if a potential employee has prior work history in Corrections/Law Enforcement. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) • SCDC Policy OP-22.47 Prison Management Expectations Meetings form Installation/Monitoring Technology • Pre-Audit Questionnaire (PAQ) • Agency Head/Designee • Site Review • Staffing Plan • Warden **Reasoning and Analysis (By Provisions):** **115.18 (a)** The provision requires that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency to consider the effect of the design, acquisition, expansion, or modification upon the

agency’s ability to protect inmates from sexual abuse.

Review of Documents:

The Pre-Audit Questionnaire (PAQ): The facility has acquired a new facility or made a substantial expansion or modification to existing facility since August 20, 2012, or since the last PREA Audit, facility reported yes.

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.

SCDC Policy OP-22.47 Prison Management Expectations Meetings form Installation/ Monitoring Technology (work order or invoice)

Agency Head/Designee – Q:1 / Warden – Q: 5

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

Warden: When designing, acquiring, or planning substantial modifications to facilities, the facility considers the effects of the changes on its ability to protect inmates from sexual abuse. Warden indicated that the facility has not acquired any new buildings since the last PREA audit. There are some buildings that have been or has been upgraded. However, if there is designing, acquiring, or planning substantial modifications to this facility, the facility will consider the effects of changes on the ability to protect inmates from sexual abuse.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility tour, the auditor observed newly designed areas, substantial expansions, or significant modifications within the facility. This observation aligns with information provided by facility leadership, confirming that there have been some changes to the facility’s physical structure since the last PREA audit.

Corrective Actions: Not Required

Provision Findings:

A review of the appropriate documents to include the facility PAQ, interviews and

informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard.

115.18 (b)

The provision requires that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency to consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.

Review of Documents:

The Pre-Audit Questionnaire (PAQ): The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 20212 or since the last PREA audit, facility reported yes.

A review of SCDC Policy OP-22.47 Prison Management Expectations Meetings form Installation/Monitoring Technology (work order or invoice) and SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA).

Agency Head – Q:2 / Warden – Q:6

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

Warden: The facility uses monitoring technology to enhance the protection of inmates from incidents of sexual abuse. The facility utilizes its aggregated PREA data to assess the need for cameras throughout the facility. The facility has installed additional cameras in the last few years through PREA because of complaints and the need to monitor.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility tour, the auditor observed the camera throughout the premises. These observations provide tangible evidence of the facility's commitment to maintaining and enhancing its monitoring technology. The presence of these updated cameras supports the documentation and interview findings indicating that the facility has recently invested in surveillance improvements. The auditor’s review confirms that these technological upgrades are in place and operational, further contributing to the overall safety and security measures within the facility.

Corrective Actions: Not Required

Provision Findings:

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in making Compliance Determinations:

- SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA)
- Informal conversation
- South Carolina Law Enforcement Division (SLED)
- SCDC website: SC Victim Assistance Network (SCVAN); List of SC Sane Program Locations; Victim Services; SCDCVASA Member Organization and Services to Incarcerated Victims; Statewide Partnerships with Sexual Assault Centers. Website.
- SAFEs/SANE Staff
- Pre-Audit Questionnaire (PAQ)
- Memorandum of Understanding/Agreement’s
- Random Sample Staff
- PREA Compliance Manager
- Inmates who Reported Sexual Abuse

Reasoning and Analysis by Provision:

115.21 (a)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): That the agency is responsible for investigating allegations of sexual abuse, and the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution, facility reported yes.

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

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 2. Responsive Planning Section 2.1: SCDC's Office of Inspector General (OIG) is responsible for investigating all allegations 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.

Random Sample of Staff – Q: 10, 12

Twelve randomly selected staff members from all shifts were interviewed by the auditor's support staff using the PRC questions for random sample of staff. Of those interviewed, four identified as Black, eight as White, and zero as Hispanic. Regarding gender, there were seven females and five males. All staff reported knowing the protocols for preserving usable physical evidence when an inmate alleges sexual abuse. They described immediate steps such as remaining with the inmate, separating the alleged victim and perpetrator, securing and isolating the scene, notifying supervisors, preserving evidence in a bag, and preventing the inmate from showering, bathing, brushing teeth, or otherwise compromising evidence. Most staff also stated they would send the victim to medical for an initial evaluation. When asked who conducts sexual abuse investigations, staff identified the PREA Compliance Manager, Associate Warden, or OIG.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.21 (b)

The provision requires that the protocol be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against

Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.

Review of Documents:

The Pre-Audit Questionnaire (PAQ): The protocol was adapted from or otherwise based on the most recent edition of the DOJ’s Office on Violence Against Women publication, facility reported yes.

The auditor reviewed the “A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Third Edition, September 2024. The manual information was compared to the agency process of investigating sexual abuse allegations. The manual included but not limited to: Overarching Issues: Coordinated Team Approach; Patient-Centered, Trauma-Informed Care, Informed Consent, Confidentiality, Reporting to Law Enforcement, Payments for the Examination Under VAWA; Operational Issues: Sexual Assault Medical Forensic Examiners; Facilities; Equipment and Supplies; Sexual Assault Evidence Collection Kit; Timing Considerations for Collecting Evidence; Evidence Integrity; and The Examination Process: Initial Contact; Triage and Intake; Medical Forensic Documentation; The Medical Forensic History; Photography; Examination and Sample Collection Procedures; Alcohol and Drug-Facilitated Sexual Assault; STI Evaluation and Care; Pregnancy Risk Evaluation and Care; Discharge and Follow-Up; and Examiner Court Appearances.

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

A review of the investigation cases confirmed that investigations consistently employ the required protocols for both administrative and criminal investigations of all reported allegations of sexual abuse and sexual harassment. The investigative process adheres to established guidelines, ensuring that each case is handled in accordance with applicable standards and agency policy. This thorough application of protocol provides confidence that all allegations are addressed appropriately and in compliance with regulatory requirements.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: None

Provision Findings:

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

115.21 (c)

	The provision requires that the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. The agency shall document its efforts to provide SAFEs or SANEs. **Review of Documents:** The Pre-Audit Questionnaire (PAQ): Based on a review of information that the facility provided in the PAQ for the past 12 months, the number of forensic medical exams conducted, facility reported 1. The number of exams performed by SANEs/SAFEs, facility reported 1. The number of exams performed by a qualified medical practitioner, facility reported 0. SCDC GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment states, all alleged inmate victims will be taken to the Medical Services area for an initial medical assessment. If medical personnel determine that a sexual assault may have occurred, the inmates will be taken to an outside medical facility. The outside medical facility will perform a medical forensic exam, as appropriate, collecting all evidence and maintaining the chain of custody to preserve the evidence. Documentation verifies that inmates are provided access to forensic medical examinations, in accordance with formal agreements established with the local rape crisis center for hospital visits. These agreements ensure that victims of sexual abuse receive the necessary medical services without undue barriers. The rape crisis center provides at least one staff member, who has successfully completed SCDC volunteer clearance process as defined by policy, to serve as a Volunteer at the facility. This Volunteer is authorized to visit inmates to offer support services related to sexual violence, including accompanying offender victims to the hospital during the forensic medical examination process, participating in investigatory interviews, and providing follow-up crisis counseling upon the request of the offender victim. Any additional requests for counseling are facilitated through the PREA Compliance Manager, ensuring ongoing support for inmates' victims as needed. The local hospital is available to provide Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) services whenever required, further supporting the facility's commitment to the health and well-being of inmate victims of sexual abuse. SAFEs/SANEs Staff – Q: 1, 2 No SAFEs or SANEs were available for interviews during the visit; these staff members are located at the hospital.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the tour of the Medical Department, the auditor engaged in an informal discussion with members of the medical staff. Through this conversation, it was confirmed that the facility does not conduct forensic medical examinations on site. Instead, all forensic examinations required for inmate victims are performed at the local hospital. The medical staff reiterated that the local hospital is equipped and responsible for carrying out these procedures, ensuring that appropriate forensic protocols are followed outside the facility setting.

Corrective Actions: Not Required

Provision Findings:

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

115.21 (d)

The provision requires that the agency attempt to make available to the victim advocate from a rape crisis center. If a rape crisis center is not available to provided victim advocates services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member.

Agencies shall document efforts to secure services from rape crisis centers. To this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 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.

Review of Documents:

The Pre-Audit Questionnaire (PAQ): The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, facility reported yes.

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

SCDC Policy has 06.11B, Applying the Prison Rape Elimination Act (PREA) – 2.

Responsive Planning Section 2.7: The Agency's PREA Coordinator will attempt to make available written Memorandum of Understanding/Agreement's with local/ regional Rape Crisis Centers to provide emotional support services. Such attempts will be documented through written memorandums and retained for monitoring purposes.

A review of the MOU with the Pathways to Healing indicated it is responsible for:

- Responding to calls from inmates received on Pathways to Healing 24-hour crisis hotline;
- Providing inmates with confidential emotional support services related to sexual abuse during their residency at an institution and during their transition from the corrections facility into the community;
- Providing follow-up services to victims of sexual assault as resources allow, including in-person visits;
- Maintaining confidentiality of communications with inmates;
- Working with designated staff to obtain security clearance as needed and follow all facility guidelines for safety and security;
- Communicating any questions or concerns to PREA Coordinator that are not in violation of confidentiality.

The auditor conducted a review of several documents available on the South Carolina Department of Corrections (SCDC) website to further assess the range and accessibility of victim services. These documents included information on the South Carolina Victim Assistance Network (SCVAN), which coordinates support services for victims across the state. The auditor also examined the comprehensive list of South Carolina Sexual Assault Nurse Examiner (SANE) program locations, ensuring victims have access to medical forensic exams by trained professionals.

Additional resources reviewed included materials on victim services, a listing of SCDCVASA (South Carolina Department of Corrections Victim Assistance and Sexual Assault) member organizations, and the services provided specifically to incarcerated victims. The auditor also noted the existence of statewide partnerships with sexual assault centers, which strengthen the network of support and ensure that victims within correctional facilities have avenues for assistance and advocacy.

According to the Target list requested by the auditor, there were a total of 17 reported incidents of sexual abuse and sexual harassment reported within the past 12 months.

PREA Compliance Manager – Q: 10, 11 / Inmates who Reported a Sexual Abuse – Q: 9

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

PREA Compliance Manager: In what ways does the agency or facility attempt to make available a victim advocate from a rape crisis center? The agency PREA Office has a MOU with the local rape crisis center.

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, when you reported sexual abuse, did the facility allow you to contact anyone? As well as who was the person? Do you know what office they were from? How did that person assist you? No.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the site review, the auditor noted that the facility has clearly posted signage detailing the procedures for reporting sexual abuse and sexual harassment. These notices address both external and internal reporting options and are prominently displayed in housing and living units, programming areas, and the visitation area. The information is presented in both English and Spanish to ensure accessibility for all individuals confined in the facility, and the text is clear and easy to read. Additionally, PREA flyers offering information about emotional support services, including addresses and contact numbers, are distributed throughout the facility, further ensuring that inmates are aware of the available support resources.

Corrective Actions: Not Required

Provision Findings:

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

115.21 (e)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals, facility reported yes.

Please review the provision 115.21 (d) MOU.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 2. Responsive Planning Section 2.6: In the event of sexual assault, the SCDC Mental Health Practitioners will ensure that the victim (s) are offered the services of an

outside agency victim advocate consistent with SCDC Policy GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment.

PREA Compliance Manager – Q: 12 / Inmates who Reported a Sexual Abuse – Q: 9

PREA Compliance Manager: If a rape crisis center provides victim advocate services, how do you ensure that it meets the qualifications described in Standard 115.21? The PREA Compliance Manager indicated that if the rape crisis center offers victim advocate services, the agency PREA Coordinator ensures compliance with standard 115.21 through an MOU and adherence to state requirements.

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, when you reported sexual abuse, did the facility allow you to contact anyone? As well as who was the person? Do you know what office they were from? How did that person assist you? No.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.21 (f)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follows the requirements of paragraphs 115.21 (a) through (e) of the standards, facility reported yes.

A review of 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 inmate); 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 inmates; any case that involves sexual assault of an SCDC employee or private citizen by an inmates; any case that involves the assault and battery of an SCDC employee or private citizen that results in serious bodily injury; any suspected inmates suicide. Additionally, SLED will be the primary investigative agency as requested by the Director of SCDC or the SCDC Inspector General at his discretion.

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 inmates, will have an investigative case opened within five (5) days from the date of receipt.

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

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During informal conversations with the facility investigator, it was confirmed that when a PREA (Prison Rape Elimination Act) allegation is investigated by an outside agency, the facility formally requests that the investigator adhere to all PREA requirements throughout the investigative process.

Additionally, the facility investigator clarified the standard for determining the outcome of investigations. The preponderance of evidence is applied, which means that a finding is supported when the evidence presented, as compared to opposing evidence, demonstrates that the fact in question is more likely than not to be true.

Corrective Actions: Not Required

Provision Findings:

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

115.21 (g)

The provision requires that the requirements of paragraphs (a) through (f) of this section shall also apply to: Any State entity outside of the agency that is responsible

for investigating allegations of sexual abuse in prisons or jails; and Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

Note: Auditor is not required to audit this provision.

115.21 (h)

The provision requires that for the purposes of this section, a qualified agency staff member or a qualified community-based staff member to be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conversation: That the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, the individual has been screened for appropriateness to serve in this role and received education concerning sexual assaults and forensic examination issues in general.

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

During the audit, the credentials of medical and mental health personnel were reviewed and discussed. This process included detailed interviews with both staff members and the facility management team. The objective was to verify that these individuals possess the appropriate qualifications required to serve as designated qualified staff members within the facility. Through these interviews and conversations, the facility demonstrated that it employs staff with the necessary medical and mental health credentials, ensuring compliance with the standards for qualified personnel.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation,

	site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment • SCDC Policy OIG -23.01 Investigations • South Carolina Law Enforcement Division (SLED) • Agency Head/Designee • OIG Investigator • PREA 2025 Annual Report • Pre-Audit Questionnaire (PAQ) • Facility PREA Investigator • Investigation Cases **Reasoning and Analysis by Provision:** **115.22 (a)** The provision requires that the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. **Review of Documents:** Pre-Audit Questionnaire (PAQ): In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received, facility reported 20. In the past months, the number of allegations resulting in an administrative investigation, facility reported 17. In the past 12 months, the number of allegations referred to for criminal investigation, facility reported 3. Referring to allegations received during the past 12 months, all administrative and/or criminal investigations were completed, facility reported yes. SCDC GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, section 2.4 Investigations page 5 states, SCDC will ensure that all allegations of sexual abuse and sexual harassment are thoroughly investigated promptly. PREA allegations of sexual abuse or sexual harassment may be received in

numerous ways to include: 1. PREA Tips – SCDC public website page that the public can use to report an allegation of sexual abuse/sexual harassment. 2. *22 Hotline Call. 3.Warden-to-warden PREA Notification. 4. Grievance. 5. Request to Staff Member (RTSM) or Automated Request to Staff Member (ARTSM); 6. Note, Letter, or Verbally.

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

The facility reported 17 investigations cases in the past 12 months. Of the 17 cases, the auditor reviewed 10. The methodology used to determine investigation case samples: Twenty or less the auditor reviews at least 10 cases. Twenty-one or more the auditor reviewed 10 cases plus an additional 10 percent of the remaining cases. Note: raw evidence is uploaded in standard 22(a) in each inmate' investigation case.

A review of the investigation files confirmed the agency conducts administrative and criminal investigations for all allegations of sexual abuse and harassment. Over the past 12 months, there were 17 investigations: 5 staff-on-inmate sexual abuse; 3 staff-on-inmate sexual harassment; 5 Inmate-on inmate sexual abuse; and 4 Inmate-on-inmate sexual harassment.

Additionally, there were:

- 14 Administrative cases
- 3 criminal cases
- 0 ongoing (pending) case
- 2 Referred to Prosecution
- 2 staff/contractor terminated or resigned

The auditor examined the documentation for the 10 sample investigation cases, both criminal and administrative, which contained the following:

- PREA Investigative Folder checklist (SCDC Form 19-189) – 10
- Incident Report (SCDC Form 19-29A)– 10
- Incident Report Checklist for PREA Issues (SCDC Form 19-169) – 10
- Office of Inspector General (OIG) Investigative Report of Findings (Criminal) – 2
- PREA Coordinator Report on Findings (Administrative) – 7
- Warden to Warden PREA Notification (SCDC Form 19-184) – 0
- Disposition of PREA Report/Inmate Notification (SCDC Form 19-165) – 9
- Retaliation Monitoring Sheets – 4
- Inmates Search Detail Report / Disciplinary History – 10
- Inmates Voluntary Statements (SCDC Form 19-168)– 10
- Additional Information and Emotional Support Services – 4
- Inmate Grievance (Reporting Sexual Abuse/Harassment) - 0
- Grievance Transferal Memo – 0

- PCM inmates Grievance Review Routing Slip – 0
- Case Emails – 10
- PREA Incident Review (SCDC Form 19-183) – 1
- Staff Miranda Rights – 0
- Arrest Warrants - 0
- Termination/Resignation – 2
- Inmate Witness Statement – 10
- Medical Documents (SAFEs or SANEs) – 0
- PREA Checklist for Medical Staff – 3

The credibility assessment process is conducted in an unbiased manner. Investigators are expected to evaluate all available evidence objectively, ensuring that personal opinions or preconceived notions do not influence their determination of credibility for any party involved. This impartial approach is essential to maintain the integrity of the investigation and to ensure that all findings are supported solely by information. The reviewed information is listed above.

Agency Head/Designee – Q: 3, 4

Deputy Director of Legal and Compliance/Agency Head Designee: Does the agency ensure that an administrative or criminal investigation is completed for allegations of sexual abuse or harassment? 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 on sexual abuse and sexual harassment cases.

Deputy Director of Legal and Compliance/Agency Head Designee: The Agency head Designee describes how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment. All PREA allegations are reported to the facility PREA Compliance Manager. Incident reports and statements from the victim and any witnesses are collected and forwarded to the Acting Agency PREA Coordinator who will determine whether the matter warrants a criminal investigation or whether the matter will be referred to the PCM for administrative review. The PCM investigates all inmates-on-inmates sexual harassment allegations. The Agency Office of Inspector General investigates all allegations of a criminal nature and all administrative allegations concerning staff or volunteer sexual abuse or sexual harassment of inmates. The inmates 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.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the site visit, the auditor verified that investigation case files related to PREA (Prison Rape Elimination Act) matters are kept in a secure manner. Specifically, these

case files are stored inside a locked cabinet located in the PREA Compliance Manager's locked office. This setup ensures that confidential information is safeguarded appropriately. Through discussions with the PREA Compliance Manager, it was confirmed that only authorized personnel have access to this office and its contents. Staff members who are not authorized do not have access to these confidential investigation files, maintaining strict confidentiality and compliance with established security protocols.

Corrective Actions: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, and observation, confirms that the facility is in compliance with the requirements of this provision.

115.22 (b)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ): That the agency has 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, facility reported yes.

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

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

A review of the 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 inmate); 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 inmates; any case that involves sexual assault of an SCDC employee or private citizen by an inmates; any case that involves the assault and battery of an SCDC employee or private citizen that results in serious bodily injury; any suspected inmates suicide. Additionally, SLED will be the primary investigative agency as requested by the Director of SCDC or the SCDC Inspector General at his discretion.

Facility and OIG Investigative Staff – Q: 4

Facility PREA Investigator: Does agency policy require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes. All criminal investigations are referred to OIG.

OIG Investigator: Does agency policy require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes. SCDC Policy GA-06.11B (7.1) Require referrals. SCDC's Office of Inspector General (PIG) has full State authority to conduct criminal investigations and make arrests. There may be times that SLED investigated (South Carolina Law Enforcement Division).

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.22 (c)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informational Conversation: If a separate entity is responsible for conducting criminal investigations, the policy describes the responsibilities of both the agency and the investigating entity, facility reported yes.

SCDC Policy OIG-23.01 Investigations Dated September 28, 2023, Policy Statement: To promote professional, ethical, lawful conduct, safety, and security throughout the

Agency, SCDC will authorize The Office of Inspector General (OIG) to conduct criminal and administrative investigations in compliance with all applicable SCDC policies, American Correctional Association standards, and state and federal statutes. OIC will pursue criminal prosecution when warranted.

The auditor reviews 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.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During an informal conversation, the agency's Acting PREA Coordinator confirmed that the State Law Enforcement Division (SLED), as an external investigative entity, is knowledgeable about the agency’s policy regarding investigations into sexual abuse. The Acting PREA Coordinator indicated that the agency has established a formal policy that outlines procedures for investigating both sexual abuse and sexual harassment incidents, with all such cases being reported to the South Carolina Department of Corrections (SCDC).

The agency’s policy, SCDC Policy GA-06.11: Prevention, Detection and Response to Sexual Abuse/Sexual Harassment, is accessible to the public and published on the agency’s website at http://doc.sc.gov/preaweb/ .

Corrective Actions: Not Required

Provision Findings:

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

115.22 (d)

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

Note: Auditor is not required to audit this provision.

115.22 (e)

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

Note: Auditor is not required to audit this provision.

	Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment • PREA curriculum (PREA Overview Power Point) • Pre-Audit Questionnaire (PAQ) • PREA Quarterly Meetings • Informal Conversations • Staff Training Roster – Search Training (Employees Training System) Report • Employees Training System/PREA Guidelines • Shake Down Searches • Random Sample Staff **Reasoning and Analysis by Provision:** **115.31 (a)** The provision requires that the agency train all employees who may have contact with inmates 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. Inmates' right to be free from sexual abuse and sexual harassment. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The dynamics of sexual abuse and sexual harassment in confinement. The common reactions of sexual abuse and sexual harassment victims. How to detect and respond to signs threatened and actual sexual abuse. How to communicate effectively and professionally with inmates, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. **Review of Documents:** Note: The SCDC PREA curriculum is too large to upload into the PREA system. The

auditor has a copy on file.

Pre-Audit Questionnaire (PAQ): That the agency/facility trains all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 3. Training and Education 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 inmates, and SCDC Policy PS-10.04, Volunteer Services Programs. SCDC will provide employees a refresher training regarding these standards to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. Certificates of completion, SCDC Form 19-181, NIC Training Log for Investigations and Medical/Mental Health, SCDC Form 1-9, Volunteer Services Agreement, and SCDC Form 17-13, PREA New Employee Onboarding, or other documents showing completion of this training will be placed in the employee Documents.

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: Dated June 29, 2023. 1.1 Training and Education Section 1.1.1 Staff Education: All employees (temporary and grant), volunteers, interns, and contractors will be provided with general training on PREA and the Agency's 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.

The auditor examined the SCDC Personnel system – Employee Training System (PREA Guidelines) staff training roster to verify electronically that employees have acknowledged understanding of the training they have received.

The auditor reviewed 78 staff electronic signatures.

The auditor examined the SCDC Personnel system – Employee Training System (Searches) staff training roster to verify electronically that employees have acknowledged understanding of the training they have received.

The auditor reviewed 58 staff electronic signatures.

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

How to fulfill their responsibilities under agency sexual abuse and sexual harassment

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

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

The right of inmates 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 – Inmate 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 inmates); The Victim (Male inmates), Video.

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

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.

The auditor reviewed the PREA Quarterly Meetings that included Attendees, Meeting Agenda, Quarterly Allegations, Action Taken, and Agency Update Notes. The auditor also reviewed the Warden's Staff Meetings.

Random Sample of Staff – Q: 1

Twelve randomly selected staff members from all shifts were interviewed by the auditor's support staff using the PRC questions for random sample of staff. Of those interviewed, four identified as Black, eight as White, and zero as Hispanic. Regarding gender, there were seven females and five males. Interviewed staff reported that they received PREA training. Staff were aware of the Zero Tolerance Policy, employee and inmates' rights, signs, and symptoms of sexual abuse, reporting and responding. One hundred percent of staff were knowledgeable about the topics they had been

trained on. Some say that the topics are ongoing. When probed, staff were able to describe the training on zero tolerance, inmates and staff rights, dynamics of sexual abuse and sexual harassment, prevention, and response protocol as well as supportive services available to inmates. Staff indicated they have received training on working with vulnerable populations The staff reported receiving training in person, online and annually. Some reported that they received the training within the past months and last year.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the auditor's site review, informal conversations were conducted with staff members to assess their understanding and experience with PREA training requirements. Staff confirmed that they had received the required PREA training both at the time of hire and during shift briefings. When asked to elaborate on the topics covered, staff described discussions around both internal and external processes for inmate reporting. They specifically referenced the PREA information posted by the facility phones, indicating awareness of resources accessible to staff and inmates. Additionally, staff explained that they are able to report PREA concerns privately to the management team. Other topics discussed during training included a variety of subjects relevant to PREA awareness and procedures.

Corrective Actions: Not Required

Provision Findings:

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

115.31 (b)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): That training is tailored to the genders of the inmates at the facility, facility reported yes.

A review of the inmate roster confirmed that the facility currently houses male inmates. Training provided to staff is designed to address the specific needs of this population, as evidenced by an examination of the training curricula and interviews with randomly selected staff members. The training content is aligned with the characteristics of the inmate population, ensuring relevance and effectiveness.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

As part of the site review, the auditor conducted informal discussions with staff members to gauge their experience with PREA training. Staff reported that they had participated in PREA training sessions covering the facility's zero tolerance policy toward sexual abuse and harassment, as well as procedures for inmate reporting. In addition, staff shared that PREA-related information was provided during shift briefings, ensuring continuous awareness and reinforcement of PREA standards and expectations.

Informal conversation with the PREA Compliance Manager indicated that when employees are reassigned from facilities that house inmates of the opposite gender, they receive supplementary information. This approach ensures that staff members are adequately prepared to meet the unique needs associated with a transition between facilities housing different genders.

Corrective Actions: Not Required

Provision Findings:

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

115.31 (c)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): Between trainings the agency provides employees who may have contact with inmates with refresher information about currents policies regarding sexual abuse and sexual harassment, facility reported yes.

The auditor reviews the uploaded PREA Refresher Trainings. The following was reviewed:

- PREA Refresher #1: The Basics
- PREA Refresher #2: What to Look for and How to Respond
- PREA Refresher #3: Professional Communication
- PREA Refresher #4: Inmate Privacy and Respect
- PREA Refresher #5: PREA Reporting
- PREA Refresher #6: Helping Inmates Who Primarily Speak Another Language
- PREA Refresher #7: Staff First Responders
- PREA Refresher #8: Taking Victims of Sexual Abuse to Medical
- PREA Refresher #9: Completing and Incident Report

- PREA Refresher #10: Inmate Support Services
- PREA Refresher #11: Transgender Inmates
- PREA Refresher #12: Misuse of PREA & Discipline

During documentation review, the auditor reviewed staff training rosters as electronic verifications, some staff sign-in sheets, acknowledgement statements and some completion certifications.

This documentation demonstrates that employees have received training in accordance with PREA Guidelines. The audit included a thorough examination of the training records for the year 2026, confirming that the necessary training requirements were met for all individuals represented in the reports.

A 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. Staff must take annual refresher training through the agency's computerized system.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.31 (d)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): That the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification, facility reported yes.

SCDC Policy GA-06.11, Policy Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment acknowledgement signed statements. The statements include but are not limited to 1. Zero Tolerance Policy (GA-06.11), 2. Sexual Abuse Definitions, 3. Sexual Harassment Definitions, 4. Reporting Inappropriate Employment/ inmates Relations, 5. Corrective Actions, 6. Retaliation

During documentation review, the auditor reviewed staff training rosters for PREA Guidelines as electronic verifications, some staff sign-in sheets, acknowledgement statements and some completion certifications.

	The auditor reviewed 78 staff electronic signatures. During documentation review, the auditor reviewed staff training rosters for Shake Down Searches as electronic verifications, some staff sign-in sheets, acknowledgement statements and some completion certifications. The auditor reviewed 58 staff electronic signatures. This review involved examining the training records to ensure that staff received and acknowledged their PREA training for 2026. Each report or entry in the spreadsheet indicated successful completion of the required training. The documentation provided verification that all reviewed employees had completed the necessary PREA training and had their participation formally recorded. This process supports the facility's compliance with agency policy regarding staff training and documentation requirements. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** As part of the site review process, the auditor engaged in informal discussions with facility officers to assess their understanding and verification of PREA (Prison Rape Elimination Act) training. Through these conversations, officers affirmed that they had signed acknowledgment forms indicating their understanding of the PREA training content delivered during in-person classroom sessions. Additionally, the officers confirmed that they had completed electronic verifications for the online training modules, further substantiating their participation and understanding of the required material. **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.32	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in making Compliance Determinations:

- SCDC Policy PS-10.04 Volunteer Services Programs
- SCDC Form 17-13, New Employee Onboarding Training, Staff Signature
- SCDC Form 1-9, Volunteer Service Agreements
- Pre-Audit Questionnaire (PAQ)
- Volunteers or contractors who have contact with inmates

Reasoning and Analysis by Provision:

115.32 (a)

The provision requires that the agency ensure 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.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The number of volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response, facility reported 82.

SCDC Policy PS-10.04 Volunteer Services Programs section 1.2 All volunteers, whether Registered or Guest, will be required to receive orientation prior to performing any services or activities at any SCDC institution. Orientation will be scheduled by either a Volunteer Coordinator or institutional staff member responsible for supervising the volunteer (s). Orientation will be conducted by an Agency employee, e.g. the Volunteer Coordinator, each institutional staff member supervising the volunteers, or the shift supervisor, and may be accomplished just prior to the time of the initial volunteer services activity.

All volunteers and contractors who interact with inmates receive training on their roles and responsibilities concerning the agency's sexual abuse and sexual harassment prevention policies. This training specifically addresses the expectations for preventing, detecting, and responding to incidents of sexual abuse and harassment. The content is delivered through the Inmate Services Volunteer Training Orientation, which includes a comprehensive PowerPoint presentation and an accompanying agreement. By completing this training, volunteers and contractors affirm their understanding of the agency's policies and agree to uphold the standards set forth for maintaining a safe environment for all facility inmates.

The auditor reviewed 25 signed and dated SCDC Form 1-9 (42 for 2024) with indicated that the volunteers' acknowledgements of their training. The Volunteer Services Agreement also states, "I understand that the Prison Rape Elimination Act (PREA) is a federal law that prohibits and seeks eliminate sexual assaults and sexual misconduct in SCDC correctional institutions.

This document serves as a comprehensive record for all volunteers associated with

	the facility. By documenting each volunteer's identifying information, such as name and driver's license number, alongside their approval and NCIC dates, the facility demonstrates its commitment to thorough screening and tracking of individuals who may have contact with inmates. The inclusion of NCIC dates indicates that background checks are conducted to ensure the safety and security of the facility, while approval dates confirm the official authorization of volunteer services. A review of SCDC Form 17-13, New Employee Onboarding Training, Staff Signature, and SCDC Form 1-9, Volunteer Service Agreement, confirms that these documents meet the requirements set forth by the standards. **Volunteer (s) or Contractor (s) who have Contact with inmates – Q: 1** The auditor interviewed two contractors who have contact with inmates to confirm that they have received training on their responsibilities related to the prevention, detection, and response to sexual abuse and harassment. This training includes instructions on how to report incidents of sexual abuse or harassment and an understanding of the agency's zero-tolerance policy towards sexual abuse and harassment. They received the same training and all contract staff. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **115.32 (b)** The provision requires that the level and type of training provided to volunteers and contractors be based on the services they provided and level of contact they have with inmates, but all volunteer and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. **Review of Documents:** Pre-Audit Questionnaire (PAQ): That the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with inmates, facility reported yes. 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 inmates. 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.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 3. Training and Education 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 inmates, and SCDC Policy PS-10.04, Volunteer Services Programs. SCDC will provide employees a refresher training regarding these standards to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. Certificates of completion, SCDC Form 19-181, NIC Training Log for Investigations and Medical/Mental Health, SCDC Form 1-9, Volunteer Services Agreement, and SCDC Form 17-13, PREA New Employee Onboarding, or other documents showing completion of this training will be placed in the employee Documents.

The auditor review of the SCDC Division of Inmate Services Volunteer Handbook includes SCDC has a zero-tolerance policy regarding sexual abuse, sexual harassment, and misconduct between staff, agents, and any inmates and/or any other persons presently under the jurisdiction of SCDC as noted in ADM 11.17, "Employee Conduct", 11.34, "Employee-Inmate Relations", 11.39, Staff Sexual Misconduct with Inmates; and OP-21.12, "Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment.

Summary of Interviews: Volunteers or contractor who have contact with inmates – Q: 2,3

The auditor interviewed two contractors who have contact with inmates to confirm that they have received training on their responsibilities related to the prevention, detection, and response to sexual abuse and harassment. This training includes instructions on how to report incidents of sexual abuse or harassment and an understanding of the agency's zero-tolerance policy towards sexual abuse and harassment.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.32 (c)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency maintains documentation confirming that

volunteers and contractors understand the training they have received, the facility reported yes.

The auditor reviewed the volunteer services agreement acknowledgement form (SCDC Form 1-9). The statements include but are not limited to 1. The volunteer agrees to: “I agree and understand that the Prison Rape Elimination Act (PREA) is a federal law that prohibits and seeks to eliminate sexual assaults and sexual misconduct in SCDC correctional institutions. Further that SCDC has a zero tolerance for sexual assault or abuse of any person or sexual relationships between staff, volunteers, and inmates. 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 inmates in the SCDC. I agree that no such information will be disclosed without the written consent of both the inmates involved and the affected staff members. I understand that a violation of his pledge will result in my removal as a volunteer.

The auditor reviewed 25 signed and dated SCDC Form 1-9 (42 for 2024) with indicated that the volunteers’ acknowledgements of their training. The Volunteer Services Agreement also states, “I understand that the Prison Rape Elimination Act (PREA) is a federal law that prohibits and seeks eliminate sexual assaults and sexual misconduct in SCDC correctional institutions. Further, that the SCDC has a zero tolerance for sexual assault or abuse of any person or sexual relationships between staff, volunteers, and offenders. Any volunteer who observes or receives information concerning sexual assault or abuse must report it immediately to one of the following: Institutional PREA Compliance Manager (PCM), Warden, Human Resources, Inspector General or an appropriate member of SCDC staff prior to leaving the institution. Any and all information that I may learn or have access to during the course of volunteering shall remain confidential. I agree not to disclose such information”.

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.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates,

	outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • United States Department of State Consular Notification and Access Manual • Email Confirming Six PREA Videos on Confined Person Tablets • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • Email from Agency PREA Coordinator Grade Level • PREA Video Adult Intake English (Sign Language and Captioned) • PREA Video Adult Intake English (Captioned) • PREA Video Adult Intake Spanish (Captioned) • PREA Video Comprehensive Education English (Sign Language and Captioned) • PREA Video Comprehensive Education (Captioned) • PREA Video Comprehensive Education Spanish (Captioned) • Example of Braille in PREA Brochure Format • Email of Materials on 5th and 6th Grade Level • Pre-Audit Questionnaire (PAQ) • PREA Poster English and Spanish 1 • Inmate Roster Past 12 Months • Inmates Data Sheet • Certification of PREA Education Video Acknowledgement • Certification of Inmate Orientation Acknowledgement • Let’s Talk About Safety PREA Brochure Male English and Spanish • Inmates Target List • List of Inmate Tablets • PREA Audit Posted Notices • Required # of Inmates Interviews • Intake Staff • Random Inmate Interview **Reasoning and Analysis by Provision:** **115.33 (a)** The provision requires inmates 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.

Review of Documents:

The Pre-Audit Questionnaire (PAQ): Based on a review of information that the facility provided in the PAQ, the number of inmates admitted during the past 12 months who were given this information at intake, facility reported 833.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 3. Training and Education Section 3.2: Consistent with SCDC Policy GA-06.11, Prevention, Detection, and response to Sexual Abuse. Sexual Harassment states each SCDC institution will ensure that all inmates 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.

The auditor requested and reviewed the Inmate Roster for the past 12 months and it indicated that the facility intake was 581.

The PREA auditor conducted a document review by randomly selecting records for 119 inmates using the facility's inmate roster. The names were placed on the Resident Data Spreadsheet. The Data Sheet captured Inmate Name, Race, Admission Date/Year enter prison, Current Facility arrival Date/Year, Intake Orientation Acknowledgement Date/Year, PREA Education Video Acknowledgement Date/Year, Initial PREA Screening Date/Year, 30 Day Reassessment Date/Year, and Date Resident received Tablet. Individual documentation for each inmate was copied and prepared for uploading into the PREA system.

The Resident Data Spreadsheet helps establish the intake timeline for initial information and comprehensive education.

Based on 119 Residents, the auditor data assessment was as follows:

- Inmate Orientation Acknowledgement – 41 Completed (34.5%); 78 Blank (65.5%) / Two no longer at Facility.
- PREA Education Video Acknowledgement – 34 Completed (28.6%); 85 Blank (71.4%) / Two no longer at Facility
- Resident Received Tablets – 118 Received (99.2%); 1 Blank (0.8%) / Two no longer at Facility

To further verify compliance with PREA take orientation procedures, the resident signed the following forms listed above confirming receipt of the PREA

The inmates received the required intake information through brochures and PREA videos. The agency has the following PREA videos for inmates: PREA Video Adult Intake English (Sign Language and Captioned); PREA Video Adult Intake English (Captioned); and PREA Video Adult Intake Spanish (Captioned).

The auditor has thoroughly reviewed all PREA orientation videos provided by the facility. Copies of these videos are maintained as documentation and are prepared for upload into the PREA system. The PREA Intake Video is available in multiple

accessible formats, including sign language, captioned, English, and Spanish versions, ensuring that all inmates can fully understand the content regardless of language or communication needs.

The intake video is presented to inmates on the same day as their arrival at the facility. Documentation reviewed by the auditor, such as the inmates' signatures and dates on the Intake Orientation and Certification of PREA Orientation/Education forms, confirms that inmates are receiving the required PREA information during intake. This process demonstrates the facility's commitment to ensuring that all inmates are informed about the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, as well as their rights and responsibilities related to reporting and prevention.

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

- The video provides inmates 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 inmates.
- 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 inmates.
- Disciplinary actions for participating in sexual abuse, sexual harassment, or making false allegations.
- Reporting back to the inmates.

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

Random Intake Staff – Q:1, 2 / Random Inmate Interview Questionnaire – Q: 4

Based on interviewed intake staff, when conducting the intake orientation staff go over the zero-tolerance policy with the inmates. 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 inmate watch a video (English or Spanish) on PREA, and staff answer questions if needed. Intake staff corroborate that all inmates 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 inmate entering the facility by giving them the intake packet and viewing the PREA video. The information is in English and Spanish. Documentation review of inmate's signature

and date on the Intake Orientation and Certification of PREA Orientation/Education corroborated that these inmates received the PREA information.

Twenty random inmates were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. Eighteen (90%) interviewed inmates 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 inmates recall that they received the PREA information on the same day of arrival or within a week. Documentation review of inmate's signature and date on the Intake Orientation and Certification of PREA Orientation/Education confirmed that all inmates did signature sheet of receiving the PREA information.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility tour of the inmate living units, the auditor asked an inmate to demonstrate how to access and review the PREA videos on their tablets. The inmate consistently had access to the PREA videos, ensuring that the educational materials are readily available for review at any time.

Informal conversations with the PREA compliance manager confirmed that Intake/ Classification staff are responsible for conducting intake orientation for new inmates. This was further verified during the facility tour through informal discussion with intake/classification staff.

During the facility site review, intake staff were asked to demonstrate the intake process by guiding the auditor through each step. Staff were indicated that they use an area office or common area, with PREA information readily available in both English and Spanish. The auditor was able to view the PREA video on a computer or monitor designated for inmate use, with the video content presented clearly. Additionally, the auditor reviewed the PREA information which outlines the SCDC's zero-tolerance policy regarding sexual abuse and sexual harassment and details the reporting process.

The auditor examined PREA posters and brochures displayed in the facility. These materials are written at a 5th to 6th grade reading level, using everyday language and short, easily understandable sentences. The verification of the reading level was provided through a phone conversation and email with the Agency Acting PREA Coordinator, as well as by running the materials through a grammar program, which rated them at a 4.4 to 5.7 grade level. If an inmate has a cognitive or intellectual disability, intake staff read the PREA materials aloud or seek assistance from mental health or GED staff to ensure comprehension.

During the auditor's site review, informal conversations were held with inmates regarding their PREA education. Inmates consistently responded that they received

	their PREA training upon arrival at the facility. When asked about the delivery method, inmates reported receiving a package and watching a PREA video, when they received their tablets, they had access to all the videos. Informal conversation with intake staff confirmed that there were limited English-speaking inmates at the facility during the review. The auditor verified this by checking the inmate roster and consulting with the facility PREA compliance manager. However, the PREA Compliance Manager provided the auditor with instructions for using the facility's language line service for interpretation, including a toll-free number (833-769-1307) and the SCDC PIN (8712339) for staff who may need to access these services in the future. Corrective Actions: Required Finding requiring corrections: The auditor is not sure if the residents receive this information as they arrive at the facility. Operations are opposed to give the inmates this information and ensure that they understand how to report incidents or suspicions of sexual abuse or sexual harassment at this facility. It was indicated by staff that the required PREA information is placed in the inmate orientation package. It is not clear whether staff explained the PREA information to the inmate for understanding. Classification staff give the inmate the required PREA Education and Inmate handbook within 10 days of arrival at this facility. The auditor will continue to review documentation regarding this provision. Facility Corrective Action: On November 6, 2026, the auditor reviewed 92 Certification of Prison Rape Elimination Act (PREA) Orientation was signed by the inmates. This ensures that each inmates received the required PREA Information and Education within the required timeframe. This provision is now rated as compliant. Provision Findings: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **115.33 (b)** The provision requires within 30 days of intake; the agency provides comprehensive education to inmates 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. Review of Documents: Pre-Audit Questionnaire (PAQ): Based on a review of information the facility provided in the PAQ, the number of those inmates 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, facility reported 734.

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

The auditor confirmed that the inmates completed the required PREA Education within the required timeframe by reviewing 110 of the Institutional Documents forms—SCDC Form 18-78 Certificate of PREA Video Acknowledgements.

The auditor uploaded the raw data for each inmate, titled "Institutional Documents SCDC Form 18-78 Certificate of PREA Video Acknowledgements."

Additionally, the auditor reviewed the facility posting of the PREA Audit Posted Notices, the required number of inmates for interviews, and the inmate rosters.

Intake Staff – Q: 3, 4 / Random Inmate Interview Questionnaire – Q:5

Based on interviewed intake staff confirmed that all inmates 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 inmates and have them sign an acknowledgement form. Usually, the inmate receives the information the same day, no more than 72 hours from arrival at the facility.

Twenty random inmates were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. Eighteen (90%) Inmates corroborate that when they came to the facility, they were told about their right to not be sexually abused or sexually harassed. How to report sexual abuse or sexual harassment. About their rights not to be punished for reporting sexual abuse or sexual harassment. When asked about how long after coming here did you get the information above? There were a variety of responses; within a week, first week, same day, couple days, soon as I got here, 2 days, or next day. The inmates were also asked, when did you first come to this facility 11 was within the past 12 months and 4 was over the past 12 months. Note: some of the inmates may have given their arrival time to the prison system.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the review of the facility, it was established that the facility does not house female inmates. As a result, the non-certified support staff was unable to interview a female inmate regarding her ability to participate in activities outside of her cell due

to the potential unavailability of female staff to conduct pat-down searches. This limitation meant there was no opportunity to assess whether the absence of female staff had any impact on the participation of female inmates in out-of-cell activities.

Provision Findings:

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

115.33 (c)

The provision requires inmates to receive information during the intake process explaining, current inmates 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 inmate's new facility differ from those of the previous facility.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informational Conversations: All inmates received comprehensive education referenced in 115.33 (b). facility reported Yes.

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

The auditor verified that all inmates received PREA education upon transfer to a different facility. This confirmation was based on a review of documentation, specifically by comparing the inmates documented arrival dates or years at the SCDC prison to their arrival dates at the current facility. These records provided clear evidence that PREA education was administered to each inmate upon their transfer.

The auditor also examined the Inmate Roster covering the last 12 months and reviewed the Inmate Date Spreadsheet. This analysis was used to determine if the facility met the requirements of the provision regarding timely PREA education for all transferred inmates.

Intake Staff – Q: 2

Interviewed intake staff confirmed that all inmates 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 inmates entering the facility through the intake packet and viewing PREA video. The information is in English and Spanish.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility tour, an informal conversation with the facility PREA compliance manager confirmed that every inmate, whether newly arrived or transferred from another institution, has received comprehensive PREA education. This instruction was

	delivered through both a PREA orientation video and a brochure provided to each inmate. Specifically, transferred inmates were educated on their rights to be free from sexual abuse, sexual harassment, and any form of retaliation for reporting such incidents. The auditor verified the delivery of this education by reviewing documentation, including the signatures of inmates confirming they had watched the PREA Orientation video. Additionally, it was confirmed that all inmates who were present in the facility prior to the implementation of PREA have also received the necessary PREA education. Corrective Actions: Not Required Provision Findings: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **115.33 (d)** The provision requires the agency to provide inmates education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Review of Documents: Pre-Audit Questionnaire (PAQ): The agency provides inmate education in formats accessible to all inmates including those who are limited English proficient, facility reported yes. 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 inmates. This includes providing documentation and materials to inmate who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The auditor has reviewed the PREA videos. The videos are in a format that is accessible to inmates who are limited English proficient in Spanish format; deaf inmates by using sign language and caption in English and Spanish; and visually impaired by using clear speech. After reviewing PREA documentation to include the email confirming the six PREA videos on all inmates' tablets. PREA videos and informal conversations with staff and inmates, the auditor confirmed that the agency takes appropriate steps to ensure that the inmates with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment. The agency provided the following evidence:

	• Deaf or hard of hearing: PREA video Adult Intake English (Sign Language and Captioned) • Blind or have low vision – Facility can access the agency Braile Program (Good Quality of Sound of Videos) • Speech Disabilities (LEP) – PREA video Adult Intake Spanish (Captioned) and Language Line Interpretative Services • Copy of the interpreter's contract (Language line). The reviewed the email from Agency PREA Coordinator confirming the Grade Levels of the PREA Posters and Brochure (written on the 4th – 5th grade levels). The auditor reviewed the following information from previous audits to assist in determining compliance with this provision: Female and Male Brochure UEB Code 4 Braille Pages; PREA Braille Documentation (Central Office); School for the Deaf and Blind – PREA Braille Production Brochure; and Inmates Targeted List. Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): The auditor reviewed the PREA Posters and Brochures that were on the staff intake desk, they are written on the 5th - 6th grade level. The brochure is written in everyday street language, uses short sentences that are understandable, and does not use language that requires a high-level of education to read and comprehend. This was confirmed with a phone conversation with the Agency Acting PREA Coordinator. The Acting PREA coordinator confirmed that the PREA Posters and Brochures were created with the support of Justice Detention International (JDI) who creates PREA materials on a 5th -6th grade level. This was also corroborated 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 inmate has a cognitive or intelligence disability the Intake staff would read the PREA materials to the inmate or request assistance from mental health or GED staff. In each living unit, inmates were provided with access to 3-6 telephones and 2 kiosks. The auditor conducted a functionality test of these phones by picking up the receiver to verify the presence of a dial tone. Several phones were randomly selected to ensure that inmates could use them to contact outside services. When the auditor picked up the phone, there was a dial tone followed by a prompt to select a language: pressing 1 for English or 2 for Spanish. Upon selecting a language, the call is connected to an outside agency. During the call process, the system provided options to either press for the name of a staff member or to leave a message. Inmates were required to enter their personal identification PIN to proceed with the call. It was noted that calls may be subject to monitoring. Additionally, the placement of the telephones offered some degree of privacy for the inmates. The auditor did check the kiosks to ensure that they were operable. Corrective Actions: Not Required Provision Findings:

	A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **115.33 (e)** The provision requires the agency to maintain documentation of inmate's participation in these education sessions. Review of Documents: Pre-Audit Questionnaire (PAQ): The agency maintains documentation of inmate participation in the education sessions, facility reported yes. 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. To verify that all confined individuals received the mandatory PREA Education within the required timeframe, the auditor conducted a review of institutional documentation. Specifically, the auditor examined 110 SCDC Form 18-78 Certificates of PREA Video Acknowledgements. Each of these forms was signed and dated by the respective inmate, confirming their completion of the PREA education session. The auditor uploaded the raw data for each inmate, titled "Institutional Documents SCDC Form 18-78 Certificate of PREA Video Acknowledgements." This documentation provides clear evidence of each individual's participation in and completion of the required PREA video orientation. The facility maintains and confirms documentation of inmates' participation in PREA orientation and education by the inmate's signature on the acknowledgement of the Certification of PREA Education Video and inmates Intake Certification Orientation. Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR Corrective Actions: Not Required Provision Findings: An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and inmates, together with a review of applicable policies, and observation, confirms that the facility is in compliance with the requirements of this provision. **115.33 (f)** The provision requires, in addition to providing such education, the agency to ensure

	that key information is continuously and readily available or visible to inmates through posters, inmate's brochure, or other written formats. Review of Documents: Pre-Audit Questionnaire (PAQ): The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats, facility reported yes. 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 inmates 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, tablets and the agency place large PREA signs in the front of the living units. The facility does not house inmates solely for civil immigration purposes. The auditor requested a list of inmates that requested consular notification. The agency central office provided a list of inmates. These inmates 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 inmate 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. This information is also in the law library on the computer system according to staff. Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): 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 some Wall Painting of PREA and state way PREA metal signs outside of different buildings. This information was continuous throughout the facility to include the posted near the phones in the housing units, medical, Education, Dinning Hall, Visitation, and the Intake area. The posters 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 inmates through electronic via kiosk, tablets and the agency sign in front of the

	building. The auditor requested the inmates to access the PREA information on the kiosk and his tablet. The inmate had no problems pulling up the information for review. The auditor also conducted a review of all PREA videos to ensure that the inmate has continuous and readily available or visible access to PREA information. The videos were created to include the following versions: Adult Intake English (with Sign Language and Captions); Adult Intake English (Captioned); Adult Intake Spanish (Captioned); Comprehensive Education English (with Sign Language and Captions); Comprehensive Education English (Captioned); and Comprehensive Education Spanish (Captioned). In each of the living units, the inmates had access to 3-6 telephones and 2 kiosks. The auditor tested the phone by picking up the receiver and listening for a dial tone. Random phones were checked for contacting outside services. The auditor picks up the phone and receives 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 required for the person confined to enter a personal ID PIN. The call may be monitored, and the locations of the phones did provide for some privacy for the inmate. Corrective Actions: Not Required Provision Findings: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses triangulation by linking PREA documentation, online Pre-Audit Questionnaire, policies, on-site observations, facility reviews, facility practices, the above provisions and interviews to confirm findings. The analysis indicates that the facility complies with the standard requirements.

115.34	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • PREA Investigator’s Certificate of Completion of the Specialized Investigation Training from National Institute of Corrections Training • SCDC Policy 23.01 Investigations

- 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.
- Pre-Audit Questionnaire (PAQ)
- OIG Investigative Staff
- NIC Online Specialized Investigation Training (e-learning Course) Curriculum
- MOU with SC Law Enforcement Division
- Investigative Notes
- List of Agency Investigators (Spread Sheet) NIC Training Dates
- Facility Investigative Staff

Reasoning and Analysis by Provision:

115.34 (a)

The provision requires that in addition to the general training provided to all employees pursuant to standard 115.31, the agency to ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 3. Training and Education Section 3.3: In addition to general training provided to all employees and training provided by the SC Criminal Justice Academy, SCDC's OIG will ensure that its investigators who investigate allegations of sexual abuse have specialized training as prescribed in PREA Standard 115.34. Such training will be renewed at least every two (2) years with certificates of completion or SCDC Form 19-181. NIC Training Log for Investigations and Medical/Mental Health, placed in the employees' Documents.

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 employees' Documents. 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."

The auditor conducted a thorough review of investigator training records to confirm compliance with PREA Standard 115.34. As part of this assessment, documentation was examined to verify that investigators had received the required specialized

training in conducting sexual abuse investigations within confinement settings.

Specifically, the auditor reviewed certificates of completion for 30 Office of Inspector General (OIG) Agents. Each certificate confirmed that the agent had successfully completed the Specialized Investigation Training provided by the National Institute of Corrections (NIC), titled “PREA: Investigating Sexual Abuse in a Confinement Setting.”

In addition, the auditor reviewed certificates of completion for 5 facility PREA Investigators. These documents also confirmed successful completion of the same NIC Specialized Investigation Training, “PREA: Investigating Sexual Abuse in a Confinement Setting.”

Facility and OIG Investigative Staff – Q: 1, 2

Facility PREA Investigator: Did you receive training specifically in conducting sexual investigations in confinement settings? Yes. Can you describe it briefly? The PREA training is through National Institute of Corrections INIC) online training. The facility investigators investigate Administrative Investigations.

OIG Investigator: Did you receive training specifically in conducting sexual abuse investigations in confinement settings? Yes. Can you describe it briefly? Online course provided by the National Institute of Corrections (NIC) – NIC.Learn.com. All criminal investigators take the “PREA: Investigating Sexual Abuse in a Confinement Setting”, course. The training goes through the methodology of conducing sexual abuse/sexual harassment investigations, evidence collection methods and requirements, interview techniques, and provides examples of different investigations within correctional facilities. The OIG investigators investigate Criminal Investigations.

O**bservation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR**

Corrective Actions: Not Required

Provision Findings:

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

115.34 (b)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conversations: The specialized training includes techniques for interviewing victims of sexual abuse. facility reported yes.

SCDC Policy OIG-23.01 Investigations Dated September 28, 2023, section 10 Definitions: Miranda Rights refers to constitutional Fifth Amendment rights against self-incrimination as prescribed by the United States Supreme Court in criminal cases.

The auditor reviewed the NIC online training. Investigators are required to complete the National Institute of Corrections (NIC) online training “PREA: Investigating Sexual Abuse in a Confinement Setting” it 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.

Facility and OIG Investigative Staff – Q: 3

Facility PREA Investigator: Did the training topics include: Techniques for interviewing sexual abuse victims? Yes. Proper use of Miranda and Garrity warning? Yes. Sexual abuse evidence collection in confinement settings? Yes. And the criteria and evidence required to substantiate a case for administrative or prosecution referral? Yes.

OIG Investigator: Did the training topics include: Techniques for interviewing sexual abuse victims? Yes. Proper use of Miranda and Garrity warning? Yes. Sexual abuse evidence collection in confinement settings? Yes. And the criteria and evidence required to substantiate a case for administrative or prosecution referral? Yes.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.34 (c)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): The number of facility investigators currently employed who have completed the required training, facility reported 4.

	The auditor reviewed 22 OIG Agent's Certificate of Completion of the Specialized Investigation Training from National Institute of Corrections Training titled "PREA: Investigating Sexual Abuse in a Confinement Setting". The auditor also reviewed 5 facility PREA Investigator's Certificate of Completion of the Specialized Investigation Training from National Institute of Corrections Training titled "PREA: Investigating Sexual Abuse in a Confinement Setting". **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **115.34 (d)** The provision requires that any State entity or Department of Justice component that investigates sexual abuse in confinement settings provide such training to its agents and investigators who conduct such investigations. Note: Auditor is not required to audit this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.35	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) • Certificate of Completions • PREA Medical and Mental Health Staff Certificate of Completion of the Specialized Medical and Mental Specialized Training from National Institute of Corrections Training • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023.

- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021.
- SCDC Policy ADM-17.01 Employee Training Standards
- Pre-Audit Questionnaire (PAQ)
- NIC Online Investigations Specialized Training Curriculum
- Medical and Mental Health Staff

Reasoning and Analysis by Provision:

115.35 (a)

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.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy, facility reported 30.

Based on Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 3. Training and Education 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 employees' Documents.

As part of the audit process, the auditor examined 34 facility PREA Medical and Mental Health Staff Certificates of Completion. These certificates confirm that the staff successfully completed the Specialized Medical and Mental Health Training provided by the National Institute of Corrections. The training, titled "PREA: Investigating Sexual Abuse in a Confinement Setting," is designed to equip medical and mental health professionals with the knowledge and skills necessary to address sexual abuse incidents within confinement environments.

Medical and Mental Health Staff – Q: 2

Medical and Mental Health Staff: Medical and mental health indicated that full and part-time staff 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 inmates, 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.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.35 (b)

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

See policy in provision 115.35 (a).

Review of Documents:

Pre-Audit Questionnaire (PAQ): The medical agency staff at this facility conducts forensic medical exams, facility reported no.

During the review, it was determined that there were no training documents available for the auditor to examine. Additionally, it was confirmed that the facility's medical staff do not perform forensic examinations.

Medical and Mental Health Staff – Q: 1

Medical and Mental Health Staff: Forensic exams are not performed by medical staff. If medical staff determines sexual assault has occurred, then the inmate will be transported to an outside hospital/facility.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, and observation, confirms that the facility is in compliance with the

requirements of this provision.

115.35 (c)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency/facility maintains documentation that medical and mental health practitioners have received training referenced to this standard either from the agency or elsewhere, facility reported yes.

During documentation review, the auditor reviewed staff training rosters as electronic verifications, some staff sign-in sheets, acknowledgement statements and some completion certifications. Informal conversations with medical and mental health staff confirmed receipt of the agency requirements.

The auditor reviewed 34 medical and mental health staff names on the NIC Training Log. The Training log included the staff names, title/positions, Types of training received: PREA Medical Health Care for Sexual Assault Victims, Medical PREA 201 for Medical and Mental Health, and Behavioral Health Care for Sexual Assault Victims.

The auditor reviewed 34 copies of the Medical and Mental health staff Certificate of Completions.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.35 (d)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): Medical and mental health care practitioners employed by the agency also receive training mandated for employees by 115.31.

Confirmed by SCDC Form 19-181, NIC Training Log Medical and Mental Health staff

	are required to take two classes. “Medical PREA 201 – both groups take, and they take the course for their specific group, medical or mental health. Medical and Mental Health staff completed the general PREA training that is provided for all staff members. Medical staff received specialized training regarding sexual abuse and sexual harassment. The NIC “Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff” and yearly updated training by the agency. The auditor reviewed the facility training verification of employee roster to verify compliance. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.41	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • Informal Conversation • PREA Screening Application “Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument • PREA Risk Screening Guide • 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 Inmate Classification Plan • Automated SCDC Form 18-79 PREA Screening Checklist

- Screening Questions
- Pre-Audit Questionnaire (PAQ)
- Division Director of Classification & Inmate Records: Reception & Evaluation Center Notes
- Acting PREA Coordinator
- Required # of Inmate Interviewed
- Site Review Notes (Facility Tour Observation Notes)
- Inmate Data Sheet
- Inmate Roster Past 12 Months
- Initial Assessments and Reassessments
- Initial Assessments and Reassessments Spreadsheet
- Required Number of Inmate Interviewed
- Staff Responsible for Risk Screening
- Random Inmates
- PREA compliance Manager

Reasoning and Analysis by Provision:

115.41 (a)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): Indicated that all inmates are assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. That all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The facility reported yes.

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

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

The PREA Compliance Manager has confirmed that medical staff are tasked with performing the initial risk screening for all incoming inmates. Intake staff, on the other hand, are responsible for managing the intake orientation, providing PREA

education, and completing any necessary reassessments. This division of responsibilities ensures that each step of the risk assessment process is addressed by the appropriate personnel.

The auditor's review of the PREA Risk Screening User Guide further supports this process. According to the guide, initial assessments are required to be completed at the Reception and Evaluation (R&E) center within 72 hours of the inmate's entry. Additionally, inmates must undergo a reassessment within 30 days, resulting in a total of two assessments. Specifically, medical staff conduct the first screening, while intake or classification staff are responsible for carrying out the reassessments.

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

Staff Responsible for Risk Screening – Q: 1 / Inmate Interview Questionnaire – Q: 7 / Director Division of Classification and Inmate Records Receptions 1, 2

Director Division of Classification and Inmate Records Receptions: Do all inmates receive a PREA screening when entering the agency Reception and Evaluation Centers? Yes. Medical staff conduct the initial screening, while classification staff handle reassessments.

Director Division of Classification and Inmate Records Receptions: Do all inmates receive a PREA screening when they are moved or transferred to a different facility around the state? Yes. All inmates arriving at a facility, whether moving or transferred, must receive an initial assessment and a reassessment if they stay over 30 days.

Staff Responsible for Risk Screenings: Do you screen inmates upon admissions to your facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates? Yes. Inmates undergo assessment during intake screening and upon transfer to another facility to evaluate their risk of experiencing or perpetrating sexual abuse within the inmate population.

Twenty random inmates were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. However, 11 entered the facility within the past 12 months of the 11, all reported that when they first came to the facility, they remembered that they were asked whether they had been in jail or person before. Whether they have ever been sexually abused, and whether they think they might be in danger of sexual abuse at this facility. Most of the inmates stated they were asked these questions during orientation or medical.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility site review, the auditor spoke with medical staff who confirmed that initial risk screenings are conducted by medical personnel. A staff member demonstrated the PREA screening process by logging into the computerized system and guiding the auditor through it. The screening took place in a private medical office, ensuring inmate privacy for sensitive discussions. Occasionally, screenings may occur in another medical location.

During the risk screening demonstration, staff explained that the PREA screening information is collected using the agency assessment instrument called the PREA Screening Application “Vulnerability and/or Sexual Aggression Screening.” The auditor reviewed a completed PREA Screening Application, noting that at the bottom of the page was a computerized rating or score that determined the risk of an inmate being sexually abused or being sexually abusive. Additional sources of information, including medical and educational details, are populated into the screening instrument to assist in determining risk levels.

Corrective Actions: Not Required

Provision Findings:

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

115.41 (b)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): Based on the PAQ, the number of inmates entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was 72 hours or more and who were screened for risk of sexually victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility; facility reported 825.

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

The auditor requested and reviewed the Inmate Roster for the past 12 months and it indicated that the facility intake was 581.

The PREA auditor conducted a document review by randomly selecting records for 119 inmates using the facility’s inmate roster. The names were placed on the Resident Data Spreadsheet. The Data Sheet captured Inmate Name, Race, Admission

	Date/Year enter prison, Current Facility arrival Date/Year, Intake Orientation Acknowledgement Date/Year, PREA Education Video Acknowledgement Date/Year, Initial PREA Screening Date/Year, 30 Day Reassessment Date/Year, and Date Resident received Tablet. Individual documentation for each inmate was copied and prepared for uploading into the PREA system. The Resident Data Spreadsheet helps establish the PREA Screening timeline for initial and reassessments. Based on 119 Residents, the auditor data assessment was as follows: • Initial PREA Screening – 112 Completed (94.1%); 7 Blank (5.9%) / Two no longer at Facility Staff Responsible for Risk Screening – Q: 2 / Inmate Interview Questionnaire – Q: 7 Staff Responsible for Risk Screenings: Do you screen inmates for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake? Yes, however, after probing they indicated that they were short of staff and did not complete them all with the required timeframe. Between Intake and Medical screening is conducted utilizing the PREA screening application. However, inmates' arrival at the facility on weekends or holidays may be a little delayed. Staff also indicated that they have miss some of the required timelines. Twenty random inmates were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. Twelve reported that when they first came to the facility, they remembered that they were asked whether they had been in jail or person before. Whether they have ever been sexually abused, and whether they think they might be in danger of sexual abuse at this facility. Most of the inmates stated they were asked these questions during orientation or medical. Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR Corrective Actions: Required: Finding required corrections: To evaluate compliance with the initial PREA screening requirement, the PREA Auditor reviewed documentation for 119 inmates. The Resident Data Sheet was used to determine whether initial screenings were completed within 72 hours of arrival. Based on this review, 58 of the 119 inmates did not receive an initial screening within the required timeframe. Facility Corrective Action: On November 6, 2026, the auditor reviewed 52 initial PREA screenings, and they all were completed within the required timeframe. This provision is now rated as

compliant.

Provision Findings:

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

115.41 (c)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): All PREA screening assessments conducted using an objective screening instrument. The facility reported yes.

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 victimization and abusiveness.

Based on 119 Residents, the auditor data assessment was as follows: 119 assessments were conducted using an objective screening instrument.

This review confirmed that all inmates are screened using the PREA Screening Application, specifically the “Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression Screening Instrument.” This instrument is a computerized, objective tool designed to assess the risk factors for each inmate.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.41 (d)

	The provision requires that the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: Whether the inmates have a mental, physical, or developmental disability. The age of the inmates. The physical build of the inmates. Whether the inmates have previously been incarcerated. Whether the inmate's criminal history is exclusively nonviolent. Whether the inmates have prior convictions for sex offenses against an adult or child, and whether the inmates are detained solely for civil immigration purposes. Review of Documents: Pre-Audit Questionnaire (PAQ): The facility intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization. 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: • First time the person has been incarcerated (Adult Jail or Person, or Juvenile). • Is the inmate under 18 years old? • Are the inmate convictions solely non-violent? • Does the inmate have past convictions of committing a violent sexual offense? • Does the inmate have a mental health status? • Have you experienced sexual abuse that has never been reported? • Did sexual abuse happen in a prison, jail, juvenile facility, or any other detention facility? • Do you have a developmental disability? • Do you have a physical disability? • Have you ever been in protective custody because of the threat of sexuality? • Do you have any reason to fear placement in the general population? If so, why? • Could others perceive the inmates to be gay or bisexual? • Could others perceive the inmates to be gender non-conforming? • Does the inmate have a slight physical build (i.e., Particularly thin for their height). The facility does not house inmates solely for civil immigration purposes. This was corroborated by reviewing the inmate roster, conversations with the PREA Compliance Manager and warden. However, when an inmate 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 inmates are not confined solely for civil immigration purposes; they have additional criminal charges. Staff Responsible for Risk Screening – Q: 3, 4 Staff Responsible for Risk Screenings: What does the initial risk screening consider?

Inmates are generally asked questions from the computerized PREA Screening Tool in a confidential setting which includes the consideration of inmates disabilities, age, physical build, previous incarceration, criminal history, perceived sexual orientation of inmates and/or previous sexual victimization of inmates.

Staff Responsible for Risk Screenings: What is the process for conducting the initial screening? Inmates are called to the intake area to watch the required PREA video. Intake staff then use the computerized PREA screening tool to ask inmates both open-ended and populated questions, which may include information from other sections of the tool. All the above-mentioned questions areas were covered in the screening tool which is conducted in the medical/intake staff office.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Review site review in provision (a).

Corrective Actions: Not Required

Provision Findings:

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

115.41 (e)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): In assessing inmates for risk of being sexually abusive, the initial PREA risk screening considers, as known to the agency prior acts of sexual abuse.

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.

- Does the inmate have past convictions of committing a violent sexual offense?
- Did sexual abuse happen in a prison, jail, juvenile facility, or any other detection facility?
- Has the inmate ever been convicted of sexual abuse against a child?
- Has this inmate ever been convicted of sexual abuse against an adult?
- Aside from any convictions, does this inmate have one or more substantiated

reports of institutional sexual abuse or sexual violence?
- Do you have a history of committing sexual abuse?

Staff Responsible for Risk Screening – Q: 3, 4

Staff Responsible for Risk Screenings: What does the initial risk screening consider? Inmates are generally asked questions from the computerized PREA Screening Tool in a confidential setting which includes the consideration of inmates' disabilities, age, physical build, previous incarceration, criminal history, and/or previous sexual victimization of inmates. All the above-mentioned questions areas were covered in the screening tool which is conducted in the medical/intake staff office.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Review site review in provision (a).

Corrective Actions: Not Required

Provision Findings:

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

115.41 (f)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): 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. The facility reported yes.

SCDC Policy OP-21.04 Inmate 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 inmate's risk of victimization or abusiveness based upon any additional, relevant information received from the inmate's transfer using the automated PREA screening instrument.

To ensure compliance with the reassessment requirements, the PREA Auditor conducted a documentation review of 119 inmates.

The auditor requested and reviewed the Inmate Roster for the past 12 months and it indicated that the facility intake was 581.

	The PREA auditor conducted a document review by randomly selecting records for 119 inmates using the facility's inmate roster. The names were placed on the Resident Data Spreadsheet. The Data Sheet captured Inmate Name, Race, Admission Date/Year enter prison, Current Facility arrival Date/Year, Intake Orientation Acknowledgement Date/Year, PREA Education Video Acknowledgement Date/Year, Initial PREA Screening Date/Year, 30 Day Reassessment Date/Year, and Date Resident received Tablet. Individual documentation for each inmate was copied and prepared for uploading into the PREA system. The Resident Data Spreadsheet helps establish the PREA Screening timeline for initial and reassessments. Based on 119 Residents, the auditor data assessment was as follows: • 30 Days Reassessment – 53 Completed (44.5%; 66 Blank (55.5%)/ Two no longer at Facility This provision required corrective action. The facility is aware that if requested by DOJ they would provide additional raw data in detail from the computerized agency system to include all 29 questions and responses for the inmate. The auditor uploaded an example of the 29 PREA questions used for reassessments. Staff Responsible for Risk Screening – Q:6 / Inmate Interview Questionnaire – Q: 8 / Director Division of Classification and Inmate Records Receptions 2 Director Division of Classification and Inmate Records Receptions: Do all inmates receive a PREA screening when they are moved or transferred to a different facility around the state? Yes, whenever an inmate arrival at a facility whether they are moving or transferred they are required to receive an initial and reassessment if they are there over 30 days. Staff Responsible for Risk Screenings: How long after arrival are inmate's risk levels reassessed? Reassessments are conducted and finalized within a 15 to 30-day timeframe. Staff noted that without medical entry of initial assessments, some may be missed. Staff also indicated that some reassessments are not completed. Twenty random inmates were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. Do you know if staff asked you these types of questions again while you have been here? Eight inmates said no. Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR Corrective Actions: Required:

	Finding required corrections: To assess compliance with reassessment requirements, the PREA Auditor reviewed documentation for 119 inmates. The Resident Data Spreadsheet was used to establish the PREA screening timeline for reassessments. Based on this review, 64 of the 119 inmates did not receive a 30-day reassessment or some of the reassessments were not in the required timeframe. The review was conducted around July 20, 2026. On August 25, 2026, the facility provided the auditor with an updated Resident Data Spreadsheet as part of its corrective action, indicating that staff had completed reassessments for these inmates. However, this provision will remain in Corrective Action until the facility provides evidence that PREA reassessments are consistently conducted as required by the standard. The facility must demonstrate that this process has been institutionalized as routine practice and is not limited to preparation for the three-year PREA audit. Facility Corrective Action: On November 6, 2026, the auditor reviewed 52 reassessments, and they all were completed within the required timeframe. This provision is now rated as compliant. Provision Findings: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **115.41 (g)** The provision requires that an inmate's risk level be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Review of Documents: Pre-Audit Questionnaire (PAQ): The facility reassesses an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmates' risk of sexual victimization or abusiveness. The facility reported yes. Policy requires that an inmate'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 inmate'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. A review of the reassessments included inmates who have been victims or perpetrators of sexual abuse upon receipt of additional information. This was confirmed by reviewing the sample of 119 reassessments. Staff Responsible for Risk Screening – Q: 5 / Inmate Interview Questionnaire – Q:8

Staff Responsible for Risk Screenings: Do you reassess an inmate's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Reassess an inmate's risk level as needed following a referral, request, sexual abuse incident, or new relevant information. This can be done within 30 days, after 30 days, or whenever necessary.

Twenty random inmates were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. Do you know if staff asked you these types of questions again while you have been here? Eight inmates said no.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.41 (h)

The provision requires that inmates 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.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding sexual abuse or sexual harassment, facility reported yes.

The policy prohibits disciplining inmates from refusing to answer the questions regarding sexual abuse or harassment.

Staff Responsible for Risk Screening – Q: 7

Staff Responsible for Risk Screenings: Are inmates disciplined in any way for refusing to respond to (or for not disclosing complete information related to) the mental, physical, and/or developmental disability? No inmates are disciplined in any way for refusing to disclose or answer questions. They may place a note in an inmate's Documents or may reassess and enter the data into the computer system.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility tour, it was observed that inmates are not subjected to disciplinary action for declining to disclose information. This practice aligns with the facility's policies and demonstrates compliance with the requirement that inmates may not be disciplined for refusing to answer, or for not providing complete information in response to questions related to sexual abuse or harassment. Staff interactions and procedures during the tour further confirmed that inmates' rights in this regard are respected and upheld.

Corrective Actions: Not Required

Provision Findings:

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

115.41 (i)

The provision requires that the agency implements 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 inmate's detriment by staff or other inmates.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conservation: The agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

The facility employs a computerized PREA screening system to safeguard sensitive information. Access to this system is restricted through password protection, ensuring that only authorized staff are able to view or handle such data. Each instance of access is tracked by recording the time and date, providing an audit trail that can be reviewed as necessary. Information collected during the PREA screening is not shared indiscriminately; instead, it is distributed only to essential staff members and, when appropriate, to additional staff on a case-by-case basis, further minimizing the risk of unauthorized disclosure or exploitation.

PREA Coordinator – Q:4 / PREA Compliance Manager – Q:6 / Staff Responsible for Risk Screening – Q: 8

PREA Compliance Manager: Indicated that the facility has outlined who should have access to an inmate's risk assessment within the facility to protect sensitive information from exploitation. Medical, Mental Health, Operations, Classification, PREA Compliance Managers/Assistant PCM's the Acting PREA Coordinator's Office, Warden, and Assistant Wardens have access. Staff are instructed through PREA training that any information obtained is limited to a need-to-know basis for staff, and only for the purpose of treatment, security, and management decisions, information as housing, work, education, and programming assignments. Information is not to be

indiscriminately discussed. The administration monitors and takes immediate action if any sensitive information is exploited.

Staff Responsible for Risk Screenings: Has the agency outlined who can have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation? Yes. The facility outlined who can have access to an inmate's risk assessment within the facility to protect sensitive information from exploitation. This includes the warden, associate wardens, majors, captain, counselors, medical, investigators and a need-to-know basis.

Agency Acting PREA Coordinator: Has the agency outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation? Yes, she confirmed that the agency has outlined who should have access to inmates PREA screening in the facility – the upper management team, medical, Intake, Counselor, Upper-Level Security Staff, and a need-to-know basis.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility site visit, the auditor observed the physical storage areas for all information and documentation collected and maintained as hard copies. Intake and classification documents, including PREA screening forms and other inmate records, are securely stored in the inmate's file and kept inside a locked cabinet located within the intake/classification area. Medical records for inmates are maintained in the medical room within the medical building until they are scanned. The agency further requires that all facilities scan and store medical files on the agency's computerized system, transitioning from paper to electronic records for enhanced security. PREA investigation files are kept under lock and key in the Facility PREA Compliance office, ensuring restricted access and confidentiality.

The auditor did not observe any confidential information left in areas accessible to unauthorized staff or inmates. This demonstrates the facility's commitment to maintaining the confidentiality of sensitive information and preventing unauthorized review or disclosure.

Informal conversations with staff during the facility tour further confirmed that sensitive PREA information is protected by password security within the computerized system. Each staff member with access is assigned an individual password, and IT personnel can track access to ensure accountability. This was specifically evidenced when medical staff conducting the initial PREA screening used their unique password to access the system, reinforcing the facility's effective control measures over sensitive information.

Corrective Actions: Not Required

Provision Findings:

A review of the appropriate documents to include the facility PAQ, interviews and

	informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.42	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • 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 Inmate Classification Plan • Automated SCDC Form 18-79 PREA Screening Checklist • Acting PREA Coordinator • Division Director of Classification & Inmate Records; Reception & Evaluation Center Notes • Site Review Notes • Inmates Roster Past 12 Months • PREA Compliance Manager • Staff Responsible for Risk Screening **Reasoning and Analysis by Provision:** **115.42 (a)** 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 inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. **Review of Documents:** Pre-Audit Questionnaire (PAQ): The agency/facility uses information from the risk screening required by 115.41, to inform housing, bed, work, education, and program assignments with the goal of keeping separated those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, facility reported

yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 4. Screening for Risk of Sexual Victimization and Abusiveness Section 4.2: Each institution's classification personnel will use the information obtained from the screening tool for vulnerability/abusiveness to help determine each inmate's housing, bed, program, education, and work assignment. Determinations for housing of inmates 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 assignments, 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 acknowledges its responsibility to provide additional detailed raw data from its computerized agency system upon request by the Department of Justice (DOJ). This includes comprehensive information covering all 29 questions and the corresponding responses for each inmate assessed. To support this process, the auditor has uploaded a sample set of the 29 PREA assessment questions that are utilized during inmate reassessments. This demonstration serves to verify both the scope and the format of the data available for review, ensuring transparency and compliance with federal requirements.

PREA Compliance Manager – Q: 5 / Staff Responsible for Risk Screening – Q: 9

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

Male Offenders Victimization – Max Score:66
- Low Risk Score Range: 0 – 3 Color Coded Green
- Medium Risk Score Range: 4 – 9 Color Coded Yellow (Individualized Assessment)
- High Risk Score Range: 10+ Color Coded Red (Vulnerable)

Male Offenders Perpetration – Max: 27
- Low Risk Score Range: 0 – 3 Color Coded Green
- Medium Risk Range: 4 – 9 Color Coded Yellow (Case-By-Case Determination)
- High Risk Score Range: 10+ Color Coded Red (Risk as Perpetrator)

Staff Responsible for Risk Screenings: How does the agency/facility use information from the risk screening during intake (per 115.41) to keep inmates safe from being

sexually victimized or from being sexually abusive? The initial PREA screening during intake is to keep inmates safe from being victimized or from being sexually abusive. Staff indicated that it is up to the management and classification team to place inmates in programs, work, and housing assignments. However, they do have input on assignments.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

The facility systematically utilizes information gathered from the Prison Rape Elimination Act (PREA) screening to guide important decisions regarding each inmate's placement within the institution. This process encompasses determinations for housing, bed assignments, work details, educational opportunities, and program participation. By doing so, the facility aims to ensure the safety and well-being of all inmates

Information from PREA assessments is carefully analyzed to identify inmates who are at risk of being sexually victimized and those who may pose a risk of committing sexual abuse. The facility makes deliberate efforts to keep these groups separated in all aspects of institutional life, including living quarters and program assignments. This separation is a core component of the facility's strategy to prevent incidents of sexual abuse and victimization.

In addition to individual risk factors, the facility's physical design is taken into account when making housing and assignment decisions. The auditor verified that the layout of the facility supports these determinations during an on-site tour, as well as through a review of the facility's staffing plan. This comprehensive approach ensures that safety considerations are integrated into both operational procedures and the use of physical space.

Corrective Actions: Not Required

Provision Findings:

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

115.42 (b)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conservation: The agency makes individualized determinations about how to ensure the safety of each inmate. The facility reported yes.

Staff Responsible for Risk Screening – Q: 9 – Not Applicable

	Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. 115.42 (c) Not Applicable 115.42 (d) Not Applicable 115.42 (e) Not Applicable 115.42 (f) Not Applicable 115.42 (g) Not Applicable **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.43	**Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • Informal Conversation • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy OP 22.23 Statewide Protective Custody • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Policy BH-19.04 Mental Health Services – General Provisions • SCDC Policy OP-21.04 Inmate Classification Plan • Evaluation of Protective Concerns Sheets • Pre-Audit Questionnaire (PAQ) • Warden • Staff who Supervise Inmates in Segregated Housing (No RHU)

- Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)

Reasoning and Analysis by Provision:

115.43 (a)

The provision requires that inmates 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 as assessment immediately, the facility may hold the inmate in involuntarily segregated housing for less than 24 hours while completing the assessment.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Based on a review of information the facility provided in the PAQ, the number of inmates 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: facility reported 0.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 4. Screening for the Risk of Sexual Victimization and Abusiveness Section 4.3: Consistent with SCDC Policy OP-21.04, Inmate 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.

Warden – Q:8

Warden/Designee: The agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there is no available alternative means of separation form potential abusers.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Informal discussions with staff have reaffirmed the facility’s commitment to protecting inmates who are at high risk of sexual victimization. Staff clarified that such inmates will not be placed in involuntary segregated housing unless all available alternatives have been thoroughly assessed. Only when there is no other viable option for separating the inmate from potential abusers will segregate housing be considered.

Furthermore, if an immediate assessment of alternative housing options cannot be completed, the facility policy allows for inmates to be temporarily held in involuntary segregation for less than 24 hours. This short-term measure ensures the safety of the inmate while the assessment process is finalized.

Corrective Actions: Not Required

Provision Findings:

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

115.43 (b)

The provision requires that inmates 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.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conversation: The agency/facility inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to programs to the extent possible.

As part of the audit process, the auditor examined the unit's official logbook to determine whether any inmates had been placed in segregated housing due to being at risk of sexual victimization or as a result of alleging sexual abuse. Upon review and based on information provided by facility staff, there were no entries indicating that any inmates fell into these categories during the audit period. This finding corroborates staff statements and supports the conclusion that, at the time of review, no individuals were segregated for these specific reasons.

Staff who Supervise inmates in Segregated Housing – Q: 1, 2 / Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) – Q: 2

Conversation with staff who work in Restricted Housing and review of the segregated documents indicated that inmates are placed in segregated housing related to PREA have access to 1. Daily inmates Evaluations – responsible for conducting daily cell inspections. 2. Programs – inmates may access meaningful programs and services, though some offerings may not be available to everyone. 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, pending 9. Correspondence Privileges 10. Personal Telephone Calls 11. Legal Telephone Calls, 12. Canteen purchases may not be available to all inmates.

Inmates in Segregated Housing (for risk of sexual victimization/who alleged to have suffered sexual abuse): No inmates in this category were present at the facility to into interview.

Observation & Test of Critical Functions (Videos, Informal Conversations,

Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.43 (c)

The provision requires that the facility assign inmates 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.

Review of Documents:

Pre-Audit Questionnaire (PAQ): In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement, facility reported 0.

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 inmate request to be considered valid.

Warden – Q: 9, 10 / Staff who supervise inmates in Segregated Housing – Q: 3, 4 / Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) – Q:3

Warden/Designee: The warden confirmed that inmates 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 inmate's safety and the reasons why no alternative means of separation can be arranged. A review is conducted within every 30 days to determine the continuing need for separation.

Interviewed staff who supervise inmates in segregated housing reported that if inmates 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.

During the site visit there were no inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) for the non-support staff to interview.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility site review, the auditor verified compliance with restricted housing by examining the Restricted Housing Visit Log. This log provides documentation confirming that upper-level management and supervisory staff regularly conduct rounds in the restricted housing areas.

Corrective Actions: Not Required

Provision Findings:

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

115.43 (d)

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

Review of Documents:

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

Conversation 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 inmate's safety and the reasons why no alternative means of separation can be arranged. There were no documented forms for review.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.43 (e)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population, facility reported yes.

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

Staff who supervise inmates in Segregated Housing – Q: 5 / Inmates in Segregated Housing (for risk of Sexual Victimization/Who allege to have suffered sexual abuse) – Q: 4

Staff who Supervise Inmates in Segregated Housing: Once an inmate is assigned to involuntary segregated housing, does the facility review the inmate's circumstances every 30 days to determine if continued placement in involuntary segregated housing is needed? Provide a sample of written periodic review? Staff indicated that Upper Management Team visit the unit weekly while there they call the inmates and question how long the inmate has been in the unit.

During the site visit there were no inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) for the non-support staff to interview.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • U.S. Department of State Consular Civil Immigration US Manual • South Carolina Law Enforcement Division (SLED) • Informal conversation • SCDC's public PREA website at http://www.doc.sc.gov/preaweb/. • 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. • SCCAVASA Member Services to Incarnated Victims website • Statewide Partnerships with Sexual Assault Centers website • Inmate Mail - Website • Inmate Visitation - Website • PREA Poster English and Spanish 1 & 2 • MOU Between SC Law Enforcement Division (SCLED) and SCDC • Site Review Notes • PREA Audit Posted Notices • Pre-Audit Questionnaire (PAQ) • Required # of Inmate Interviewed • Incident Reports Review in Investigation Files Notes • MOU for Outside Reporting Services (Report Sexual Abuse or Sexual Harassment *22) • Let's Talk About Safety PREA Brochure • Inmate Target List • List of Inmate Tablets • Inmate Roster 12 Months • Random Sample Staff • Random Sample Inmates • PREA Compliance Manager **Reasoning and Analysis by Provision:** **115.51 (a)** The provision requires that the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation, by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Review of Documents: Pre-Audit Questionnaire (PAQ): The agency has established procedures allowing for

multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents, facility reported yes.

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

The auditor review documents that 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 Inmates 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 and facility provide inmates with several confidential options for reporting incidents of sexual abuse, sexual harassment, retaliation for reporting such incidents, and staff misconduct that may have contributed to these events. Inmates may use the PREA hotline to make a private report, submit a grievance, or file a report through medical request channels and seek assistance as needed. Additionally, inmates have the option to request help through their inmate lawyer or ask a friend or family member to request assistance on their behalf. Reports can also be made to volunteers or contractors working within the facility. For those who wish to remain anonymous, writing an anonymous note is also an available reporting method.

The facility reported a total of 17 allegations from the past 12 months, which verified that inmates use agency/facility reporting channels.

Additionally, the auditor review the following documents on the agency website: SC Victim Assistance Network; SCCAVASA Member Services to Incarnated Victims; Statewide Partnerships with Sexual Assault Centers; PREA Poster English and Spanish 1; PREA Poster English and Spanish 2; MOU for Outside Reporting Services (Report Sexual Abuse or Sexual Harassment *22); MOU for Outside Emotional Support Services (Treatment for Sexual Abuse or Sexual Harassment *63)

Random Sample of Staff – Q:6, 7 / Inmate Interview Questionnaire – Q: 9

	Twelve randomly selected staff members from all shifts were interviewed by the auditor's support staff using the PRC questions for random sample of staff. Of those interviewed, four identified as Black, eight as White, and zero as Hispanic. Regarding gender, there were seven females and five males. Staff reported that the inmates can privately report sexual abuse or sexual harassment by using hotline number *22, their tablets, Kiosk, grievance, speak to staff or notify family, or friends. Some staff indicated *63, it was explained that *63 is for emotional support services and if inmate reports the outside agency will report to the Agency PREA Coordinator. The reports can be made verbally or in writing. All interviewees reported that if an inmate makes a report verbally or in writing, regarding sexual abuse or harassment, the allegations are responded immediately, and they would immediately document the allegation. Twelve randomly selected staff members from all shifts were interviewed by the auditor's support staff using the PRC questions for random sample of staff. Of those interviewed, four identified as Black, eight as White, and zero as Hispanic. Regarding gender, there were seven females and five males. Staff were asked, how can staff privately report sexual abuse and sexual harassment of inmates? Staff reported that they can notify Associate Warden/PREA Compliance Manager, Report to their direct supervisor, drop a letter in the box, Incident report, PREA Coordinator, or they can do *22. Twenty random inmates were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. The inmates were asked how would they report any sexual abuse or sexual harassment that happened to them or someone else? Is there someone who does not work at this facility who they could report to about sexual abuse or sexual harassment. The responses varied from calling *22, Call Home, Notify an Officer, call family or home, friend, use the kiosk or report using the tablet. Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): The auditor observed the facility signage regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, inmate confined in the facility, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible. The auditor observed the facility signage regarding access to reporting sexual abuse and sexual harassments of *22 was clearly different from the outside confidential (emotional support services *63) information was posted in all areas frequented by persons confined in the facility, including housing/living units. This information is posted near the phones.

During the audit, the auditor noted that facility signage related to reporting sexual abuse and sexual harassment was clearly posted throughout all areas frequented by inmates in the facility. The agency provided large PREA mental signs in the front of building regarding PREA information. Specifically, information regarding the sexual abuse and sexual harassment reporting number *22 was distinctly separated from details about the external, confidential emotional support services available via *63. Both sets of information were visibly displayed in housing and living units, ensuring accessibility for all inmates. The signage was placed near phones, making it easy for inmates to reference the appropriate numbers for either confidential reporting or seeking emotional support.
The information is provided in English and Spanish and is legible.

Informal conversation during the tour indicated that inmates have access to writing instruments, paper, and forms to report through the facility canteen.

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 inmates have access. The box is located on the yard. The drop box is only accessible by designated staff.

The auditor tested the facility systems by which inmates 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 inmates demo the steps of reporting by kiosk, tablet, and phones. There was also informal conversation regarding where and who received the reports.

The facility has a copy of the U.S. Department of State Consular Notification and Access on Documents for inmate who are listed as foreign national (consular information). This information is in the law library and control room.

During the audit, the auditor tested the inmate phone system to assess its functionality for making international calls. The testing process confirmed that inmates are able to initiate international calls by dialing #011 on the phone system. Upon dialing 011, the system prompts the inmate with a recording that instructs them to enter their debit money account information to proceed with the international call. This feature ensures that inmates can access international communication in accordance with facility policies, utilizing their available debit account for payment.

Corrective Actions: Not Required

Provision Findings:

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

115.51 (b)

The provision requires that the agency also provide at least one way for inmates 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 inmates report of sexual abuse and sexual harassment to agency officials, allowing the inmates to remain anonymous upon request. Inmates who are confined to providing solely for civil immigration purposes shall be provided with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. See Section (a). Review of Documents: Pre-Audit Questionnaire (PAQ): The agency/facility also provides 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, facility reported yes. The Pre-Audit Questionnaire (PAQ): The agency has a policy requiring inmates detained solely for civil immigration purposes to provide information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security, facility reported yes. The facility does not house inmates solely for civil immigration purposes. However, if they did, the facility would notify any inmates 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. PREA Compliance Manager – Q: 7, 8 / Inmate Interview Questionnaire – Q: 9, 10 PREA Compliance Manager: How does the facility provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency? PREA compliance manager indicated that inmates 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 inmate 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 inmates were interviewed by the auditor’s non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. The inmates were asked how would they report any sexual abuse or sexual harassment that happened to them or someone else? Is there someone who does not work at this facility who they could report to about sexual abuse or sexual harassment. The responses varied from calling *22, Call Home, Notify an Officer, call family or home, friend, use the kiosk or report using the tablet.

	Twenty random inmates were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. Do you know if you are allowed to make a report without having to give your name? Twelve said yes, you can, seven said they did not know, and one said you have to give your name. The non-certified support staff reminded the inmates that they could make an anonymous report without giving their name. Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): During informal conversations conducted throughout the facility tour, inmates described various methods available for reporting sexual abuse or sexual harassment to public or private entities. These methods include utilizing the PREA hotline, which connects directly to outside agencies, as well as reaching out to an inmate, lawyer, friend, or family member to request assistance. Inmates affirmed that they are able to report incidents to any outside third party, ensuring access to multiple channels for external reporting. The facility does not currently house inmates detained solely for civil immigration purposes. However, in the event that such inmates are present, the facility has protocols in place to notify them about available immigrant services agencies. Contact information, including mailing addresses and both regular and toll-free telephone numbers for these agencies, is provided and made accessible in the law library. Additionally, the facility maintains a copy of the U.S. Department of State Consular Notification and Access documents for inmates identified as foreign nationals. This consular information is also available in the law library, ensuring that foreign national inmates have access to important resources concerning their consular rights and support. As part of the audit process, the auditor tested the inmate phone system to verify its capability for making international calls. The test confirmed that inmates are able to initiate international calls by dialing #011. After dialing, the system prompts the inmate to enter their debit account information to proceed with the call, thereby allowing international communication in accordance with facility policies and using the inmate's debit account for payment. Corrective Actions: Required Finding required corrections: During the facility tour and informal conversations with staff and inmates, inmates have concerns that they cannot access their tablets due to the face recognition is not working properly. About three weeks or a month ago the agency changed the technology, and it did not work on all tablets. Inmates cannot call the PREA outside numbers, approved family members, etc. An inmate expresses that on his tablet if he places in front of the TV – new caster, it will give you access to

	the tablet. On November 6, 2026, the auditor reviewed the work orders and a list of inmate's tablets that has been corrected. Finding required corrections: During the facility tour, informal conversations with staff and inmates, and testing the inmates' phones, several of the inmates' phones in different dorms were not working. On November 6, 2026, the auditor reviewed the work orders ensuring that the phones have been repaired. Finding required corrections: During the facility tour, informal conversations with staff, the inmate box in intake have 5 request or inmate notes. The box did not have a lock, inmates or staff had access to this information. On November 6, 2026, the auditor reviewed the work orders and pictures ensuring that the lock box (es) has been repaired. Provision Findings: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **115.51 (c)** The provision requires that staff accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Review of Documents: Pre-Audit Questionnaire (PAQ): The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, facility reported yes. SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), Inmate Reporting Section 5.3: Employees, volunteers, contractors, or anyone who has knowledge of alleged, communicated, or suspected abuse can report anonymously to SCDC via SCDC's public PREA website at http://www.doc.sc.gov/preaweb/. The facility requires staff to accept reports of sexual assault and sexual harassment, regardless of how the report is submitted. Reports may be made verbally, in writing, anonymously, or through third parties. In the case of verbal reports, staff must document them immediately and ensure that the documentation is completed before the end of their shift. Staff are provided with avenues to report sexual abuse and sexual harassment privately. The agency ensures that staff are informed of these procedures through shift briefings, management meetings, and Prison Rape Elimination Act (PREA) training sessions.

Random Sample of Staff – Q: 8 / Inmate Interview Questionnaire – Q: 11

Twelve randomly selected staff members from all shifts were interviewed by the auditor's support staff using the PRC questions for random sample of staff. Of those interviewed, four identified as Black, eight as White, and zero as Hispanic. Regarding gender, there were seven females and five males. Staff reported that inmates could make a report of sexual abuse or sexual harassment verbally, in writing, anonymously, and through third parties. And they would immediately respond to allegations, contact supervisor, and complete an incident report. Staff indicated that verbal reports would be documented ASAP, but before the end of the shift.

Twenty random inmates were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. Can you make reports of sexual abuse or sexual harassment either in person or in writing? If yes, can someone else make the report for you so that you do not have to be named? Sixteen inmates 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.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.51 (d)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates, facility reported yes.

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

	Random Sample of Staff – Q: 6 Twelve randomly selected staff members from all shifts were interviewed by the auditor's support staff using the PRC questions for random sample of staff. Of those interviewed, four identified as Black, eight as White, and zero as Hispanic. Regarding gender, there were seven females and five males. Staff reported that they can privately report sexual abuse and sexual harassment of inmates 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. Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): During informal conversations with staff conducted throughout the facility tour, staff consistently reported that there are established methods for privately reporting incidents of sexual abuse and sexual harassment. Specifically, staff indicated that they could utilize the PREA hotline to make confidential reports. Additionally, some staff mentioned that reports could also be made through a third party, ensuring further privacy and discretion in the reporting process. Corrective Actions: Not Required Provision Findings: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses triangulation by linking PREA documentation, online Pre-Audit Questionnaire, policies, on-site observations, facility reviews, facility practices, the above provisions and interviews to confirm findings. The analysis indicates that the facility complies with the standard requirements.

115.52	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • Informal conversations • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/

Sexual Harassment: Dated June 29, 2023.

- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021.
- Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79: Section 44-23-1150, South Carolina Code of Laws, 1076) as amended.
- SCDC Policy GA-01.12 Inmate Grievance System
- Pre-Audit Questionnaire (PAQ)
- Site Review Notes
- PCM Inmate Grievance Transferal and Routing Reviewed in Investigation Files
- Grievance Review from Investigation Files
- PREA Grievances (case file)
- Inmate Grievances (case file)
- Inmates who Reported Sexual Abuse
- PREA Compliance Manager

Reasoning and Analysis by Provision:

115.52 (a)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse, facility reported yes.

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

The facility PREA compliance manager provided the auditor with copies of the following, 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 inmates, and provide PREA Coordinator@doc.sc.gov with documentation. All allegations must come to PCM so that a case can be opened and will follow all the same protocols as every other allegation.

The auditor conducted a random review of 20 grievance files to determine the presence of any grievances related to sexual abuse or sexual harassment. There were no PREA-related grievances or allegations identified within these files.

The auditor reviewed 10 investigation files. Of these, 0 investigations were initiated

through the grievance process. Each of these grievances was properly referred to the facility's PREA Compliance Manager for further action, consistent with established facility procedures.

The facility addresses inmate grievances related to sexual abuse and sexual harassment by routing them through the PREA investigation process. This approach was verified through the auditor's review of investigation files, which included documentation from 10 cases: Inmate Grievance – 2, Grievance Transferal Memo – 1, and PCM Inmates Grievance Review Routing Slip – 0. All supporting evidence for these cases is stored under standard 22(a) within each inmate's investigation file.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During an informal conversation with the PREA Compliance Manager, it was confirmed that any grievance submitted through the Grievance System that pertains to allegations of sexual abuse or sexual harassment is promptly handled in a specific manner. When such a grievance is identified, the Grievance Coordinator is responsible for collecting it and immediately forwarding it to the PREA investigations for further action.

This procedure effectively concludes the standard grievance process for these cases and initiates the formal PREA investigation process. Once forwarded, grievance is no longer processed as a typical grievance but is instead addressed under established PREA investigative protocols.

Corrective Actions: Not Required

Provision Findings:

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

115.52 (b)

The provision requires that the agency does not impose a time limit on when a inmate 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 inmate 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 inmate's lawsuit on the grounds that the applicable status of limitations has expired.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Agency policy or procedures allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred, facility reported yes.

SCDC Policy Number GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment, Section 5.4 SCDC's OIG will investigate all criminal allegations of sexual abuse and sexual harassment. Inmates do not have to use an informal grievance process to address any alleged perpetrators to resolve an alleged incident.

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

The facility does not impose any time restrictions on when an inmate may submit a grievance concerning an allegation of sexual abuse. Inmates are permitted to file such grievances at any time, regardless of when the alleged incident occurred. Staff interviews confirm that the facility does not require inmates to engage in any informal grievance process related to PREA allegations. Additionally, inmates are not expected to attempt to resolve issues directly with staff for alleged incidents of sexual abuse.

SCDC permits inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits. SCDC refrains from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse and sexual harassment.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.52 (c)

The provision requires that the agency ensures that: An inmate who alleges sexual abuse may submit grievance without submitting it to a staff member who is the subject of the complaint, and such a grievance does not refer to a staff member who is the subject of the complaint.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency's policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), Inmate Reporting Section 5.5: Consistent with SCDC Policy GA-01.12, Inmates Grievance System, the Grievance Branch will ensure that grievance receptacles are available and secure in all institutions. Inmates will not be required to give grievance to any staff member who is subject to the complaint. Inmates may also Documents

grievances through an available kiosk or provided mobile device.

The agency ensures 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. Inmates can submit grievance through a grievance box.

The auditor reviews the grievance form and the type of information that is required on the form.

All grievances are picked up on a daily basis, during normal working hours, by an employee designated by Warden. All grievances are numbered and entered in the automated system within three working days by an employee designated by Warden.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility site review, conversations with inmates indicated that they submit their grievances by placing them into the designated grievance box. This process allows inmates to turn in their grievances independently, ensuring privacy and compliance with facility policy regarding the reporting of grievances, including those related to allegations of sexual abuse. The use of the grievance box supports the agency’s commitment to providing secure and accessible means for inmates to report concerns without direct staff involvement, particularly when the grievance may pertain to a staff member.

Corrective Actions: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and inmates, together with a review of applicable policies, and observation, confirms that the facility is in compliance with the requirements of this provision.

115.52 (d)

The provision requires that (1) 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. (2) Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. (3) The agency may claim an extension of time to response, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) 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, the inmate may consider the absence of a response to be a denial at that level.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Based on the facility PAQ information, the past 12 months, the number of grievances filed that alleged sexual abuse, facility reported 0.

Based on the facility PAQ information, the past 12 months, the number of grievances alleging sexual abuse that reached the final decision within 90 days after being filed, facility reported 0.

Based on the facility PAQ information, the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days, facility reported 0.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), Inmate Reporting Section 5.6: The Institutional PREA Compliance Manager (PCM) will notify the inmates of the process of the investigation when provided the information from the assigned investigator, consistent with SCDC Policy OIG-23.01, Investigations. The investigator assigned to the allegation will ensure that PCM is notified of the investigation after receiving the allegation.

Inmate who Reported a Sexual Abuse – Q: 15, 16, 17,

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, were you told in writing of any decisions made about your report?" Yes. About when were you told in writing? Inmate indicated about 2 weeks. Do you know if the facility is supposed to tell you of any decision within 90 days of you making about sexual abuse? Inmate indicated he did not know. Did your allegations of sexual abuse or harassment involve facility staff or another inmate? Another inmate.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

According to information obtained through informal discussion with the facility's PREA manager, when an inmate submits a report of sexual abuse or sexual harassment via the grievance procedure, the grievance coordinator is responsible for promptly forwarding the grievance to the facility PREA Investigator. This immediate referral marks the conclusion of the grievance process and initiates a formal investigation into the allegation. The facility ensures that all grievance-related timeframes are consistently met throughout this process.

Corrective Actions: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and inmates, together with a review of applicable policies, and observation, confirms that the facility is in compliance with the requirements of this provision.

115.52 (e)

The provision requires that (1) third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to Documents such requests on behalf of inmates. (2) 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 agrees to have the request filed on his or her behalf and may also require that alleged victim to personally pursue any subsequent steps in the administrative remedy process. (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate’s decision.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Based on the facility PAQ information, the number of grievances alleging sexual abuse file by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate’s decision to decline, facility reported 0.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), Inmate Reporting Section 5.7: Anyone who has knowledge of the alleged event may also assist the inmates with filing a grievance, file a report on behalf of the alleged victim, or file a report themselves.

If a third-party report is 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 file on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

The auditor reviewed 200 inmates’ name and information on the Attorney Visit log.

As part of the review process, the auditor examined 10 sample emails requesting attorney visits with inmates. Each of these requests was submitted for approval and received authorization from the General Counsel's office. This demonstrates that the facility follows established procedures for managing attorney visit requests and that the required approvals are consistently obtained.
If the inmate declines to have the request processed on his or her behalf, the agency will document the inmate’s decision. This ensures there is an official record of the inmate’s choice not to proceed with the request, maintaining transparency and adherence to established procedures.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

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

Corrective Actions: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and inmates, together with a review of applicable policies, and observation, confirms that the facility is in compliance with the requirements of this provision.

115.52 (f)

The provision requires that (1) the agency establish procedures for the filing of an emergency grievance alleging that a inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion there of that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Based on the facility PAQ information, the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months, facility reported 0.

The number of those grievances in 52(3) that had an initial response within 48 hours, facility reported 0.

Based on the facility PAQ information, the number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days, facility reported 0.

Inmates 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 an inmate is subject to a substantial risk of imminent sexual abuse, the facility 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 an inmate is subject to a substantial risk of imminent sexual abuse.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

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

Corrective Actions: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and inmates, together with a review of applicable policies, and observation, confirms that the facility is in compliance with the requirements of this provision.

115.52 (g)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of inmates grievances alleging sexual abuse resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: facility reported 0.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), Inmate Reporting Section 5.8 Anyone who willingly files a false statement may be subject to administrative or criminal investigation and discipline consistent with SCDC Policy Pol-23.01, Investigations.

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

Facility staff have clarified that disciplinary measures may be taken against inmates who submit grievances regarding alleged sexual abuse, provided that it is determined the grievance was filed in bad faith. This disciplinary action is not applied to isolated incidents, but rather, it is reserved for situations in which there is a repeated demonstration of malicious intent by the inmate. In such cases, evidence of recurring bad intentions must be present before any corrective measures are implemented.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

	Provision Findings: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.53	**Inmate access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • PREA Facility Brochure (Spanish and English) • PREA Posters • Agency Language Translation Instruction Flyer Quick Reference Guide (Interpreter Call) • US Department of State Consular Notification and Access • Inmate Mail website • SC Victim Assistance Network (Website) • SCCAVASA Member Services to Incarnated Victims (Website) • Statewide Partnerships with Sexual Assault Centers (Website) • Site Review Notes • Zero Tolerance Poster • Pre-Audit Questionnaire (PAQ) • Outside Emotional Support Services Flyer • Additional Outside Emotional Support Services Information Reviewed in Investigation Files (Standard 22) • MOU for Outside Emotional Support Services (Treatment of Sexual Abuse or Sexual Harassment *63) • Required Number of Interviewed • Audit PREA Posted Notices • Inmate Target List • List of Inmate Tablets

- Additional Resources
- Inmate Random Interview
- Inmate who Reported Sexual Abuse

Reasoning and Analysis by Provision:

115.53 (a)

The provision requires that 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse, facility reported yes.

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

SCDC has a Statewide Partnership with Sexual Assault Centers. The 10 sexual assault centers serve the counties where SCDC prisons maybe located. Inmates at any facility can call the appropriate sexual assault center for their region simple by dialing *63 on the inmate phone. This call is not recorded, and the inmate does not have to put in his/her Inmate Personal Identification Number (PIN) to make the call. If an inmate chooses not to call, the inmates are provided the mailing address of the sexual assault center as an alternative. All statewide Partnership with Sexual Assault Centers provides counseling and work with inmates needs victim advocacy services.

Documentation in the investigation files corroborate that 17 inmate who alleged sexual abuse or sexual harassment were given additional information regarding outside emotional support services during the investigation process. The Additional Information and Support Service states: If you'd like to speak with someone for emotional support, you can request to meet with someone from the Behavioral/ Mental Health and Addictions Recovery Services. For additional emotional support services/information, you can contact Pathways of Healing, an outside community organization dedicated to providing services to survivors of sexual abuse. Trained counselors can be reached through the inmate phones by dialing #63. Calls are free and confidential. You can also write to Pathways to Healing 3830 Forest Drive, Suite 201 Columbia, SC 29204. The mail sent to the following address will not be opened by SCDC staff and does not require postage. Note: raw evidence is uploaded in standard

22 (a) in each individual investigation Documents reviewed.

PREA requires the auditor to conduct outreach to relevant national, state, and local advocacy organizations. The outreach is to communicate with community-based or victim advocates who may have insight into relevant conditions and outside services provided to the inmates.

The Pathways to Healing staff confirmed that the inmates can and have contacted them for emotional support services through the facility toll free PREA line *63. Most of the services provided by the Pathways to Healing are coping skills, listening, and inmates want someone to talk regarding sexual abuse and other issues.

As of August 28, 2026, 2026, the auditor has not received requested information for Pathways to Healing.

Inmate Interview Questionnaire – Q: 13, 14, 15, 16 / Inmates who Reported a Sexual Abuse – Q: 10, 11

Twenty random inmates were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. Sixteen inmates reported that they were aware of services available outside of the facility for dealing with sexual abuse if they needed it. They were aware because of the PREA posters. The kind of services reported ranges from victim advocate, counseling, PREA for advocate, emotional support services, and rape counseling. Most of the inmates said that mailing addresses and phone numbers were given to them by pamphlet or on posters. Three inmates said they were not sure because they never called or did not read the information. Most of the inmates said the outside services numbers were free, and some said they did not know because they never used it. Most of the inmates reported that they think they can talk with outside service at any time when they are out of their cells.

Twenty random inmates were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. Inmates were asked, do you know what you say to staff from these services remain private? Interview inmates give a variety of responses: don't know never to use the services, it's confidential unless you report a crime, danger, if someone is hurt, or in trouble. They also said that the services can tell someone else about what they talk about: when they give permission, PREA information, unsafe conditions, agree to share, their approval, give consent and verbal consent.

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After

interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, Does the facility give you mailing addresses and telephone numbers for outside services? Yes. What services and are the numbers free to call? Inmate indicated that the numbers and mailing address was give to him when he first goes to the facility and it on the posters, he can call the local rape center from his tablet.

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate asked, under what circumstances are you able to talk with people who provide these services? He can call using his tablet at any time.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

As a part of the PREA Education process, inmates are informed that their tablet is format to call emotional support services *63 at any time.

During the facility site review 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 at Pathways to Healing. This information was continuous throughout the facility to included posting near the phones in the housing units, medical, Education, Dinning Hall, Common areas, Visitation, front entrance, and the Intake area. The posters and brochures are eligible, has the outside toll-free numbers.

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

In each of the living units, the inmates had access to 3 - 6 telephones and 2 kiosks. The auditor tested the phones by picking up the receiver and listening for a dial tone. Random phones were checked to ensure that the inmates have access to Pathways to Healing, that provides the local emotional rape crisis support services. The auditor received a dial tone, press #63 then a message to press 1 for English or 2 for Spanish. The auditor pressed the number, and the call went to the outside agency. The staff from Pathways to Healing may answer the phone, or you can leave a message. It was required for the person confined to enter a personal ID PIN. The call may be monitored. A review of Pathways to Healings flyer includes a statement to inform inmates that the PREA calls are monitored. The locations of the phones did

provide some privacy for the inmate.

Informal conversations with inmates during the tour confirmed that they are aware of the outside emotional support services painted on the walls or posters, however, they never used it.

The auditor received and had an informal conversation with the Acting Agency PREA Coordinator regarding the Pin numbers required for *63 calls to Rape Crisis Centers. The memo provides the reasoning for requiring inmates to input his/her PIN number when dialing *63 to contact local rape crisis center.

Several rape crises center over these past years have experienced hardships regarding misuse of *63 by several inmates. There have been several instances where an unknown inmate has called the rape crisis line multiple times day and night (at one point it was 138 documented calls from March 1 to March 14 and 463 documented calls from 3/30 to 4/28/25). After speaking with Global Tel Link and SCDC liaison, it was put in place that the inmate would have to use his/her PIN number to access the rape crisis center. The phone call itself would remain confidential. However, should the inmate abuse the system, the calls could be traced back to the abusing inmate' s pin number so he/she can be charged. Again, the call itself is still confidential, but if abuse occurs, SCDC will know from whom the abusive calls came from.

The Pathways to Healing confirmed that the inmates can and have contacted them for emotional support services through the facility toll free PREA line *63. Most of the services provided by the Pathways to Healing are coping skills, listening, and inmates want someone to talk regarding sexual abuse and other issues.

The facility does not house inmates solely for civil immigration purposes. Any inmates present with civil immigration concerns are also facing criminal charges. This distinction ensures that individuals at the facility are not held exclusively for immigration-related reasons.

During the audit, the auditor observed and reviewed resources related to civil immigration within the inmate law library. Specifically, the auditor previously examined the United States Department of State Consular Notification and Access Manual, which is available to inmates. This manual includes the mailing address for Consular Notification & Access (CAN) at the U.S. Department of State, SA-17, 12th Floor, Washington, DC 20522-1712, as well as relevant telephone numbers. The information provided through the manual is accessible in multiple languages to accommodate the diverse needs of the inmate population.

During the audit, the auditor tested the inmate phone system to assess its functionality for making international calls. The testing process confirmed that inmates are able to initiate international calls by dialing #011 on the phone system. Upon dialing 011, the system prompts the inmate with a recording that instructs them to enter their debit money account information to proceed with the international call. This feature ensures that inmates can access international communication in accordance with facility policies, utilizing their available debit account for payment.

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

Staff and inmates conduct informal conversations during the tour indicated that inmates 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 inmates could request them from staff.

Corrective Actions: Not Required

Provision Findings:

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

115.53 (b)

The provision requires that 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.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 5. Inmate Reporting Section 5.10: Any monitored communications of inmates, recording or live listening of conversations with advocacy centers, will be expressed to inmates and/or others prior to authorization for use.

The facility informs inmates 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 corroborates that Pathways to Healing. 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 inmate Personal Identification Number (PIN) to make the call. Calls are free and confidential.

Inmate Interview Question – Q:17 / Inmates who Reported a Sexual Abuse – Q: 12

Twenty random inmates were interviewed by the auditor's non-certified support staff, using the PRC random sample questionnaire for inmates. Of the twenty inmates interviewed, even were Black, eight White, and one other. Nineteen inmates were randomly selected from different housing units, and one sent a confidential letter to the auditor which was added to the random interview list to maintain their identity. Inmates were asked, do you know what you say to staff from these services remain private? Interview inmates give a variety of responses: don't know never to use the services, it's confidential unless you report a crime, danger, if someone is hurt, or in trouble. They also said that the services can tell someone else about what they talk about: when they give permission, PREA information, unsafe conditions, agree to share, their approval, give consent and verbal consent.

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, "Can you communicate with these people in a confidential way? Could your conversations with them be told to or listened to by someone else? Inmate indicated he did not know.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Review site review outlined in provision (a).

Corrective Actions: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and inmates, together with a review of applicable policies, and observation, confirms that the facility is in compliance with the requirements of this provision.

115.53 (c)

The provision requires that the agency should 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency maintains memorandum of understanding (MOU) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 2.

Responsive Planning Section 5.11: SCDC will attempt to gain and maintain memoranda of understanding with outside advocacy centers to provide confidential emotional support services related to sexual abuse victims as long as regulatory and/ or budgetary constraints permit.

The Agency's PREA Coordinator will attempt to make available written Memorandum of Understanding /Agreement's with local/regional Rape Crisis Centers to provide emotional support services. Such attempts will be documented through written memorandums and retained for monitoring purposes.

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

The memorandum of understanding (MOU) established between the agency and community service providers has been set to be in effect for a duration of five years. This formal agreement outlines the partnership and collaborative efforts to provide confidential emotional support services to inmates who are victims of sexual abuse. The five-year term ensures continuity of service and stability in the provision of support, enabling both parties to work together effectively within a defined timeframe. Upon completion of the five-year period, the MOU may be reviewed and renewed as appropriate to maintain ongoing support and compliance with relevant regulations.

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

A review of the MOU with the Pathways to Healing indicated it is responsible for:

- Responding to calls from inmates received on Pathways to Healing 24-hour crisis hotline;
- Providing inmates with confidential emotional support services related to sexual abuse during their residency at an institution and during their transition from the corrections facility into the community;
- Providing follow-up services to victims of sexual assault as resources allow, including in-person visits;
- Maintaining confidentiality of communications with inmates;
- Working with designated staff to obtain security clearance as needed and follow all facility guidelines for safety and security;
- Communicating any questions or concerns to PREA Coordinator that are not in violation of confidentiality.

The auditor also reviewed several key documents available on the SCDC website that

	pertain to victim assistance and support for individuals affected by sexual abuse. These resources include information about the South Carolina Victim Assistance Network (SCVAN), which coordinates services and advocacy for victims across the state. Additionally, the auditor examined the List of SC SANE (Sexual Assault Nurse Examiner) Program Locations, which provides details on facilities equipped to offer medical examinations and support to sexual assault survivors. Further, the review encompassed the Victim Services section, which outlines the support mechanisms and resources available to victims within the correctional system. The auditor also considered the SCDCVASA Member Organization and Services to Incarcerated Victims, a list that highlights organizations collaborating with SCDC to deliver services directly to incarcerated individuals impacted by sexual abuse. Finally, the Statewide Partnerships with Sexual Assault Centers document was reviewed, demonstrating SCDC’s efforts to maintain cooperative relationships with advocacy centers across South Carolina to enhance the provision of support services for victims. The auditor's requested Target list identified a total of 10 reports pertaining to sexual abuse and sexual harassment over the past 12 months. Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): During the facility site reviews the auditor confirmed the address and tested the emotional support services hotline *63. They were working properly. **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses triangulation by linking PREA documentation, online Pre-Audit Questionnaire, policies, on-site observations, facility reviews, facility practices, the above provisions and interviews to confirm findings. The analysis indicates that the facility complies with the standard requirements.

115.54	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in making Compliance Determinations:

- Pre-Audit Questionnaire (PAQ):
- SCDC PREA Tips website http://www.doc.sc.gov/preaweb/.
- SCDC and Statewide Partnership for Victim Services (Website)
- SCDC PREA Tip Line – Anonymous (Website)
- SCDC Official Website (Third-Party Reporting)
- Report Sexual Abuse or Sexual Harassment of an Inmate by (Clicking Here) Website

Reasoning and Analysis by Provision:

115.54 (a)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 5. Inmate Reporting Section 5.13: Anyone who suspects, alleges, or has knowledge of sexual abuse of an inmate adjudicated to SCDC may report the allegations on the SCDC PREA Tips website http://www.doc.sc.gov/preaweb/.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 5. Inmate Reporting Section 5.12: Consistent with SCDC Policies PS-10.08, Inmates Correspondence Privileges, and SCDC Policy OP-22.09, Inmates Visitation, inmates will be allowed confidential access to their attorneys or other legal representation.

The auditor conducted a review of the South Carolina Department of Corrections (SCDC) website, focusing specifically on the PREA (Prison Rape Elimination Act) section. This section provides public access to a third-party reporting mechanism. Members of the public are able to complete an automated online form to report incidents of sexual abuse that occur within South Carolina correctional institutions. The system allows individuals submitting reports to remain anonymous should they choose. Once a report is submitted, it is forwarded directly to the Agency PREA Coordinator’s Office for review and further distribution as appropriate for investigation.

The website is designed for user accessibility—anyone with internet access can click the provided link to enter the required information. The tip line form prompts third-party reporters to supply specific details, including the date of the incident, the location where it occurred, the type of incident, and a detailed narrative describing the incident being reported.

	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. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** 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. **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.61	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy OIG-23.01 Investigation • MOU Between South Carolina Law Enforcement Division (SLED) and South Carolina Department of Correction (SCDOC) • Pre-Audit Questionnaire (PAQ) • Acting Agency PREA Coordinator • Random Sample Staff

- Medical and Mental Health Staff
- Warden

Reasoning and Analysis by Provision:

115.61 (a)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency requires all staff to report immediately and according to agency policy and 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, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) 6 Coordinated Response Following an Inmate's Report section 6.1 All employees are required to immediately report any knowledge, suspicion, information or allegation of sexual offenses consistent with SCDC Policy GA-06.11, "Prevention, Detection, and Response to Sexual Abuse/sexual Harassment", SCDC Policy ADM-11.17, Employee Conduct; SCDC Policy ADM-11.34, Employee Inmate Relations, and SCDC Policy OP-22.25, Reporting Incidents and Accidents Management Information Notes (MINS) and Other Methods of Reporting.

The facility's policies collectively ensure compliance with the applicable standards by requiring that all staff immediately report any knowledge, suspicion, or receipt of information about an incident or allegation of sexual abuse, sexual harassment, or retaliation. These requirements must be followed in accordance with mandatory reporting laws, further reinforcing the obligation for prompt and accurate reporting. Staff members are expected to act without delay in reporting such information, regardless of the source or certainty, to designated authorities as outlined in the agency's policy.

Staff consistently described their reporting process for incidents related to sexual abuse as follows: upon learning of any relevant information, staff immediately report the incident, ensure the involved inmates are taken to medical for assessment, and isolate them from other inmates to protect their safety and to preserve evidence. Staff also ensure that inmates do not bathe, shower, or brush their teeth before evidence is collected, maintaining the integrity of the investigation. The process concludes with reporting the incident to the appropriate personnel for further investigation.

Random Sample Staff – Q: 5

Twelve randomly selected staff members from all shifts were interviewed by the auditor's support staff using the PRC questions for random sample of staff. Of those interviewed, four identified as Black, eight as White, and zero as Hispanic. Regarding gender, there were seven females and five males. Staff were asked, does the agency require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation? Yes. Staff are required to report immediately to supervisor, PREA compliance Manager or management on a need-to-know basis.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility tour, informal conversations with staff confirmed that all allegations of sexual abuse and sexual harassment are reported. Staff emphasized that this reporting includes not only direct allegations but also those received from third-party sources and anonymous individuals. All such reports are submitted directly to the designated facility investigators or members of the management team, ensuring that the agency's policies for immediate and comprehensive reporting are consistently followed.

Corrective Actions: Not Required

Provision Findings:

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

115.61 (b)

The provision requires that apart from reporting to designated supervisors or officials, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

See provision (a).

Review of Documents:

Pre-Audit Questionnaire (PAQ): Apart from reporting to designated supervisors or officials, the staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the agency policy, to make treatment, investigation, and other security and management decisions, facility reported yes.

Reporting according to mandatory reporting laws and the facility policy was evident through document review regarding disclosures by inmates 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.

Random Sample of Staff – Q: 5

Twelve randomly selected staff members from all shifts were interviewed by the auditor's support staff using the PRC questions for random sample of staff. Of those interviewed, four identified as Black, eight as White, and zero as Hispanic. Regarding gender, there were seven females and five males. Staff were asked, does the agency require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation? Yes. Staff are required to report immediately to supervisor, PREA compliance Manager or management on a need-to-know basis.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, and observation, confirms that the facility is in compliance with the requirements of this provision.

115.61 (c)

The provision requires that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conversation: Unless otherwise precluded by Federal, state, and local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of this section. The facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 6 Coordinated Response Following an Inmate's Report section 6.2: All employees are obligated to inform inmates of their duty to report sexual abuse and harassment as well as their limits of confidentiality.

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment indicated that any employee, (to include contract and temporary) who

knowingly or intentionally submits inaccurate or untruthful information concerning sexual abuse as defined by state statute is guilty of the misdemeanor of falsely reporting sexual abuse and, upon conviction, must be imprisoned for not more than one (1) year. In addition, such conduct will result in corrective action up to, and including, termination pursuant to SCDC Policy ADM-11.04, “Employee Corrective Action.”

Medical and Mental Health Staff – Q: 3, 4, 5

Medical and Mental Health Staff: At the initiation of services to an inmate, do you disclose the limitations of confidentiality and your duty to report? Yes. Inmates are informed at the initial PREA Risk Screening.

Medical and Mental Health Staff: Are you required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning? Yes. Staff also indicated that it is part of their certification.

Medical and Mental Health Staff: Have you ever become aware of such incidents? Did you report them? No. If they were aware they would report immediately. They are aware of the incidents that are reported to them through the facility process.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

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

Corrective Actions: Not Required

Provision Findings:

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

115.61 (d)

The provision requires that if the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the agency reports the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conversation: The alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable

person’s statute, the agency reports the allegation to the designated State or local services agency under applicable mandatory reporting law.

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 facility is required to report the allegation to the designated State or Local Services agency under applicable mandatory reporting laws.

In circumstances where an alleged victim is identified as being under the age of 18 or classified as a vulnerable adult according to state or local vulnerable person statutes, the facility follows strict reporting protocols. Specifically, any such allegation must be reported to the designated State or Local Services agency, in accordance with all applicable mandatory reporting laws. This procedure ensures that the facility maintains compliance with mandated reporting requirements and protects individuals who may be at greater risk due to age or vulnerability.

Warden – Q: 15 / PREA Coordinator Q: 11

Warden/Designee: Reported that there were youthful inmates under the age of 18 at this facility. The facility would ensure the sexual abuse or sexual harassment for inmates 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.

Agency Acting PREA Coordinator: How do you respond when allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone considered a vulnerable adult under state or local law? Agency Acting PREA Coordinator reported that when an allegation is received, the alleged victim and the alleged perpetrator are immediately separated. Security supervisors and the Institutional PREA compliance manager are notified, so that the proper procedures, documentation, and notifications are completed. For individuals under the age of 18, the Youthful Offenders Program Manager is notified so that the juvenile’s family is notified of the allegation, and all mandatory required agencies are informed. The juvenile is provided an opportunity to call and work with the local rape crisis center (RCC) and/or Qualified Mental Health Professional within the institution. However, this facility does not house inmates under the age of 18.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.61 (e)

	The provision requires that the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. **Review of Documents:** Pre-Audit Questionnaire (PAQ) and Informal Conversation: Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The facility reported yes. 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. **Warden – Q: 12** Warden/Designee: The 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 and anonymous. Yes. The verbal reports are to be followed up with a written report before the end of the shift, to include those reporting by third parties and anonymous and all allegations will be investigated. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.62	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in making Compliance Determinations:

- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023.
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021.
- SCDC Policy OP-22.23, Statewide Protective Custody
- SCDC Policy OP-21.04 Inmate Classification Plan
- Pre-Audit Questionnaire (PAQ)
- Deputy Director of Legal and Compliance/Agency Head Designee
- Warden
- Random Sample Staff

Reasoning and Analysis by Provision:

115.62 (a)

The provision requires that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmates.

Review of Documents:

Pre-Audit Questionnaire (PAQ): According to the Pre-Audit Questionnaire, in the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse, facility reported 0.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) 6 Coordinated Response Following an Inmate's Report section 6.3: SCDC will take immediate action to protect an inmate who is at a substantial risk of imminent sexual abuse consistent with SCDC Policy OP-22.23, Statewide Protective Custody.

Agency Head – Q: 7 / Warden – Q:7 / Random Sample of Staff – Q: 13

Deputy Director of Legal and Compliance/Agency Head Designee: When you learn that an inmate is subject to a substantial risk of imminent sexual abuse, what protective action does the agency take? Agency Head Designee reported that if there is a specific source of imminent sexual abuse, the potential abuser will be relocated so that there is no contract 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.

Warden: The warden indicated that when he learns that an inmate is subject to a substantial risk of imminent sexual abuse the facility will protect them by removing the inmate to another housing unit or facility and immediately assessed and asked whether the inmate will require protective custody.

	Twelve randomly selected staff members from all shifts were interviewed by the auditor's support staff using the PRC questions for random sample of staff. Of those interviewed, four identified as Black, eight as White, and zero as Hispanic. Regarding gender, there were seven females and five males. Staff were asked, if you are the first person to be alerted that an inmate has allegedly been the victim of sexual abuse, what is your responsibility in that situation? Staff indicated that they would prevent an inmate from bathing or doing any hygiene, drink water or wash their hands, collect clothing, send them to medical, remove victims from abusers, secure crime scenes and evidence, speak only to those involved to include investigations. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.63	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • MOU with SC Law Enforcement Division • Pre-Audit Questionnaire (PAQ) • Deputy Director of Legal and Compliance/Agency Head Designee • Warden **Reasoning and Analysis by Provision:**

115.63 (a)

The provision requires that upon receiving an allegation that a inmate 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.

Review of Documents:

Pre-Audit Questionnaire (PAQ): According to the Pre-Audit Questionnaire, in the past 12 months, the facility received that an inmate was abused while confined at another facility, facility reported 0.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) 6 Coordinated Response Following an Inmate's Report section 6.4: Any reports or allegations of sexual abuse that occurred while an inmate was housed at an institution outside the authority of SCDC will be reported to the Warden within seventy-two (72) hours of receiving the allegation and will be documented utilizing SCDC Form 19.184, Warden-to-Warden PREA Notification.

The facility provides that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Director/designee notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours and send to the appropriate investigative agency.

A review of the investigation files confirmed that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility notified the head of the facility where the alleged abuse occurred. Of the 10 investigation files reviewed, 0 had a Warden-to-Warden PREA Notification. Note: raw evidence is uploaded in standard 22(a) in each inmate individual investigation Documents.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.63 (b)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): Agency policy requires that the facility head provide

such notifications as soon as possible, but no later than 72 hours after receiving the allegation, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 6 Coordinated Response Following an Inmate's Report section 6.4: Any reports or allegations of sexual abuse that occurred while an inmate was housed at an institution outside the authority of SCDC will be reported to the Warden within seventy-two (72) hours of receiving the allegation and will be documented utilizing SCDC Form 19.184, Warden-to-Warden PREA Notification.

Notification regarding allegations of sexual abuse is provided as promptly as possible and must occur no later than 72 hours after the facility receives information about the incident. The facility head or their designated representative is responsible for documenting this notification in accordance with established requirements. Following notification, it is the duty of the receiving agency to ensure that a thorough investigation is carried out.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.63 (c)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency or facility documents that it has provided such notifications within 72 hours of receiving the allegation. The facility reported yes.

See provision (a).

The facility documents incidents using SCDC Form 19-184 Warden-to-Warden PREA Notification. Over the past 12 months, there have been two such notifications. Each Warden-to-Warden PREA Notification includes information on the Reporting Institution, Date of Report, Location of Event, and Description of the Event as reported.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.63 (d)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): According to the Pre-Audit Questionnaire, in the past 12 months, the number of allegations the facility received from other facilities, facility reported 1.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 6 Coordinated Response Following an Inmate's Report section 6.5: Upon notification of an allegation of sexual abuse that occurred while an inmate was housed at an institution outside the authority of SCDC, the SCDC institutional Warden will contact the institution head of the institution where the alleged abuse occurred and will notify SCDC OIG. This notification will be provided within seventy-two (72) hours of receiving the report and will be documented and provided to the institution's PREA Compliance Manager and the Agency's PREA Coordinator.

Agency Head/Designee – Q: 5 /Warden – Q: 16, 17

Deputy Director of Legal and Compliance/Agency Head Designee: If another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact? 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.

Deputy Director of Legal and Compliance/Agency Head Designee: What happens when your agency (or a facility within your agency) receives such allegations? It was reported that Warden will have the Facility PREA Compliance Manager to follow up and if it needs to be investigated then it is referred to investigations.

Warden/Designee: What happens when your facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in your facility? Warden indicated 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

	inmate is at for additional information. When asked regarding examples, there were no examples. The auditor reviewed the investigation case. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Sexual Abuse Response Protocol • SCDC Policy ADM-17.01 Employee Training Standards • MOU with SC Law Enforcement Division • Pre-Audit Questionnaire (PAQ) • Security Staff and Non-Security Staff First Responders • Inmate who Reported Sexual Abuse • Random Sample Staff **Reasoning and Analysis by Provision:** **115.64 (a)**

	The provision requires that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: Separate the alleged victim and abuser. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse 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. **Review of Documents:** Pre-Audit Questionnaire (PAQ): Based on a review of information the facility provided in the PAQ for the past 12 months, the number of allegations that an inmate was sexually abused, facility reported 4. Of these allegations of sexual abuse in the past months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser, facility reported 4. In the past 12 months, the number of allegations where staff were notified within a time period that still allows for the collection of physical evidence, the facility reported 1. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence, the facility reported 0. SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 7Investigations 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 inmate 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.

Security Staff and Non-Security Staff First Responders – Q: 1 / Inmates who Reported a Sexual Abuse – Q: 1, 2, 3

Twelve randomly selected staff members from all shifts were interviewed by the auditor's non-certified support staff. Of those interviewed, seven identified as Black, four as White, and one as Hispanic. Regarding gender, there were six females and six males. Staff were asked, if you are the first person to be alerted that an inmate has allegedly been the victim of sexual abuse, what is your responsibility in that situation? Staff indicated that they would prevent the inmate from bathing or doing any hygiene, collect clothing, send to medical, remove victim from abuser, secure crime scene and evidence, speak only to those involved to include investigations.

Interviewed non-security staff reported describe the actions taken 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.

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, how soon after you were sexually abused did a staff person come to help you? Inmate reported he did not report it right away. Did you tell someone at the facility about it, or did they find out about the abuse in another way? Inmate indicated that he told a staff member three weeks after it happened.

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, do you feel that the staff who first got to the scene after you had been sexually abused responded quickly? Inmate indicated there was no response I waited three weeks to report.

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, what did the staff do when they first got to you? Inmate indicated that once he told staff he was taken to medical then lock up.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.64 (b)

The provision requires that if the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

Review of Documents:

Pre-Audit Questionnaire (PAQ): According to the Pre-Audit Questionnaire, of the allegations that an inmate was sexually abused in the past 12 months, the number of times a non-security staff member was the first response, facility reported 0.

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence, the facility reported 0.

Of those allegations responded to first by a non-security staff member, the number notified security staff, the facility report 0.

SCDC Policy GA-06.11 section 2.3 through 2.3.6 and the institutional PREA Coordinated Response Protocol gives guidelines to staff that have a duty to respond rapidly, professionally, and thoroughly when an inmate has been sexually victimized. The guide gives requirements for the duties of the security and non-security staff.

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.

Security Staff and Non-Security Staff First Responders – Q: 1 / Random Sample Staff – Q: 11

Twelve randomly selected staff members from all shifts were interviewed by the auditor’s support staff using the PRC questions for random sample of staff. Of those interviewed, four identified as Black, eight as White, and zero as Hispanic. Regarding gender, there were seven females and five males. Staff were asked, if you are the first person to be alerted that an inmate has allegedly been the victim of sexual abuse, what is your responsibility in that situation? Staff indicated that they would prevent an inmate from bathing or doing any hygiene, collect clothing, send them to medical, remove victims from abusers, secure crime scenes and evidence, speak only

	to those involved to include investigations. Interviewed non-security staff reported describe the actions taken 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. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the facility site review a non-security staff reported their responsibilities as the first responder would immediately contact security (nearest) and report, stay with the inmate until security arrived. They would not let the inmate use the bathroom, drink water, or change clothing. **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.65	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • 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. • Pre-Audit Questionnaire (PAQ)

- PREA Coordinator Response Protocol
- Warden

Reasoning and Analysis by Provision:

115.65 (a)

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.

Review of Documents:

Pre-Audit Questionnaire (PAQ): According to the Pre-Audit Questionnaire, the facility has developed 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, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 6 Coordinated Response Following an Inmate's Report section 6.7: All SCDC institutions will develop a written institutional sexual abuse coordinated response plan that is in accordance with SCDC Policy GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, and the National PREA Prison and Jail Standard 115.65, Coordinated Response. Each SCDC Warden will ensure the members of their institution's Sexual Assault Response Team (SART) are aware of their roles and are active participants in the institution's response to allegations of sexual abuse. Each member of staff assigned to each institution in any capacity will be informed and/or trained on the institution's coordinated response plan within thirty (30) calendar days from the date of its publication or update.

The auditor reviewed the Coordinated Response Plan which is aligned with detailed information in the policy regarding the response to an allegation or incident of sexual abuse. The plan includes protocol divided by timeframes, as follows:

- Following a reported risk of imminent sexual abuse
- Following suspected or alleged incident of sexual abuse
- Prior to transport to a medical forensic exam
- During the medical forensic exam
- Following the exam or after acute care is provided
- Follow-up care/long term duties

The plan outlines the actions of the identified staff members and their roles.

- Staff First Responder
- Supervisor or Administrator
- Security Staff First Responder
- Shifts Supervisor, PMC or Warden
- PREA Compliance Manager
- Institution Medical Staff

	• Institutional Mental Health Staff • Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner at Self Regional Healthcare • Rape Crisis Advocate • Police Service Investigator (OIG) • The coordinated plan is signed. **Warden – Q: 18** Warden/Designee: Does the facility have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse? Yes. The warden indicated that the Coordinator Response Plan does coordinate actions among staff first responders, medical, and mental health practitioners, facility PREA Compliance Manager/ Investigators, and facility leadership in response to an incident of sexual abuse. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021.

- Copy of any Collective Bargaining Agreements – None
- Pre-Audit Questionnaire (PAQ)
- Agency Head/Designee
- Deputy Director of Legal and Compliance/Agency Head Designee

Reasoning and Analysis by Provision:

115.66 (a)

The provision requires that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged sexual abusers from contact with any inmates, inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. The facility reported no.

As part of the audit process, the auditor requested information regarding any collective bargaining agreements in place at the facility. The facility confirmed that there are currently no agreements that restrict the agency's authority to remove staff members accused of sexual abuse from contact with inmates. This removal can occur while an investigation is ongoing or while determining whether disciplinary action is appropriate and to what extent. Furthermore, the facility reported that no collective bargaining agreements have been entered into since August 20, 2012.

Agency Head/Designee – Q: 6

Deputy Director of Legal and Compliance/Agency Head Designee: Has your agency, or any governmental entity responsible for collecting bargaining on your behalf, entered into or renewed any collective bargaining agreement or other agreements since August 20, 2021? Agency Head Designee reported that the agency does not have a collective bargaining agreement that will not permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

	confirmed that the facility is complying with the provision of this standard. **115.66 (b)** 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 115.72 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 Documents following a determination that the allegation of sexual abuse is not substantiated. Note: Auditor is not required to audit this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.67	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy ADM 115.15 South Carolina Whistleblower Act Section, Retaliation Against an Employee for Filing a Report • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC PREA Tip Line Anonymous website • Deputy Director of Legal and Compliance/Agency Head Designee • Pre-Audit Questionnaire (PAQ) • Sexual Abuse Retaliation Monitoring Sheets Reviewed in the Investigation Files • Warden • Designated Staff Member Charged with Monitoring Retaliation (Warden if non-Available) • Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) • Inmate who Reported Sexual Abuse

Reasoning and Analysis by Provision:

115.67 (a)

The provision requires that the agency establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The facility has 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, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 6 Coordinated Response Following an Inmate's Report section 6.8: In accordance with SCDC Policy GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, all Wardens will ensure that all inmates, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of ninety (90) days while maintained within the same institution. Monitoring will be documented on SCDC Form 19-182, Sexual Abuse Retaliation Monitoring, and filed for auditing purposes.

The facility prohibits retaliation by inmates or staff for reporting or cooperating with investigations of sexual abuse or harassment under PREA. The PREA compliance manager and upper management monitor retaliation.

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 an inmate …. 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.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility site review, staff stated that the PREA compliance manager and other team members monitor for sexual abuse retaliation. Documentation of protective actions is attached to SCDC policy and filed with investigation records.

In addition to these measures, interviews confirmed that the warden and designated staff consistently perform wellness checks with inmates who have reported sexual abuse, ensuring ongoing safety and support for a minimum of ninety days. Victims are also offered access to mental health counseling, and any necessary housing changes or removal of alleged perpetrators are conducted promptly to further protect against retaliation. These actions, combined with regular documentation and monitoring, demonstrate the facility's commitment to upholding PREA standards and maintaining a safe environment for all individuals involved in or cooperating with

investigations.

Corrective Actions: Not Required

Provision Findings:

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

115.67 (b)

The provision requires that the agency employ multiple protection measures, such as housing changes or transfers for inmates' victims or abusers, removal of alleged staff or inmates' 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.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conservation: That the facility employs 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.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 6 Coordinated Response Following an Inmate's Report section 6.9: Inmates housed in segregation for protection purposes will be done so in accordance with SCDC Policy OP-22.23, "Statewide Protective Custody".

Agency Head/Designee – Q: 7 / Warden – Q: 19 / Designated Staff Member Charged with Monitoring / Retaliation – Q: 1, 2, 3 / Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) – Q: 1 / Inmates who Reported a Sexual Abuse – Q: 23.

Deputy Director of Legal and Compliance/Agency Head Designee: How do you protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations? Agency Head Designee reported that the facility/agency protect inmates 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.

Warden/Designee: For allegations of sexual abuse or sexual harassment, can you describe the different measures you take to protect inmates and staff from retaliation? Warden indicated that for allegations of sexual abuse or sexual harassment the different measures that the facility would take to protect the inmates and staff from retaliation is to have the PREA compliance manager to monitor, make

housing changes, transfer the abuser, and provide the inmate with emotional support services.

Designated Staff Member Charged with Monitoring/Retaliation: What role do you play in preventing retaliation against inmates and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations? Staff indicated that the role they would play is to protect the safety of the inmate and staff.

Designated Staff Member Charged with Monitoring/Retaliation: Can you describe the different measures you take to protect those inmates and staff from retaliation? Staff indicated that they would move the inmate to another housing unit, monitor the inmate and provide information to an emotional support service. They monitor by making rounds through the facility, visiting the area where the inmates live or work. For staff they check schedules, promotions, and other staff reactions.

Designated Staff Member Charged with Monitoring/Retaliation: Do you initiate contact with inmates who have reported sexual abuse? Yes. Staff would start the required monitoring process immediately.

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, "Do you feel protected enough against possible revenge from staff or other inmates because you reported what happened to you? Inmate indicated, no he was placed back in the same dorm with the abuser.

During the site visit there were no inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) for the non-support staff to interview.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.67 (c)

The provision requires that for at least 90 days following a report of sexual abuse, the agency monitors the conduct and treatment of inmates or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. Items the agency should monitor

include any inmate's disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring for 90 days if the initial monitoring indicates a continuing need.

Review of Documents:

Pre-Audit Questionnaire (PAQ): According to the Pre-Audit Questionnaire, the number of incidents of retaliation occurred in the past 12 months, facility reported 0.

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.

Reviewing the investigation files showed the facility has measures to protect inmates and staff from retaliation when reporting or cooperating with sexual abuse and harassment investigations. Of 10 cases reviewed, 4 included a Sexual Abuse Retaliation Monitoring Sheet, and monitoring was completed on time. Note: raw evidence is uploaded in standard 22 (a) in each inmate individual investigation Documents.

A review of the Sexual Abuse Retaliation Monitoring Sheet included Basic Information, Alleged Victim Being Monitored and SCDC ID Number, and In Person Status Check with: Face to Face Contact, Reviewed Program Changes, Reviewed Disciplinary Reports, Reviewed Employee Evaluations, Reviewed Shift Changes, Reviewed Reassignment, Reviewed Housing Change, Filed Grievance, Person Monitoring Signature.

Warden – Q: 20 / Designated Staff Member Charged with Monitoring Retaliation – Q: 4, 5, 6

Warden/Designee: What measures do you take when you suspect retaliation? The warden indicated that a PREA investigation will be conducted, housing changes, program transfer and additional monitoring will occur.

Designated Staff Member Charged with Monitoring/Retaliation: What do you look for to detect possible retaliation? What do you monitor? They reported that they look for the inmate and staff response when reporting sexual abuse or sexual harassment. They monitor inmates' disciplinary reports, housing changes, program changes. For staff they check schedules, promotions, negative performance reviews or reassignments of staff.

Designated Staff Member Charged with Monitoring/Retaliation: How long do you monitor the conduct and treatment of inmates and staff who report the sexual abuse of an inmate or were reported to have suffered sexual abuse? The monitoring lasts for 90 days, if concern that potential retaliation might occur, the maximum length of time

would vary.

Designated Staff Member Charged with Monitoring/Retaliation: If there is concern that potential retaliation might occur, what is the maximum length of time that you monitor conduct and treatment? Staff indicated until the inmate is transferred.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.67 (d)

The provision requires that in the case of inmates, such monitoring also includes periodic status checks.

See provision (a).

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conversation: In the case of inmates, monitoring also includes periodic status checks. The facility reported yes.

The facility PREA compliance manager and upper management Team monitors for retaliation through periodic checks on daily inspections and randomly speaking with inmates and staff.

Designated Staff Member Charged with Monitoring Retaliation – Q: 4

Designated Staff Member Charged with Monitoring/Retaliation: What do you look for to detect possible retaliation? What do you monitor? They reported that they look for the inmate and staff response when reporting sexual abuse or sexual harassment. They monitor inmates' disciplinary reports, housing changes, program changes. For staff they check schedules, promotions, negative performance reviews or reassignments of staff.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.67 (e)

The provision requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall respond appropriately to protect that individual against retaliation.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conservation: If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation. The facility reported yes.

SCDC Policy: GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment no inmate will be subjected to retaliation, reprisal, harassment, or disciplinary action by employees, volunteers, or other inmates for reporting allegations or knowledge of sexual abuse against an inmate. Inmates may report retaliation using any of the procedures for reporting sexual abuse, as described in standard 115.33. Allegations of reprisal may also be investigated by the Inspector General or Division of Investigations.

The facility has several protection and reporting measures for inmates. 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 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.

Agency Head/Designee – Q: 8 / Warden – Q: 19, 20

Deputy Director of Legal and Compliance/Agency Head Designee: If an individual who cooperates with in investigation expresses a fear of retaliation, how does the agency take measures to protect that individual against retaliation? Agency Head Designee reported that if an inmate or staff cooperates with an investigation expresses a fear of retaliation the agency/facility takes measures to protect them by having the PREA compliance manager to monitor, make housing changes, transfer the abuser, and to check in with staff. The same steps as outlined above are taken regarding individuals cooperating with an investigation.

Warden: What measures do you take when you suspect retaliation? The warden indicated that a PREA investigation will be conducted, housing changes, program transfer and additional monitoring will occur.

Warden: For allegations of sexual abuse or sexual harassment, can you describe the different measures you take to protect inmates and staff from retaliation? Warden indicated that for allegations of sexual abuse or sexual harassment the different measures that the facility would take to protect the inmates and staff from retaliation is to have the PREA compliance manager to monitor, make housing changes, transfer

	the abuser. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **115.67 (f)** The provision requires that an agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. Note: Auditor is not required to audit this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.68	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • 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. • Pre-Audit Questionnaire (PAQ) • Warden • Staff who Supervise Inmates in Segregated Housing • Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse **Reasoning and Analysis by Provision:** **115.68 (a)**

	The provision requires that any use of segregated housing to protect inmates who are alleged to have suffered sexual abuse be subject to the requirements of standards 115.43. **Review of Documents:** Pre-Audit Questionnaire (PAQ): Based on a review of information the facility provided in the PAQ, the number of inmates who alleged to have suffered sexual abuse were assigned to involuntary segregated housing in the past 12 months for longer than 24 days while awaiting alternative placement, facility reported 0. The number of inmates who were 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, facility reported 0. 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. The facility may designate housing that is safer for inmates 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. A review of SCDC GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment meet the requirements of the standard. **Warden – Q: 8, 9, 10, 11 / Staff who Supervise Inmates in Segregated Housing – Q: 1, 2, 3, 4, 5 / Inmates in Segregated Housing (for risk of sexual victimization/who allege have suffered sexual abuse – Q: 2, 3, 4** Warden: The agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there is no available alternative means of separation form potential abusers. Warden: The warden confirmed that inmates 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 inmate’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. The facility uses the different house placements to keep inmate safety. Warden: Please describe any recent (within the past 12 months) circumstance in which segregated housing was used to protect an inmate who was alleged to have

	suffered sexual abuse. Why was segregated housing used? Inmates may use sexual abuse to go into segregate housing because they have barrow something or food ideal from other inmates which has threatened them. Segregated is used to determine what is really going on among these inmates Conversation with staff who work in Restricted Housing and review of the segregated documents indicated that inmates are placed in segregated housing related to PREA and have access to 1. Daily inmates 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. Interviewed staff who supervise inmates in segregated housing reported that if inmates 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. Staff who Supervise Inmates in Segregated Housing: Once an inmate is assigned to involuntary segregated housing, does the facility review the inmate's circumstances every 30 days to determine if continued placement in involuntary segregated housing is needed? Provide a sample of written periodic review? Staff indicated that Upper Management Team visit the unit weekly while there they call the inmates and question how long the inmate has been in the unit. During the site visit there were no inmates at the facility who reported sexual abuse for the non-certified assistant to interview while they were in segregated housing separated from other inmates, where you were able to go to programs, school or classes, work or have other privileges. During the site visit there were no inmates at the facility who reported sexual abuse for the non-certified assistant to interview regarding how many days or months where you put in segregated housing. During the site visit there were no inmates at the facility who reported sexual abuse for the non-certified assistant to interview were there any more meetings about whether they needed to be kept in segregated housing. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard.

	Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • 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 (SLED) and South Carolina Department of Correction (SCDC) • Pre-Audit Questionnaire (PAQ) • Agency Acting PREA Coordinator • OIG Investigator • Online NIC Investigation Specialized Training • PREA Investigation File Review Notes • Inmates who Reported Sexual Abuse • PREA Compliance Manager • Warden • Facility Investigator **Reasoning and Analysis by Provision:** **115.71 (a)** The provision requires that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. **Review of Documents:** Pre-Audit Questionnaire (PAQ): The agency/facility has a policy related to criminal and administrative agency investigations, facility reported yes. In accordance with SCDC Policy GA-06.11, Prevention, Detection, and Response to

Sexual Abuse/Sexual Harassment, SCDC Policy POL-23.01, Investigations, SCDC Policy ADM-11.34, Employee Inmate Relations, and OP-22.25, Reporting Incidents and Accidents (Management Information Notes – MINs) and other methods of reporting, all allegations of sexual abuse will be investigated, regardless of their source (s). SCDC's Office Inspector General (OIG) will initiate the investigation of an alleged sexual abuse act, staff sexual harassment or staff sexual misconduct to include all allegations made on or by contractors and volunteers. The Deputy Director of the Office of Inspector General can request assistance from the state law enforcement division based on the terms of the MOU.

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

A review of the policy requires that investigations into all allegations of sexual abuse and sexual harassment will be done so promptly, thoroughly, and objectively, for all allegations, including those reported third-party and an anonymously and a preponderance of evidence will be imposed or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

All allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Office of Inspector General (OIG) initiated the investigation and notified South Carolina Law Enforcement Division (SLED) when sexual misconduct by staff, contractors or volunteers is alleged. OIG will conduct an internal investigation in accordance with SCDC Policy OIG-23.01, Investigations.

Facility and OIG Investigative Staff – Q: 5, 8

Facility PREA Investigator: How long does it take to initiate an investigation following an allegation of sexual abuse or sexual harassment? Reported all allegations of sexual misconduct investigated by SCDC's facility, to include, but are not limited to sexual abuse, sexual harassment, inappropriate sexual behaviors by staff or inmates will have an investigative case opened within 5 days from the date of receipt.

Facility PREA Investigator: How do you handle anonymous or third-party reports of sexual abuse or sexual harassment? Are they investigated differently? Reported that anonymous or third part reports of sexual abuse or sexual harassment are handled just like all other PREA allegations.

OIG Investigator: How long does it take to initiate an investigation following an allegation of sexual abuse or sexual harassment? An investigation is initiated as soon as the allegation is received and reviewed by OIG. Time from the incident date to

referral to OIG does vary depending on circumstances out of OIG's control (Institutional processing, means by which the allegation is made, etc.)

OIG Investigator: How do you handle anonymous or third-party reports of sexual abuse or sexual harassment? Are they investigated differently? If there is enough information provided in the allegation, it is handled in the same manner as all other allegations. All allegations are taken seriously.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.71 (b)

The provision requires that where sexual abuse is alleged, the agency use investigators who have received special training in sexual abuse investigations pursuant to standard 115.34.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conservation: Where sexual abuse is alleged, the agency uses investigators who have received specialized training in sexual abuse investigations as required by 115.34. The facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 3. Training and Education Section 3.3: In addition to general training provided to all employees and training provided by the SC Criminal Justice Academy,

SCDC's OIG will ensure that its investigators who investigate allegations of sexual abuse have specialized training as prescribed in PREA Standard 115.34. Such training will be renewed at least every two (2) years with certificates of completion or SCDC Form 19-181. NIC Training Log for Investigations and Medical/Mental Health, placed in the employees' Documents.

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.

Facility and OIG Investigative Staff – Q: 1, 2, 3

Facility PREA Investigator: Did you receive training specifically in conducting sexual

investigations in confinement settings? Yes. Can you describe it briefly? The PREA training is through National Institute of Corrections INIC) online training. The facility investigators investigate Administrative Investigations.

OIG Investigator: Did you receive training specifically in conducting sexual abuse investigations in confinement settings? Yes. Can you describe it briefly? Online course provided by the National Institute of Corrections (NIC) – NIC.Learn.com. All criminal investigators take the “PREA: Investigating Sexual Abuse in a Confinement Setting”, course. The training goes through the methodology of conducing sexual abuse/sexual harassment investigations, evidence collection methods and requirements, interview techniques, and provides examples of different investigations within correctional facilities. The OIG investigators investigate Criminal Investigations.

Facility PREA Investigator: Did the training topics include: Techniques for interviewing sexual abuse victims? Yes. Proper use of Miranda and Garrity warning? Yes. Sexual abuse evidence collection in confinement settings? Yes. And the criteria and evidence required to substantiate a case for administrative or prosecution referral? Yes.

OIG Investigator: Did the training topics include: Techniques for interviewing sexual abuse victims? Yes. Proper use of Miranda and Garrity warning? Yes. Sexual abuse evidence collection in confinement settings? Yes. And the criteria and evidence required to substantiate a case for administrative or prosecution referral? Yes.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.71 (c)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conservation: The investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. The facility reported yes.

SCDC Policy: OIG-23.28 Evidence Protocol – Purpose: The purpose of this policy is to establish guidelines for maintaining the integrity of the evidence collected or received

by the SCDC Office of Inspector General (OIG). SCDC Policy: OIC-23.28 Evidence Protocol section 1.2 – The impounding agent shall effectively manage, mark, and package all evidence, and transport and log-in all physical evidence to the evidence room, or other authorized secure location, prior to the end of the officer's tour of duty or as soon as practical thereafter. Contraband must be delivered within seventy-two (72) hours.

Evidence/Security Procedures: if there is evidence that a sexual assault has occurred, the area will be treated as a possible crime scene and the following steps will be implemented immediately upon discovery: 1. Identify and maintain the crime scene, preserve evidence, including on the victims' and alleged perpetrator's bodies or clothes, and maintain custody of evidence until released to law enforcement officials. 2. Items should not be cleaned or removed. 3. Photos shall be taken of the suspected crime scene and any evidence. 4. Allow only authorized personnel to enter the area. 5. If the incident occurred with 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, ore 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 inmates.

Facility and OIG Investigative Staff – Q: 6, 7, 9

Facility PREA Investigator reported the first steps in initiating an investigation and how long it would take would start when the facility investigator received the allegation. The facility PREA investigator will inform the agency PREA coordinator, then start the collections of facts and evidence for the inmates and staff.

Facility Investigator: Please describe the investigation process. Inmates report a sexual abuse allegation, the agency PREA Coordinator process and the facility investigator ensures the safety of the inmate or staff member. Start collecting evidence at the facility. If the allegation leads to criminal, then it is sent to OIG.

Facility Investigator: Please describe any direct and circumstantial evidence you would be responsible for gathering in an investigation of an incident of sexual abuse? Maintain footage, collecting staff. Victim, and abuser statements, assisting any outside investigators.

OIG Investigator: What would be the first steps initiating an investigation and how long would they take? All cases are different, but normally, it would be an interview with the alleged 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 is notified immediately, Agents often respond to the hospital to conduct the initial interview.

OIG Investigator: Please describe the investigation process. Allegations are received and reviewed by OIG. Case is opened. Alleged victim (s) and witness (es) are then interviewed, and evidence is collected (if applicable). The alleged suspect is interviewed, and any follow-up interviews take place. A report is written and reviewed

through the supervisory chain. Once the report is finalized, the appropriate operational staff and PREA staff are notified of the outcome of the investigation, so any administrative matters can be handled. If criminal charges are made, the case is then prepared for protection through the courts.

OIG Investigator: Please describe any direct and circumstantial evidence you would be responsible for gathering in an investigation of an incident of sexual abuse? Witness Statements, Video Footage, Sexual Assault Evidence Collection Kit (s), Photographs, Fingerprints, etc.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.71 (d)

The provision requires that when the quality of evidence supports criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conservation: When the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The facility reported yes.

A review of the investigation files confirmed that if the quality of evidence supports criminal prosecution, the agency conducts compelled interviews as a certified Law Enforcement Agency.

The facility reported 17 investigations cases in the past 12 months. Of the 17 cases, the auditor reviewed 10. The methodology used to determine investigation case samples: Twenty or less the auditor reviews at least 10 cases. Twenty-one or more the auditor reviewed 10 cases plus an additional 10 percent of the remaining cases. Note: raw evidence is uploaded in standard 22(a) in each inmate’ investigation case.

A review of the investigation files confirmed the agency conducts administrative and criminal investigations for all allegations of sexual abuse and harassment. Over the past 12 months, there were 17 investigations: 5 staff-on-inmate sexual abuse; 3 staff-on-inmate sexual harassment; 5 Inmate-on inmate sexual abuse; and 4 Inmate-on-inmate sexual harassment.

Additionally, there were:

- 14 Administrative cases
- 3 criminal cases
- 0 ongoing (pending) case
- 2 Referred to Prosecution
- 2 staff/contractor terminated or resigned

Facility and OIG Investigative Staff – Q: 10

Facility PREA Investigator: Staff reported that the facility sends the cases to OIG criminal investigations. Then OIG determines whether to send the case to prosecutors or consult with prosecutors.

OIG Investigator: When you discover evidence that a prosecutable crime may have taken place, do you consult with prosecutors before you conduct compelled interviews? OIG Special Agents are trained criminal investigators and are not required to consult with prosecutors before conducting interviews. OIG proceed and consult with prosecutors, if needed. OIG has an attorney on staff who provides guidance when necessary.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.71 (e)

The provision requires that the credibility of an alleged victim, suspect, or witness be assessed on an individual as is and not be determined by the person’s status as inmate or staff. No agency requires inmates 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.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conservation: The 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. The facility reported yes.

Facility and OIG Investigative Staff – Q: 11, 12 / Inmate who Reported a Sexual Abuse – Q: 13

Facility PREA Investigator: On what basis do you judge the credibility of an alleged

victim, suspect, or witness? Investigators indicated that they utilize prior incident reports, observe the demeanor of individuals during interviews, review inmates' institutional files, assess disciplinary history, and evaluate past credibility.

Facility PREA Investigator: Facility's PREA investigator stated that a polygraph examination or truth-telling device will not be used as a condition for proceeding with an investigation.

OIG Investigator: On what basis do you judge the credibility of an alleged victim, suspect, or witness? There are several ways, such as corroborating the information provided through the investigation, prior incidents, observations during interviews, information for SCDC personnel who may have had prior interactions with the person, and whether the individual has been credible in the past.

OIG Investigator: Would you, under any circumstances, require an inmate who alleges sexual abuse to submit to a polygraph examination or truth- telling device as a condition for proceeding with an investigation? Not as a condition for proceeding with an investigation, but as a means for possibly revealing further investigative information. When the suspect has participated in a polygraph examination, and has passed, the alleged victim can then be offered one.

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, were you required to take a polygraph test as a condition for proceeding with a sexual abuse investigation?" No.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Informal conversation with the facility investigators reported that they do not have authority to conduct these types of examinations. The investigation will continue. An inmate who alleges sexual abuse is not required to submit to a polygraph examination device as a condition for proceeding with the investigation.

Corrective Actions: Not Required

Provision Findings:

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

115.71 (f)

The provision requires that administrative Investigations: include an effort to determine whether staff actions or failures to act contributed to the abuse; and be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative

facts and findings.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conservation: Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. The facility reported yes.

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 facility reported 17 investigations cases in the past 12 months. Of the 17 cases, the auditor reviewed 10. The methodology used to determine investigation case samples: Twenty or less the auditor reviews at least 10 cases. Twenty-one or more the auditor reviewed 10 cases plus an additional 10 percent of the remaining cases. Note: raw evidence is uploaded in standard 22(a) in each inmate' investigation case.

A review of the investigation files confirmed the agency conducts administrative and criminal investigations for all allegations of sexual abuse and harassment. Over the past 12 months, there were 17 investigations: 5 staff-on-inmate sexual abuse; 3 staff-on-inmate sexual harassment; 5 Inmate-on inmate sexual abuse; and 4 Inmate-on-inmate sexual harassment.

Additionally, there were:

- 14 Administrative cases
- 3 criminal cases
- 0 ongoing (pending) case
- 2 Referred to Prosecution
- 2 staff/contractor terminated or resigned

The auditor examined the documentation for the 10 sample investigation cases, both criminal and administrative, which contained the following:

- PREA Investigative Folder checklist (SCDC Form 19-189) – 10
- Incident Report (SCDC Form 19-29A)– 10
- Incident Report Checklist for PREA Issues (SCDC Form 19-169) – 10
- Office of Inspector General (OIG) Investigative Report of Findings (Criminal) – 2
- PREA Coordinator Report on Findings (Administrative) – 7
- Warden to Warden PREA Notification (SCDC Form 19-184) – 0
- Disposition of PREA Report/Inmate Notification (SCDC Form 19-165) – 9
- Retaliation Monitoring Sheets – 4
- Inmates Search Detail Report / Disciplinary History – 10
- Inmates Voluntary Statements (SCDC Form 19-168)– 10
- Additional Information and Emotional Support Services – 4
- Inmate Grievance (Reporting Sexual Abuse/Harassment) - 0
- Grievance Transferal Memo – 0

- PCM inmates Grievance Review Routing Slip – 0
- Case Emails – 10
- PREA Incident Review (SCDC Form 19-183) – 1
- Staff Miranda Rights – 0
- Arrest Warrants - 0
- Termination/Resignation – 2
- Inmate Witness Statement – 10
- Medical Documents (SAFEs or SANEs) – 0
- PREA Checklist for Medical Staff – 3

Facility and OIG Investigative Staff – Q: 16, 17

Facility PREA Investigator: What efforts do you make during an administrative investigation to determine whether staff actions or failures to act contributed to sexual abuse? Reported that the efforts used in an administrative investigation to determine whether staff actions or failures to act contributed to sexual abuse include policies violations, leaving POST or assigned area. In nature, the complete investigative report, with the findings, is turned over to the proper authorities, for any action they deem necessary. This is done in cooperation with the PREA Coordinator. This includes if the administrative investigations findings are policies or agency violations.

Facility PREA Investigator: Do you document administrative investigations in written reports? What information do you include in those reports? Facility PREA Investigator reported that administrative investigations are documented in written reports. Reports include 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.

OIG Investigator: What efforts do you make during an administrative investigation to determine whether staff actions or failures to act contributed to sexual abuse? If the investigation is Administrative in nature, the complete investigative report, with the findings, is turned over to the proper authorities, for any action they deem necessary. This is done in cooperation with the PREA Coordinator.

OIG Investigator: Do you document administrative investigations in written reports? What information do you include in those reports? Yes. All OIG investigations are in written reports and included in the documents above.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.71 (g)

The provision requires that criminal investigations to be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conservation: Criminal investigations filed in a written report that contain a thorough description of the physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible. The facility reported yes.

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.

The facility reported 17 investigations cases in the past 12 months. Of the 17 cases, the auditor reviewed 10. The methodology used to determine investigation case samples: Twenty or less the auditor reviews at least 10 cases. Twenty-one or more the auditor reviewed 10 cases plus an additional 10 percent of the remaining cases. Note: raw evidence is uploaded in standard 22(a) in each inmate' investigation case.

A review of the investigation files confirmed the agency conducts administrative and criminal investigations for all allegations of sexual abuse and harassment. Over the past 12 months, there were 17 investigations: 5 staff-on-inmate sexual abuse; 3 staff-on-inmate sexual harassment; 5 Inmate-on inmate sexual abuse; and 4 Inmate-on-inmate sexual harassment.

Additionally, there were:

- 14 Administrative cases
- 3 criminal cases
- 0 ongoing (pending) case
- 2 Referred to Prosecution

- 2 staff/contractor terminated or resigned

The auditor examined the documentation for the 10 sample investigation cases, both criminal and administrative, which contained the following:

- PREA Investigative Folder checklist (SCDC Form 19-189) – 10
- Incident Report (SCDC Form 19-29A)– 10
- Incident Report Checklist for PREA Issues (SCDC Form 19-169) – 10
- Office of Inspector General (OIG) Investigative Report of Findings (Criminal) – 2
- PREA Coordinator Report on Findings (Administrative) – 7
- Warden to Warden PREA Notification (SCDC Form 19-184) – 0
- Disposition of PREA Report/Inmate Notification (SCDC Form 19-165) – 9
- Retaliation Monitoring Sheets – 4
- Inmates Search Detail Report / Disciplinary History – 10
- Inmates Voluntary Statements (SCDC Form 19-168)– 10
- Additional Information and Emotional Support Services – 4
- Inmate Grievance (Reporting Sexual Abuse/Harassment) - 0
- Grievance Transferal Memo – 0
- PCM inmates Grievance Review Routing Slip – 0
- Case Emails – 10
- PREA Incident Review (SCDC Form 19-183) – 1
- Staff Miranda Rights – 0
- Arrest Warrants - 0
- Termination/Resignation – 2
- Inmate Witness Statement – 10
- Medical Documents (SAFEs or SANEs) – 0
- PREA Checklist for Medical Staff – 3

The credibility assessment process is conducted in an unbiased manner. Investigators are expected to evaluate all available evidence objectively, ensuring that personal opinions or preconceived notions do not influence their determination of credibility for any party involved. This impartial approach is essential to maintain the integrity of the investigation and to ensure that all findings are supported solely by information. The reviewed information is listed above.

Facility and OIG Investigative Staff – Q: 18

Facility PREA Investigator: Are criminal investigations documented? What is contained in that report? All criminal investigations are investigated by OIG.

OIG Investigator: Are criminal investigations documented? What is contained in that report? The report includes all investigations written by the OIG. The report contains all received information and generated documents, covering the facts and findings of the investigations. The same documents that are listed in 115.71 (f).

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.71 (h)

The provision requires that substantiated allegations of conduct that appear to be criminals shall be referred to in prosecution.

Review of Documents:

Pre-Audit Questionnaire (PAQ): 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 to for prosecution since August 20, 2012, or since the last PREA audit, facility reported 2.

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.

Facility and OIG Investigative Staff – Q:13

Facility PREA Investigator: When do you refer to cases for prosecution? The Facility PREA Investigator reported that facility sent the cases to OIG criminal investigations. Then OIG determines whether to send the case to prosecutors or consult with prosecutors.

OIG Investigator: When do you refer to cases for prosecution? OIG reported that the agency refers cases for prosecution whenever the allegation is determined to be criminal under the SC Code of Laws.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.71 (i)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency retains all written reports pertaining to the

administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, facility reported yes.

SCDC has a general investigative record retention schedule of physical destruction of 7 years after adjudication or until the inmate discharges from a sentence, dies while incarcerated, whichever comes first, the records can then be destroyed. The schedule has been corrected to meet standard requirements.

SCDC Policy: HS-18.07 Inmates Health Records section 10 – Inactive health records will be maintained by the Central HIR office in hard copy form for 25 years or on microfilm and/or on electronic media for 99 years.

Conversations with the agency PREA coordinator reported that the agency/facility requires that all written reports pertaining to administrative or criminal investigations of alleged sexual assault or sexual harassment be kept for as long as the alleged abuser in incarcerated or employed by the agency, plus five years.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Review site review outlined in provision (g).

Corrective Actions: Not Required

Provision Findings:

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

115.71 (j)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conservation: The agency ensures that the departure of an alleged abuser or victim from employment or control of the agency does provide a basis for terminating an investigation. The facility reported yes.

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.

Facility and OIG Investigative Staff – Q: 14

Facility PREA Investigator: How do you proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a complete investigation

into his/her conduct? Facility PREA Investigator reported that they will proceed when a victim who alleges sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct will continue to investigate with no bearing on the investigations.

Facility PREA Investigator: How do you proceed when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a complete investigation into the incident? If a victim or alleged abuser leaves the facility before the investigation concludes, the investigation still proceeds. The current location of the alleged victim or suspect does not impact the case.

OIG Investigator: How do you proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct? OIG continues with the investigation. The fact that the suspect is no longer employed has no bearing on the investigation. Their employment status means nothing to the investigative process.

OIG Investigator: How do you proceed when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident? OIG continues with the investigation. Where the alleged victim or suspect currently resides has no bearing on the case.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

1**15.71 (k)**

The provision requires that any State entity or Department of Justice component that conducts such investigations do so pursuant to the above requirements.

Note: Auditor is not required to audit this provision.

115.71 (l)

The provision requires that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conservation: When an outside entity investigates sexual abuse, the facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. The facility

reported yes.

Warden – Q: 13 / PREA Coordinator – Q: 9 / PREA Compliance Manager – Q: 9 / Facility and OIG Investigative Staff – Q: 15

Warden: How does the facility remain informed of the progress of a sexual abuse investigation? The warden indicated that the facility PREA Compliance Manager or Facility PREA Investigator will keep the facility management team update on any outside investigations if SLED is required to investigated.

Facility PREA Investigator: When an outside agency investigates an incident of sexual abuse in this facility, what role do you play? The facility will assist in setting up interviews and collecting any information that is needed from the facility.

OIG Investigator: When an outside agency investigates an incident of sexual abuse in this facility, what role do you play? In the event that should happen, OIG would still open a case as an assisting agency and assist the outside agency with the investigation, evidence collection, and interviews.

Agency Acting PREA Coordinator: How does the agency remain informed of the progress of a sexual abuse investigation? Agency Acting PREA coordinator reported that SCDC conducts its own investigations, but if an outside agency assists or investigates, SCDC ensures that all reports are received and are provided to the Acting PREA Coordinator. The Office of the Inspector General stays in constant communication with outside agencies. SCDC has an agreement with the South Carolina Law Enforcement (SLED) for investigations. However, if an outside agency investigates an incident of sexual abuse in the facility OIG would still open a case as an assisting agency and assist the outside agency with the investigation, evidence collection, and interviews.

PREA Compliance Manager: Indicated that the South Carolina Department of Corrections conducts investigations of allegations that alleged events that the potential to be deemed criminal in nature on federal, state, and local laws. Those allegations that do not have criminal intent are investigated by internal administrative investigators that have completed specialized investigations training provided online by the National Institute of Corrections. The agency Acting PREA coordinator keeps the facility informed of the results of all outside PREA investigations.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

	Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA 05.01 Investigations and Procedures • SCDC Policy OIG-23.01 Investigation • PREA Investigation Folder Reviewed • Pre-Audit Questionnaire (PAQ) • OIG Investigator • Facility Investigator **Reasoning and Analysis by Provision:** **115.72 (a)** 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. **Review of Documents:** Pre-Audit Questionnaire (PAQ) and Informal Conservation: That the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated, facility reported yes. SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), Responsive Planning Section 2.3.1: All administrative investigations will be based upon preponderance of the evidence and shall include an effort to determine whether staff actions, or failures to act, contributed to the abuse/harassment. The facility investigator explained that allegations are classified as substantiated, unsubstantiated, or unfounded depending on the preponderance of evidence. The Inspector General agreed with this standard.

	A review of the investigations case documentation indicated that the investigator does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. In accordance with Standards 22 and 71, the auditor has documented multiple sources confirming the application of the preponderance of the evidence standard in all reviewed investigations. Specifically, policy review demonstrates that administrative investigations are to be assessed based on the preponderance of the evidence. Additionally, interviews with both facility and OIG investigators consistently affirm this practice. Further documentation verifies that no higher standard has been imposed when substantiating allegations. These findings collectively demonstrate that the standard of proof required by the provisions is being met in the facility's investigative practices. **Facility and OIG Investigative Staff – Q: 19** Facility PREA Investigator: What standard of evidence do you require to substantiate allegations of sexual abuse or sexual harassment? Preponderance of the evidence. OIG Investigator: What standard of evidence do you require substantiate allegations of sexual abuse or sexual harassment? Preponderance of the evidence. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.73	**Reporting to inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in making Compliance Determinations:

- SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023
- SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021
- SCDC Policy OIG-23.01 Investigation
- Pre-Audit Questionnaire (PAQ)
- OIG Investigator
- Disposition of PREA Report Notification Signature Reviewed in Investigation Files
- Facility PREA Investigator
- Warden:
- Inmate who Reported Sexual Abuse

Reasoning and Analysis by Provision:

115.73 (a)

The provision requires that following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency informs the inmates as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Review of Documents:

Pre-Audit Questionnaire (PAQ): According to the facility PAQ information, the number of criminal and/or administrative investigations of alleged inmates confined to sexual abuse that were completed by the agency/facility in the past 12 months, facility reported 4.

Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or inwriting, of the results of the investigation, facility reported 4.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 7. Investigations Section 7.3: SCDC will ensure that, following a report of sexual abuse/ sexual harassment, the alleged victim is notified of the outcome of the investigation. When the alleged perpetrator is a staff member, the institution's PCM will ensure the alleged victim is notified of the progress of the investigation as specified in PREA standard.

The auditor reviews SCDC Form 19-165 Disposition of PREA Report, Reporting to Inmates, this form documents the outcome of a PREA investigation and notification of the outcome to the named inmate victim. The report included the Victim Name, Allegation Type, Investigation Finding (Administratively or Criminally), Inmate and Staff Signatures.

A review of the investigation files confirmed that following an investigation into an inmate's allegation that involved sexual abuse, the facility informs the inmates as to whether the allegation has been determined to be substantiated, unsubstantiated, or

unfounded. Of the 10 investigations files reviewed, the auditor reviewed 9 Disposition of PREA Report (Inmate Notification sheet). Note: raw evidence is uploaded in standard 22 (a) in each inmate individual investigation Documents.

Warden – Q:14 /Facility and OIG Investigative Staff – Q: 20 / Inmate who Reported a Sexual Abuse – Q: 14

Facility PREA Investigator: The Facility PREA Compliance received the alleged findings of the victim investigation's outcome and is responsibility for informing the victim.

OIG Investigator: Do your agency procedures require that an inmate who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation? The responsibility for notifying the alleged victim on the outcome of the investigation falls on the PREA Compliance Manager of the institution. OIG has no procedure or policy that requires OIG or its Special Agents to notify the alleged victim of the outcome, however, in most cases the agency does.

Warden/Designee: Warden indicated that the facility informs an inmate who makes an allegation of sexual abuse about the outcome of the investigation, whether it is substantiated, unsubstantiated, or unfounded. Yes. The PREA compliance manager utilizes the SCDC form to document notifications to inmates. Typically, notification is made within 30 days of the conclusion of the investigation or upon receipt of the investigative findings.

During the site visit there were no inmates at the facility who reported sexual abuse for the non-certified assistant to interview regarding whether they know if the agency/facility is required to notify you when your sexual abuse allegation has been substantiated, unsubstantiated, or unfounded.

Four inmates were interviewed by the auditor’s support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, do you know if the agency/facility is required to notify you when your sexual abuse allegation has been substantiated, unsubstantiated, or unfounded? Yes.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.73 (b)

The provision requires that if the agency did not conduct the investigation, it requests the relevant information from the investigative agency to inform the inmates.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Based on a review of information that the facility provided in the PAQ, the number of investigations of alleged inmates sexual abuse in the facility that were completed by an outside agency in the past 12 months, facility reported 0.

Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigations, facility reported 0.

The auditor reviews SCDC Form 19-165 Disposition of PREA Report, Reporting to Inmates, this form documents the outcome of a PREA investigation and notification of the outcome to the named inmate victim. The report included the Victim Name, Allegation Type, Investigation Finding (Administratively or Criminally), Inmate and Staff Signatures.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.73 (c)

The provision requires that following an inmate’s allegation that a staff member has committed sexual abuse against the inmates, the agency subsequently informs the inmates (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the inmate’s unit. The staff are no longer employed at the facility. The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, the agency subsequently informs the inmate whenever: The staff member is no longer posted within the inmate’s unit, facility reported yes.

Conversations with the facility PREA compliance manager indicated that following an allegation by an inmate that a staff member committed sexual abuse, the inmate will be informed of the results, unless the allegation is determined to be unfounded. The facility documents notification using SCDC Form 19-165.

Inmate who Reported a Sexual Abuse – Q:20

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, were you informed if and when: The staff member was no longer posted within your unit? The staff member was no longer employed at the facility? Inmate indicated that he has not received any notification.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.73 (d)

The provision requires that following a inmates allegation that he or she has been sexually abused by another inmates, 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.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: The agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility, facility reported yes.

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment 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 Documents in the PCM's office.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.73 (e)

The provision requires that all such notifications or attempted notifications should be documented.

Review of Documents:

The Pre-Audit Questionnaire (PAQ): As reported in the PAQ, in the past 12 months, the number of notifications to inmates that were provided pursuant to this standard, facility reported 4.

Of the notifications made in the past 12 months, the number that was documented, facility reported 4.

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 inmates sign that he/she has received a copy of SCDC Form 19-165, "Disposition of PREA Report." The original is placed in the inmate's PREA case Documents in the PCM's office.

The auditor reviewed 9 notifications of Disposition of PREA Report.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.73 (f)

The provision requires that an agency's obligation to report under this standard terminates if the inmates are released from the agency's custody.

Note: Auditor is not required to audit this provision.

	Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy ADM-11.04 Employee Corrective Action • SCDC Policy HR-11.17 Employee Conduct • SCDC Policy OIG-23.01 Investigation • Pre-Audit Questionnaire (PAQ) **Reasoning and Analysis by Provision:** **115.76 (a)** The provision requires that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. **Review of Documents:** Pre-Audit Questionnaire (PAQ): According to the facility PAQ information, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies, facility reported yes. SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 7. Investigation Section 7.6: Consistent with SCDC Policy 11.34, Employee- Inmate Relations, the presumptive disciplinary sanction for staff who have engaged in sexual relations with an inmate are terminated. Additionally, the presumptive disciplinary sanction for volunteers, interns, and others is removal from SCDC and prosecution, if appropriate. During the documentation review of investigations files, there were two terminations relative to sexual abuse/sexual harassment. If allegations of

criminal conduct are substantiated, they will be referred to the appropriate solicitor for prosecution. Additionally, staff may face corrective action up to termination for violating agency sexual abuse or harassment policies.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.76 (b)

The provision requires that termination is the presumptive disciplinary sanction for having engaged in sexual abuse.

Review of Documents:

Pre-Audit Questionnaire (PAQ): In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies. The facility reported 2.

Pre-Audit Questionnaire (PAQ): According to the facility PAQ information, in the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies, facility reported 2.

See provision (a).

A review of the investigation cases indicated that the facility has terminated for violating agency sexual harassment policy.

The auditor reviewed information/letters of staff termination of employment regarding sexual abuse or 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. The agency/facility standard will be the presumptive disciplinary sanction for having engaged in sexual abuse is termination.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.76 (c)

The provision requires that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Review of Documents:

Pre-Audit Questionnaire (PAQ): 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), facility reported 0.

SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA) Date Issue: November 23, 2021,7- Investigations, Section 7.6 – Consistent with CDC Policy 11.34, "Employee-Inmate Relation", the presumptive disciplinary sanction for staff who have engaged in sexual relations with an inmate is termination. Additionally, the presumptive disciplinary sanction for volunteers, interns, and others is removal from SCDC and prosecution if appropriate.

The auditor reviewed investigation cases which include information that consider past acts of the employee disciplinary decisions for violating agency sexual abuse and sexual harassment policies or any agency policies.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.76 (d)

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

Review of Documents:

	Pre-Audit Questionnaire (PAQ): 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, facility reported 2. SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 7. Investigation 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. 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. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.77	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy ADM-11.39, Staff Sexual Misconduct with Inmates

- SCDC Policy PS-10.04 Volunteer Services Programs
- Volunteers Training Curriculum
- Volunteers Orientation Training Power Point
- Pre-Audit Questionnaire (PAQ)
- Warden

Reasoning and Analysis by Provision:

115.77 (a)

The provision requires that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity is clearly not criminal, and to relevant licensing bodies.

Review of Documents:

Pre-Audit Questionnaire (PAQ): 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 the law enforcement for engaging in sexual abuse of inmates, facility reported 0.

SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA) Date Issue: November 23, 2021, Section 7.6 – Consistent with CDC Policy 11.34, “Employee-Inmate Relation”, the presumptive disciplinary sanction for staff who have engaged in sexual relations with an inmate is termination. Additionally, the presumptive disciplinary sanction for volunteers, interns, and others is removal from SCDC and prosecution if appropriate.

The auditor reviewed the agency polices which indicated that if criminal, any contractor, or volunteer who engages in sexual abuse will be prohibited from contact with inmates and reported to law enforcement. This information is also located in the contractor’s and volunteer’s orientation training.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.77 (b)

The provision requires that the facility take appropriate remedial measures and consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Review of Documents:

	Pre-Audit Questionnaire (PAQ): Based on a review of information the facility provided in the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The facility reported yes. **Warden – Q:21** Warden: Warden indicated that any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will always prohibit further contact with inmates. 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. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.78	**Disciplinary sanctions for inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy OP-22.14 Inmate Disciplinary System • SCDC Policy OIG-23.01 Investigation • SCDC Policy BH-19.06 Mental Health Services – Disciplinary Detention for Inmates

Classified as Mentally Ill

- Pre-Audit Questionnaire (PAQ)
- Warden
- Medical and Mental Health Staff

Reasoning and Analysis by Provision:

115.78 (a)

The provision requires that inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmates engaged in inmates -on- inmates sexual abuse or following a criminal finding of guilt for inmates -on- inmates' sexual abuse.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Based on a review of information about the facility provided in the PAQ, in the past 12 months, the number of administrative findings of inmates-on-inmates sexual abuse that occurred at the facility, facility reported 2.

In the PAQ, in the past 12 months, the number of criminal findings guilty of inmates-on-inmates, facility reported 0.

Review the agency/facility disciplinary process in place for inmates who violate the rules of the facility which includes incidents of sexual abuse. Sanctions for inmates violating agency policy vary depending upon the level of the violation.

A review of the disciplinary process confirmed that policy requires once the inmate 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 inmate confined to terms she/he can understand. Inmates may not be subjected to any form of coercion designed to persuade them to waive their rights to 48-hour notice. If inmates 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 inmate 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 inmates, determine guilt or innocence; if guilty, decide on appropriate penalties, and notify the inmates of the same using SCDC Form 19-69. Should a inmate refuse to sign a waiver and/or attend the hearing, the hearing will be held in the inmate's absence and recorded.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

A review of the appropriate documents to include the facility PAQ, interviews and

informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard.

115.78 (b)

The provision requires that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses on other inmates with similar histories.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conversation: Those 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. The facility reported yes.

SCDC Policy: OP 22.14 Inmates Disciplinary System section 7.1 and 7.2 – Inmate will be served with notice of disciplinary charges at least forty-eight (48) hours prior to their hearings, Should the inmate refuse to sign SCDC Form 19-69, Inmate 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.

A review of the investigation files confirmed that Inmate Searched Detail Reports and Disciplinary Histories were reviewed. Of the 10 investigation files reviewed, 10 had Inmates Search Reports and Disciplinary Histories. Note: raw evidence is uploaded in standard 22(a) in each inmate individual investigation Documents.

Warden – Q: 22

Warden: Warden indicated that the agency has a disciplinary policy with sanctions of inmates subject to administrative or criminal findings that the inmate engaged in inmate-on-inmate related to sexual abuse. The sanctions are proportionate to the nature and circumstances of the abuse committed; the inmate disciplinary histories and the sanctions are imposed to similar offenses by other inmates. Mental disability or mental illness are considered when determining sanctions.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.78 (c)

The provision requires that the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when

determining what type of sanction, in any, should be imposed.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conversation: When determining what types of sanction, if any, should be imposed, the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior. The facility reported yes.

SCDC Policy: OP-22.14 section1.4 – If the inmate has a mental health issue noted on his/her MEDCLASS screen or is acting in such a manner that indicates a mental health concern, then a copy of SCDC Form 19-29A, "Incident Report." Must be forwarded to the mental health staff. This referral must be documented on SCDC Form 19-29A. In these instances, a memorandum from the mental health care professional must be included as an attachment to SCDC Form 19-29A, attesting to the inmate's mental status and accountability for his/her actions. Refer to SCDC GA BH-19.03, "Inmate Suicide Prevention and Crisis Intervention", as January 2024.

Warden – Q:22

Warden: Warden indicated that the agency has a disciplinary policy with sanctions of inmates subject to administrative or criminal findings that the inmate engaged in inmate-on-inmate related to sexual abuse. The sanctions are proportionate to the nature and circumstances of the abuse committed; the inmate disciplinary histories and the sanctions are imposed to similar offenses by other inmates. Mental disability or mental illness are considered when determining sanctions.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.78 (d)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse; facility reported yes.

	The facility offers therapy, counseling, or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending offender to participate in such interactions as a condition of access to programming or other benefits. Policy affirms that a inmate 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 inmates will receive a treatment plan. **Medical and Mental Health Staff – Q: 6, 7** Medical and Mental Health Staff: The Medical staff indicated that the facility offers counseling and outside intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. Medical considers whether to offer these services to the inmates when they are available. Inmates are not required to participate as a condition of access to programming or other facilities services. Additional services may be recommended through the local rape crisis center. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **115.78 (e)** The provision requires that the agency may discipline a inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. **Review of Documents:** Pre-Audit Questionnaire (PAQ): The agency disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility reported yes. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews)** Informal conversation with the facility PREA compliance manager indicated that the facility may discipline a inmate for sexual contact with staff only upon finding that the staff member did not consent to such contact and if the discipline inmate been proven that staff member did not consent to the conduct. **Corrective Actions: Not Required** **Provision Findings:**

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

115.78 (f)

The provision requires that for disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation did not establish sufficient evidence to substantiate the allegation, facility reported yes.

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 inmates conclusively found to have Documents an intentionally false report alleging sexual abuse will be subject to disciplinary action through the inmate's disciplinary system.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 7. Investigation 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.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.78 (g)

An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Based on a review of information about the facility provided in the PAQ, the agency prohibits all sexual activity between inmates, facility

	reported yes. SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 7. Investigation 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. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Conversation with the warden reported that SCDC prohibits sexual activity between inmates and may discipline inmates proven but does not consider such activity sexual abuse unless an investigation and preponderance of the evidence prove otherwise. **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.81	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy HS-18-12, Informed Consent • SCDC Policy HS-18-13, Health Screening and Exams • SCDC Policy BH-19-04, Mental Health Services – General Provisions • SCDC Policy BH-19-11, Mental Health Services-Reception & Evaluation: Mental

Health Screening, Evaluation, And Classification.

- Pre-Audit Questionnaire (PAQ)
- Site Review Notes
- Inmate Target List
- Required # of Inmate Interviewed
- Inmates who Disclose Sexual Victimization at Risk Screening
- Staff Responsible for Risk Screening
- Medical and Mental Health Staff

Reasoning and Analysis by Provision:

115.81 (a)

The provision requires that if the screening pursuant to standard 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmates are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Based on the PAQ information that the facility provided, in the past 12 months, the percentage of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner, facility reported 0.

SCDC Policy: GA-06. Applying the Prison Rape Elimination Act (PREA) – 8. Medical and Mental Health Care Section 8.1: Consistent with SCDC Policy GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment, SCDC Policy HS-18.13 Health Screening and Exams, SCDC Policy OP-21.04, Inmate Classification Plan, and SCDC Policy BS-19.04, Mental Health Services-General Provisions, inmate will be screened for prior sexual abuse, victimization and potential for abusiveness. Results from the screening will be used for physical and mental health evaluations, program inclusion, and housing assignments.

The agency facility provides that inmates 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 inmates are offered follow-up meetings in a timely manner. This information was also confirmed through interviews with target-inmates.

The auditor examined 6 notes from Prior Victimization Individual Counsel/Psych Prog. These notes included Date of Service, Time, Contact Type: Telemedicine, Subjective Information, Current Assessment, and Assessment /Diagnosis. Questions 10 and 11 on the PREA Risk Assessment record the inmate’s response regarding prior victimization. If the inmate responds "yes," a prior victim list is created and sent to the Agency PREA Office for further processing.

Inmates who Disclose Sexual Victimization at Risk Screening – Q: 1 / Staff

Responsible for Risk Screening – Q: 13

Staff Responsible for Risk Screenings: If a screening indicates that an inmate has experienced prior sexually victimization, whether in an institutional setting or in the community, do you offer a follow-up meeting with a medical and/or mental health practitioner? Staff reported that when an inmate 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 inmates may choose to refuse. If the inmate wants to have a follow-up with mental health or medical, the staff makes the referral. Typically, the screening questions are asked as a part of the initial screening tool within 72 hours.

Six inmates were interviewed by the auditor's assistant who disclosed prior sexual victimization during risk screening. They were asked, when you told someone here that you were sexually abused, did he or she ask if you wanted to meet with a medical or mental health care practitioner (a doctor)? Three reported yes, one reported he was never a victim of any type of abuse, one indicated he was not offered, and one reported no have seen him, he asks.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.81 (b)

The provision requires that if the screening pursuant to standard 115.41 indicates that an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Based on the PAQ, in the past 12 months the percentage of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner, facility reported 0.

Staff Responsible for Risk Screening – Q: 14

Staff Responsible for Risk Screenings: If a screening indicates that an inmate previously perpetrated sexual abuse, do you offer a follow-up meeting with a mental health practitioner? Yes. Results from the screening will be used for physical and

mental health evaluations, program inclusion and housing assignments.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.81 (c)

The provision requires that if the screening pursuant to standard 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner with 14 days of intake screening.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conversation: 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. The facility reported yes.

The agency provides that an inmate 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 inmates are offered follow-up meetings in a timely manner.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.81 (d)

The provision requires that any information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans

and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Based on the PAQ, information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners, facility reported yes.

Agency/facility provides that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. The facility has created the informed consent form to document this type of situation.

SCDC Policy: GA-06. Applying the Prison Rape Elimination Act (PREA) – 8. Medical and Mental Health Care Section 8.2: Medical and mental health practitioners will follow all directives regarding confidentiality as outlined in SCDC Policy HS-18.07, Inmate Health Information.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.81 (e)

The provision requires that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmates are under the age of 18.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Based on the PAQ, medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18, facility reported yes.

Medical and Mental Health Staff – Q: 8, 9

Medical and Mental Health Staff: Do you obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. No. These individuals are wards of the state and do not require a separate informed consent process. However, the standard does not require informed consent for youthful inmates under the age of 18.

	Medical and Mental Health Staff: Do you have a separate informed consent process for inmates under the age of 18? No. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • SCDC Policy HS-18-12, Informed Consent • Pre-Audit Questionnaire (PAQ) • Medical and Mental Health Staff • Inmates who Reported Sexual Abuse • Security Staff and Non-Security Staff First Responders **Reasoning and Analysis by Provision:** **115.82 (a)** The provision requires that inmates' 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.

Review of Documents:

Pre-Audit Questionnaire (PAQ): That 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 judgement, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - – 8.Medical and Mental Health Care Section 8.3: Pursuant to South Carolina State Law and SCDC 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 inmates.

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. Inmates are informed of medical services during intake and sign acknowledgement statements indicating key information reviewed in the education session which includes treatment services. The inmates have access to medical request forms.

Medical and Mental Health Staff – Q:10, 11, 12 / Inmates who Reported a Sexual Abuse – Q: 4

Medical and Mental Health Staff: Do inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services? Yes, in accordance with SCDC policy all inmates who are victims of sexual abuse will have unimpeded access to emergency medical treatment. This process happens within 24 hours of receiving the report.

Medical and Mental Health Staff: Are the nature and scope of these services determined according to your professional judgment? No. They are according to policy. The policy considers medical professional judgement.
Two inmates were interviewed by the auditor’s support staff who reported sexual abuse. One inmate stated he was not involved in a PREA incident he was just observed coming out of the bathroom. He also indicated that staff did send him too medical. The second inmate indicated that he had no physical contact between him and another inmate. He further indicated staff charged him after a complaint from another inmate. After being told to report to the holding cell. He reports being sent to medical then lockup pending investigation and speaking to PREA Compliance Manager. Both inmates did not answer the questions.

Four inmates were interviewed by the auditor’s support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After

interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, did you have the chance to see a medical or mental health doctor/nurse in a timely fashion after you reported the abuse? Inmate indicated that he was offer, but he refused.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.82 (b)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conversation: If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, security staff first responders take preliminary steps to protect the victim pursuant to 115.62. The facility reported yes.

Security Staff and Non-Security Staff First Responders – Q:1

Interviewed non-security staff reported describe the actions taken 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.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.82 (c)

The provision requires that inmates' 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.

Review of Documents:

Pre-Audit Questionnaire (PAQ): 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, were medically appropriate, facility reported yes.

Informal conversation with nurses 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 information with the inmates as well.

Medical and Mental Health Staff – Q: 13 / Inmates who Reported a Sexual Abuse – Q:6

Medical and Mental Health Staff: Are victims of sexual abuse offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis? Yes. When an inmate returns from outside services, like hospital.

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, were you provided information about, and access to, emergency contraception and/or sexually transmitted infection prophylaxis? No.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.82 (d)

The provision requires that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates

	with any investigation arising out of the incident. **Review of Documents:** Pre-Audit Questionnaire (PAQ): 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 to the incident, facility reported yes. SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - – 8.Medical and Mental Health Care Section 8.3: Pursuant to South Carolina State Law and SCDC 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 inmates. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.83	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023 • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated

November 23, 2021

- SCDC Policy HS 18.15 Level of Care
- SCDC Policy HS-18-02, Emergency Care
- SCDC Policy HS-18-12, Informed Consent
- List of SC Sane Program Locations website
- MOU Outside Services
- Pre-Audit Questionnaire (PAQ)
- Site Review Notes
- Medical and Mental Health Staff
- Inmate who Reported Sexual Abuse

Reasoning and Analysis by Provision:

115.83 (a)

The provision requires that the facility offers 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.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The facility offers 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, facility reported yes.

SCDC Policy 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 inmates who have been victimized by sexual abuse. Inmates 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.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.83 (b)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conversation: 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 release from custody. The facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 8. Medical and Mental Health Care 8.4 Consistent with SCDC Policy HS-18.09, Institutional Health Care Authority Responsibilities, and SCDC Policy HS-19.05 Mental Health Services Treatment Plans and Treatment Team Meetings, inmates will receive a continuum of care as appropriate for victims of sexual offenses as outlined in SCDC Policy GA-06.11, Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment.

A review of the MOU with the Pathways to Healing indicated it is responsible for:

- Responding to calls from inmates received on Pathways to Healing 24-hour crisis hotline;
- Providing inmates with confidential emotional support services related to sexual abuse during their residency at an institution and during their transition from the corrections facility into the community;
- Providing follow-up services to victims of sexual assault as resources allow, including in-person visits;
- Maintaining confidentiality of communications with inmates;
- Working with designated staff to obtain security clearance as needed and follow all facility guidelines for safety and security;
- Communicating any questions or concerns to PREA Coordinator that are not in violation of confidentiality.

The auditor also reviewed several key documents available on the SCDC website that pertain to victim assistance and support for individuals affected by sexual abuse. These resources include information about the South Carolina Victim Assistance Network (SCVAN), which coordinates services and advocacy for victims across the state.

Additionally, the auditor examined the List of SC SANE (Sexual Assault Nurse Examiner) Program Locations, which provides details on facilities equipped to offer medical examinations and support to sexual assault survivors.

Further, the review encompassed the Victim Services section, which outlines the support mechanisms and resources available to victims within the correctional system. The auditor also considered the SCDCVASA Member Organization and Services to Incarcerated Victims, a list that highlights organizations collaborating with SCDC to deliver services directly to incarcerated individuals impacted by sexual

abuse. Finally, the Statewide Partnerships with Sexual Assault Centers document was reviewed, demonstrating SCDC's efforts to maintain cooperative relationships with advocacy centers across South Carolina to enhance the provision of support services for victims.

The MOU Modification Procedures: Either party may propose to amend or modify this agreement at any time. All proposed amendments or modifications will be in writing and will become effective only upon the written agreement of both parties.

The auditor also reviewed the following documents that is listed on the SCDC website: SC Victim Assistance Network (SCVAN); List of SC Sane Program Locations; Victim Services; SCDCVASA Member Organization and Services to Incarcerated Victims; Statewide Partnerships with Sexual Assault Centers.

The Target list requested by the auditor indicated 17 Sexual Abuse and Sexual Harassment Reports within the past 12 months.

Medical and Mental Health Staff – Q: 14 / Inmates who Reported a Sexual Abuse – Q: 5

Medical and Mental Health Staff: What does evaluation and treatment of inmates who have been victimized entail?
Medical staff confirmed that evaluation and treatment of inmates who have been victimized entail basic first aid, lab work/STDs, follow-ups, treatment plan, noninvasive assessment (medical), referral to trauma counseling if needed.

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, "Did the medical or mental health doctor/ nurse discuss with you follow up services, treatment plans, or any, if necessary, referrals for continued care? Inmate indicated he refused treatment.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Informal conversation with medical staff during facility tours 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 inmates, additional testing, and medical services. Provide information to inmates regarding community support and instruction on medication taken with the inmates for release from custody.

Corrective Actions: Not Required

Provision Findings:

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

confirmed that the facility is complying with the provision of this standard.

115.83 (c)

The provision requires that the facility provides such victims with medical and mental health services consistent with the community level of care.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The facility provides victims with medical and mental health services consistent with the community level of care. The facility reported yes.

The agency/facility is committed to providing medically necessary care to inmates 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 conditions.

Medical and Mental Health Staff – Q: 15

Medical and Mental Health Staff: Are the medical and mental health services offered consistent with community level of care? Medical staff indicated that the medical and mental health services at the facility are consistent with or exceed community standards, as the inmate have access to these services ongoing.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.83 (d)

The provision requires that inmates' victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. The facility reported N/A – Male only facility.

Inmates who Reported a Sexual Abuse – Q: 20

Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual

abuse. The inmate was not asked because this is a male only facility.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.83 (e)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. The facility reported N/A – Male only facility.

Medical and Mental Health Staff – Q: 16, 17 / Inmates who Reported a Sexual Abuse – Q: 21

Medical and Mental Health Staff: If pregnancy results from sexual abuse while incarcerated, are victims given timely information and access to all lawful pregnancy-related services? The facility is male only.

Four inmates were interviewed by the auditor’s support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was not asked the question because, this is an all-male facility,

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.83 (f)

	The provision requires that inmates' victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. **Review of Documents:** Pre-Audit Questionnaire (PAQ): The inmate victims of sexual abuse, while incarcerated, are offered tests for sexually transmitted infections as medically appropriate. The facility reported yes. **Inmates who Reported a Sexual Abuse – Q:7** Medical staff informal conservation ensures that victims of sexual abuse will be provided with testing for sexually transmitted infections as medically appropriate. Testing would be done at the local hospital, and follow-up services could be done at the facility. Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, were you offered tests for sexually transmitted infections? No. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and inmates, together with a review of applicable policies, and observation, confirms that the facility is in compliance with the requirements of this provision. **115.83 (g)** The provision requires that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. **Review of Documents:** Pre-Audit Questionnaire (PAQ): The 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, facility reported yes. **Inmates who Reported a Sexual Abuse – Q: 8** Interviewed medical staff reported that the treatment services provided are without financial cost to the inmates.

	Four inmates were interviewed by the auditor's support staff who reported sexual abuse. One inmate stated he made the report but was off his meds and made the reporting in error. One reported he has never been a victim of sexual abuse. After interviewing, the inmates reported sexual harassment, and one did report sexual abuse. The inmate was asked, "Did you have to pay for any treatment related to this incident of sexual abuse?" No. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **115.83 (h)** The provision requires that all prisons attempt to conduct a mental health evaluation of all known inmates on- inmates abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. **Review of Documents:** The Pre-Audit Questionnaire (PAQ): If the facility is attempting 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, facility reported yes. **Medical and Mental Health Staff – Q: 18** Medical and Mental Health Staff: Do you conduct a mental health evaluation of all known inmate-on-inmate abusers and offer treatment if appropriate? Yes. Mental health staff conducts the evaluation within the timeframe of learning of the abuse or if deemed appropriate. O**bservation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility

	documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • 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. • 2025 Annual PREA Report • PREA Incident Review Forms (Standard 22 Case File) • PREA Report Finding (Standard 22) • SSV Summary 2023 Report • Agency Attorney • Pre-Audit Questionnaire (PAQ) • Site Review Notes • Warden • PREA Compliance Manager • Incident Review Team **Reasoning and Analysis by Provision:** **115.86 (a)** 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. **Review of Documents:** Pre-Audit Questionnaire (PAQ): Based on a review of information the facility provided in the PAQ, the past 12 months, the number of criminal and / or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents, facility reported 2. SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 9. Data Collection and Review Section 9.2: All SCDC institutional Sexual Abuse Response Teams (SART) will conduct a sexual abuse incident review within thirty (30) days of receiving a substantiated or unsubstantiated investigative report of an allegation of

sexual abuse or sexual harassment to determine if changes are necessary an determine the possible cause of the incident. The incident review, and its findings, will be documented on SCDC From 19-183, PREA Incident Review, and filed with the institution’s PREA Compliance Manager and the Agency’s PREA Coordinator. All recommended changes to policy, procedures and/or practices will be documented on the SCDC Form 19-183, PREA Incident Review, and submitted to the policy authority for implementation, unless otherwise directed, which will also be documented on SCDC Form 19-183.

A review of investigation cases has confirmed that the facility utilizes a systematic approach for conducting PREA Incident Review Team meetings. Each meeting is thoroughly documented using the SCDC Form 19-183. This form captures essential details including the PREA Case Log Number, Investigative Case Number, Date of Incident, Date Report Received, Date Investigation Concluded, Date of Incident Review, Type of Investigation, and Investigation Outcome.

Section C of the report, titled "Review Information," outlines six key areas that the review team addresses, each corresponding to the requirements of this provision. The attendees and reviewers present during the Incident Review Meeting are clearly listed. Additionally, the agency attorney participates in these meetings via telephone. Should the attorney provide legal advice during the session, the facility indicates this by checking an appropriate box on the documentation form.

Of the 10 investigation cases reviewed, 1 had a PREA Incident Review Meeting form. Note: raw evidence is uploaded in standard 22 (a) in each inmate individual investigation Documents.

The auditor received a memo dated August 26, 2025, regarding incident reviews and legal representation at SCDC’s Sexual Abuse Incident Reviews. The attorney serving in this role left in May 2025 for another state office. Until a new attorney is hired, the Deputy Director of Legal & Compliance has taken over these responsibilities, which will be transferred once a replacement is found.

Agency Attorney

On July 22, 2026, the Agency Attorney confirmed that she is a part of the sexual abuse Incident Review Team at each of the SCDC facilities and she participates in/ through conference calls.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.86 (b)

The provision requires that such a review ordinarily occurs within 30 days of the conclusion of the investigation.

Review of Documents:

Pre-Audit Questionnaire (PAQ): 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, facility reported 1.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 9. Data Collection and Review Section 9.2: All SCDC institutional Sexual Abuse Response Teams (SART) will conduct a sexual abuse incident review within thirty (30) days of receiving a substantiated or unsubstantiated investigative report of an allegation of sexual abuse or sexual harassment to determine if changes are necessary an determine the possible cause of the incident.

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment - 3. Response: 3.5. Incident Review and Corrective Action: Following an investigation into an allegation of sexual abuse, the institution’s PCM will ensure an incident review is conducted within thirty (30) calenda days following the PCM receiving OIG’s written investigative report, or upon the PCM’s completion of an administrative investigation and completing SCDC Form 19-188, “PCM Report of Findings.”

The auditor reviewed 1 PREA Incident Review Team SCDC Form 19-188; they were conducted within 30 days’ time frame and cover all the required components.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.86 (c)

The provision requires that the review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The review team includes level management officials,

with input from line supervisors, investigators, and medical or mental health practitioners, facility reported yes.

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment: 3. Response section: 3.5.2 Incident Review will be conducted in coordination with the Acting Agency's PREA Coordinator's and General Counsel's Office.

The auditor reviewed 1 PREA Incident Review Team SCDC Form 19-188; they were conducted within 30 days' time frame and cover all the required components. The form includes Warden, Facility PREA Compliance Manager, Security – Major, Medical – Head Nurse, and agency Attorney.

The auditor verified that, at the conclusion of the incident review process, the warden or their designated representative provides a signature to formally acknowledge receipt and review of the incident documentation. This signature is accompanied by the date, confirming that the incident was reviewed in accordance with established procedures.

Warden – Q: 23 / Agency Attorney

Warden: Warden indicated that the facility has a sexual abuse incident review team. The upper-level management officials and input from the supervisors, investigators, medical and mental health staff, PREA compliance manager and the agency attorney. This information is from the team meeting and is used for identifying any policy, training, or other related issues that indicate a need for changes.

The interview with the Agency Attorney confirmed that the facility Review Team includes upper management officials from the facility, with input from line supervisors, investigators, medical and mental health staff. She also indicated that sometimes there are more staff members on the call.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.86 (d)

The provision requires that the review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. Consider whether the incident or allegation was motivated by race; ethnicity; status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. Examine the

area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) of this section, and any recommendations for improvement and submit such a report to the facility head and PREA compliance manager.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs of this section and any recommendations for improvement and submits such report to the facility heard and PREA Compliance Manager, facility reported yes.

See provision (a).

The auditor reviewed 1 PREA Incident Review Team SCDC Form 19-188. In section C of the report “Review Information”, all six (6) of the requirements were addressed. There was a check box for no or yes. If yes, explain below. The auditor confirmed at the end of the report that the warden/designee's signature indicates receipt and review of the incident, along with the date.

Warden – Q: 24, 25 / PREA Compliance Manager – Q: 19, 20, 21 / Incident Review Team – Q: 1, 2, 3, 4.

Warden: Warden indicated that the facility has a sexual abuse incident review team. The upper-level management officials and input from the supervisors, investigators, medical and mental health staff, PREA compliance manager and the agency attorney. This information is from the team meeting and is used for identifying any policy, training, or other related issues that indicate a need for changes.

Warden: Warden indicated that the review team consider whether the incident or allegation was motivated by race, ethnicity, 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.

PREA Compliance Manager: If the agency reviews 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, and training, what role does the facility play in this review? PREA Compliance Manager indicated that information from the review team is used to see whether facility staff needs additional PREA training, and to review facility processes and systems.

PREA Compliance Manager: The PREA compliance manager indicated 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.

PREA Compliance Manager: What actions, if any, do you take after the report has been submitted? After the final report has been submitted and approval the PREA compliance Manager follows up on and trends and monitors any implementations.

Agency Attorney confirmed that the Incident Review Team considers whether the allegation or investigation indicates a need to change policies and procedures, or facility practices to better prevent, detect, or respond to sexual abuse. They consider race, ethnicity, as well as gang activity, and any illegal activities.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.86 (e)

The provision requires that the facility implement recommendations for improvement or document its reasons for not doing so.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The facility implements recommendations for improvement or documenting its reasons for not doing so, facility reported yes.

SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/Sexual Harassment - 3. Response section: 3.5.3 Incident Reviews will be documented on SCDC Form 19-183, “PREA Incident Reviews”. Completed forms will be filled as directed by the Acting Agency’s PREA Coordinator’s office.

The facility implements recommendations for improvement or documents its reasons for not doing so. The upper-management team is familiar with this practice. The facility has a form they use to document incident reviews; it allows for documentation of the considerations of the standard. The form and meeting provide recommendations for improvement by the team members. This information is compiled and published in the SCDC Annual PREA Report.

The auditor reviewed the SCDC Annual Report, in calendar year 2025 indicated that the agency ensures SCDC continues its path to full compliance with the Federal PREA Standards, the Office of Legal and Compliance and PREA Coordinator’s Office, in coordination with institutional PREA Compliance Managers, have implemented several corrective actions to address issues for 2025. The review included corrective actions to improve the effectiveness of:

- Video Monitoring/Mirrors - SCDC continues to purchase additional cameras and mirrors to improve sexual safety in institutions with grant funds.

- Documentation - SCDC continually reviews and adjusts our documentation and procedures to better capture information and data to streamline our investigational processes.

- Physical Plant - Due to the age of the buildings, several institutions require repairs and upgrades.

- Screening for the Risk of Sexual Victimization and Abusiveness - SCDC continues to improve its initial and 30-day reassessment processes for PREA Risk Screening.

- Specialized Training: SCDC is creating specialized training for investigators, medical, and mental health staff with emphasis on SCCDC policies, forms and practices.

- Training - SCDC continues to provide relevant updated SCDC annual PREA training to all staff.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

Overall Findings:

This standard is rated excellent. The facility has gone above and beyond this standard, in addition to meeting the requirements of the sexual abuse incident review team. The agency policy requires all substantiated and unsubstantiated disposition of allegations will have an incident review conducted by the Institutional PREA Compliance Manager, the institution’s leadership team, and a legal representative from SCDC’s General Counsel.

The agency ensures the mandatory inclusion of the Agency legal staff to be present at each of the incident reviews, SCDC intends to ensure that every case is reviewed for both practicality and legal aspects that are in the best interest of the inmates 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. And a disposition is given to the inmate in writing with inmate signature. The auditor uses triangulation by linking PREA documentation, online Pre-Audit Questionnaire, policies, on-site observations, facility reviews, facility practices, the above provisions and interviews to confirm findings. The analysis indicates that the facility complies with the standard requirements.

115.87	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • 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. • 2025 Annual PREA Report • SSV Summary 2023 Report • Pre-Audit Questionnaire (PAQ) **Reasoning and Analysis by Provision:** **115.87 (a)** The provision requires that the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. **Review of Documents:** Pre-Audit Questionnaire (PAQ): The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, facility reported yes. 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.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.87 (b)

The provision requires that the agency aggregate the incident-based sexual abuse data at least annually.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency aggregates the incident-based sexual abuse data at least annually, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) section 10.1 SCDC will report to the US Department of Justice, US Bureau of Justice Statistics, SLED, and any other federal and/or state authority that requires sexual offense data and information annually, all acts of sexual abuse, sexual harassments, and staff sexual misconduct with inmates, for all its institutions and contracted institutions.

The 2025 Annual Report dated August 4, 2026, included but is not limited to: Report Summary; 2025 Aggregation of Data; 2025 Aggregated Allegations of Sexual Abuse/ Sexual Harassment with Female Victim vs. Male Victim; Comparison; Comparison Data 2023 – 2025; Data by Institution; Analysis; Type of Cases and Percentage of Total Volume; Allegation Breakdown; Corrective Actions; Notable successes; and Schedule of Audits.

The agency or facility aggregates incident-based sexual abuse data at least once a year as part of its Prison Rape Elimination Act (PREA) annual report. This process ensures a comprehensive review and documentation of all relevant data, meeting both internal needs and external reporting requirements.

Through this annual aggregation, the agency systematically compiles information related to sexual abuse incidents, which is then included in the annual PREA report. This report serves as an official record and is used for regulatory compliance,

transparency, and ongoing improvement of safety measures within the facility.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.87 (c)

The provision requires that the incident-based data collected include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The incident-based data includes, 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, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) section 10.1 SCDC will report to the US Department of Justice, US Bureau of Justice Statistics, SLED, and any other federal and/or state authority that requires sexual offense data and information annually, all acts of sexual abuse, sexual harassments, and staff sexual misconduct with inmates, for all its institutions and contracted institutions.

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 auditor reviewed the Survey of Sexual Victimization, State Prison Systems Summary Form, it included the following:

- Section 1: Inmate-on-Inmate Sexual Victimization
- Section 2: Staff-on-Inmate Sexual Abuse
- Section 3: Private and Local Allegations
- Section 4: Total Substantiated Incidents of Sexual Victimization
- Section 5: SSV Substantiated Incidents Form (Adult)

The SCDC website listed a links for SSV reports from 2006 through 2023 submitted to BJS. The agency PREA coordinator provided the auditor with the latest copy of the SSV Report.

A review of the Survey of Sexual Victimization, 2023 State Prison Systems Summary Form confirmed that the agency is collecting the required data needed by the

Department of Justice.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.87 (d)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigations files, and sexual abuse incident reviews, facility reported yes.

Based on the review of the SSV reports, the agency consistently maintains, reviews, and collects the necessary data required by relevant standards. This process includes gathering information from incident-based documents such as reports, investigation files, and sexual abuse incident reviews. Through these efforts, the agency ensures that all required data is accurately documented and available for oversight and compliance purposes.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.87 (e)

The provision requires that the agency obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency also obtains incident-based and aggregated data from every private facility with which it contracts for the

confinement of its inmates. The facility reported yes.

The agency does contract with one private facility to house inmates.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.87 (f)

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.

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conservation: The agency upon request provides all such data from the previous calendar year to the Department of Justice no later than June 30. The facility reported yes.

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 2023 submitted to BJS.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • 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 • 2025 Annual PREA Report • SSV Summary 2023 Report • Pre-Audit Questionnaire (PAQ) • Agency Acting PREA Coordinator • Deputy Director of Legal and Compliance/Agency Head Designee • PREA Compliance Manager **Reasoning and Analysis by Provision:** **115.88 (a)** The provision requires that the agency review data collected and aggregated pursuant to standard 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: Identifying problem areas. Taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency. **Review of Documents:** Pre-Audit Questionnaire (PAQ): The agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: Identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from it data review and any corrective action for each facility, as well as the agency as a whole, facility reported yes. SCDC Policy GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 10. Data Tracking and Reporting, Section 10.2: Consistent with National PREA standards, SCDC will collect data that will assist SCDC in reducing the risk of sexual abuse and/or sexual activity within SCDC institutions. SCDC will compile the information that relates to the prevalence of sexual abuse and/or sexual activity within the institutions, including circumstances that contribute to this kind of behavior, to provide insight into potential strategies for its reduction or elimination. The auditor reviewed the SCDC Annual Report, in calendar year 2025 indicated that the agency ensures SCDC continues its path to full compliance with the Federal PREA Standards, the Office of Legal and Compliance and PREA Coordinator’s Office, in

coordination with institutional PREA Compliance Managers, have implemented several corrective actions to address issues for 2025. The review included corrective actions to improve the effectiveness of:

- Video Monitoring/Mirrors - SCDC continues to purchase additional cameras and mirrors to improve sexual safety in institutions with grant funds.

- Documentation - SCDC continually reviews and adjusts our documentation and procedures to better capture information and data to streamline our investigational processes.

- Physical Plant - Due to the age of the buildings, several institutions require repairs and upgrades.

- Screening for the Risk of Sexual Victimization and Abusiveness - SCDC continues to improve its initial and 30-day reassessment processes for PREA Risk Screening.

- Specialized Training: SCDC is creating specialized training for investigators, medical, and mental health staff with emphasis on SCCDC policies, forms and practices.

- Training - SCDC continues to provide relevant updated SCDC annual PREA training to all staff.

This annual report is posted on the SCDC website for public viewing.

Agency Head – Q: 9 / PREA Coordinator – Q: 6, 7 / PREA Compliance Manager – Q: 18

Deputy Director of Legal and Compliance/Agency Head Designee: How do you use incident--- based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training?

The agency reviewed incident-based information relating to sexual abuse to analyze locations of abuse, the frequency with which offenders may be identified as a perpetrator or victim, patterns within certain institutions, and the times and days of abuse. The information is used to determine locations for electronic surveillance equipment, facility renovation needs, staffing allocations within institutions, institutional training, and the need to take protective measures for specific inmates.

Agency Acting PREA Coordinator: Does the agency review data collected an aggregated to 115,87 in order to asses and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training? Agency Acting PREA Coordinator reported that her 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. She also indicated that the agency would take corrective action on an ongoing basis on the data if needs arose.

Agency Acting PREA Coordinator: Does the agency prepare an annual report for findings from its data review and any corrective actions for each facility, as well as the agency as a whole? Agency Acting PREA Coordinator reported that the agency takes corrective action on an ongoing basis. The PREA Office also prepares an PREA 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.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.88 (b)

The provision requires that such a report includes a comparison of the current year's data and corrective actions with those from prior years and should provide an assessment of the agency's progress in addressing sexual abuse.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The annual report includes a comparison of the current year's data and corrective actions with those from prior years, facility reported yes.

A reviewed of the Comparison Data 2022 – 2024 compared with the 2023 and 2024 data, as presented in the spreadsheet, there was a decrease in allegations of 9% (35), and from 2024 to 2025, a decrease of 8% (27). Allegations of Inmate-on-Inmate Abuse and Staff Sexual Misconduct have decreased slightly.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

A review of the appropriate documents to include the facility PAQ, interviews and

informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard.

115.88 (c)

The provision requires that the agency's report be approved by the agency heard and made readily available to the public through its website or, if it does not have one, through other means.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency's annual report is 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, facility reported yes.

The Annual PREA Report dated August 4, 2026, was approved by the Agency Heard and the Chief Legal & Compliance Officer posted on the agency website. Note: Signatures on report.

Agency Head – Q: 10

Deputy Director of Legal and Compliance/Agency Head Designee: Do you approve annual reports written pursuant to 115.88? 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.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.88 (d)

The provision requires that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Review of Documents:

Pre-Audit Questionnaire (PAQ): When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The facility reported yes.

	The auditor reviewed the PREA Annual Report for the year 2025, which was dated August 4, 2026. During this review, it was confirmed that all personal information pertaining to both staff and inmates had been appropriately redacted from the report. This action ensures the protection of individual privacy and complies with agency requirements regarding the publication of sensitive information. **PREA Coordinator – Q: 8** Agency Acting PREA Coordinator: What types of material are typically redacted from the annual report? Does the agency indicate the nature of redacted material? Yes, personal identifying information (PII) is redacted. The annual report does not include personal identifying information like facility staff names, inmates' names or ID numbers, etc. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.89	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023 • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021 • SCDC Policy HS 18.07 Inmate Health Records • Email: Retention Policy are not put in policies anymore • Pre-Audit Questionnaire (PAQ)

- PREA Annual Report
- Agency PREA Coordinator

Reasoning and Analysis by Provision:

115.89 (a)

The provision requires that the agency ensures that data collected pursuant to standard 115.87 is securely retained.

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency ensures that incident-based and aggregated data is securely retained. The facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 10. Data Tracking and Reporting Section 10.3: SCDC will maintain data collected in accordance the National PREA standards and with SCDC Policy OP-21.10, Agency Records Management." SCDC's PREA Coordinator will ensure that data collected pursuant to the PREA standards is securely retained for at least ten (10) years after the date of the initial collection.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 10. Data tracking and Reporting Section 10.4: Agency, through the PREA Coordinator, will retain all investigative written reports regarding sexual abuse/sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

The auditor reviewed the agency's data collection of accurate and uniform data to ensure that it has securely been retained. The data included but not limited to:

- Medical Records are scanned into an electronic storage safeguard with password protection.
- PREA Risk Screening Information is in an electronic storage safeguard with password protection.
- Sexual Abuse Allegations and PREA Investigation Cases are stored in the PREA Compliance Manager office under double lock key, the office lock and the file cabinet locked.
- Inmate Institutional files are stored in a lock room under double lock key, the office locked, and the file cabinet locked.

PREA Coordinator – Q: 6

Interviewed agency Acting PREA Coordinator reported her 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 or locked in facility cabinets.

Observation & Test of Critical Functions (Videos, Informal Conversations,

Site Reviews):

During the site review/tour the auditor observed the physical storage areas of Sexual Abuse Allegations and PREA Investigation Cases and inmate institutional files which wase secured.

During the site review and tour, the auditor engaged in informal discussions with members of the medical staff to gain insight into the security measures in place for retaining electronic medical records and PREA Risk Screening files. The medical staff confirmed that all electronic files are safeguarded with password protection. Furthermore, staff are strictly prohibited from sharing their passwords with anyone, ensuring that access to these sensitive electronic records remains secure and confidential.

Corrective Actions: Not Required

Provision Findings:

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

115.89 (b)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ): The agency requires that 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 or, if it does not have one, through other means, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 10. Data tracking and Reporting Section 10.5: SCDC will publish a yearly report, approved by the Agency Director, all aggregated sexual abuse data in accordance with the National PREA Standards. This annual report will include all findings and corrective actions for each institution as well as the Agency as a whole. Additionally, the annual report will include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse. This report will be made public through the agency’s public website.

As part of the compliance assessment, the auditor examined the agency’s official websites to verify that aggregated sexual abuse data is made accessible to the public. This review specifically focused on the availability and transparency of the PREA Annual Report, which contains comprehensive data related to sexual abuse

within the agency’s facilities. The auditor confirmed that the required information is published on the agency’s website, ensuring public access in alignment with agency policy and PREA standards.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.89 (c)

The provision requires that before making aggregated sexual abuse publicly available, the agency shall remove all personal identifiers.

Review of Documents:

Pre-Audit Questionnaire (PAQ): Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers, facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) - 10. Data tracking and Reporting Section 10.5: SCDC will publish a yearly report, approved by the Agency Director, all aggregated sexual abuse data in accordance with the National PREA Standards. This annual report will include all findings and corrective actions for each institution as well as the Agency as a whole. Additionally, the annual report will include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse. This report will be made public through the agency’s public website.

During the assessment, an informal conversation was conducted with the agency’s PREA Coordinator. The coordinator confirmed that, in accordance with agency policy and PREA standards, all personal identifiers are removed from aggregated sexual abuse data prior to making it publicly available. This practice ensures the privacy of individuals is protected and aligns with the requirements set forth in PREA Standard 115.89(c).

A review of the PREA Annual Report confirmed that all personal identifiers were removed.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.89 (d)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ) and Informal Conversation: The agency maintains 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. The facility reported yes.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 10. Data Tracking and Reporting Section 10.3: SCDC will maintain data collected in accordance the National PREA standards and with SCDC Policy OP-21.10, Agency Records Management." SCDC's PREA Coordinator will ensure that data collected pursuant to the PREA standards is securely retained for at least ten (10) years after the date of the initial collection.

SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – 10. Data tracking and Reporting Section 10.4: Agency, through the PREA Coordinator, will retain all investigative written reports regarding sexual abuse/sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

Informational discussions with staff indicated that the record retention standard is determined in state statutes and would require the legislature to make a change to the state law. This is an area that SCDC and OIG do not have control over. This provision will be rated compliance with the understanding that the PREA Coordinator explores options and recommendations to the SC legislators to change state law.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation,

	site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • Facility Past Final Audit Report (On Website) • Agency PREA Website • 2025 Agency Annual PREA Report • Agency PREA Coordinator **Reasoning and Analysis by Provision:** **115.401 (a)** 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. **Review of Documents:** The auditor confirmed that during the three-year period and each three-year period thereafter, the agency ensures that each facility operated by the agency, or a private organization on behalf of the agency is audited. A review of the agency website PREA section listed all final PREA audits to include private facility. SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. Audits, Section 11.1 SCDC will conduct audits of all confinement institutions pursuant to the National PREA Prison and Jail Standards for compliance with the Standards. The agency's PREA Annual Report includes a comprehensive audit schedule that outlines the three-year cycle required for facility audits. This schedule demonstrates the agency’s adherence to the mandated timeline, ensuring that every facility operated by the agency, or by a private organization on its behalf, is audited at least once within each three-year period. The audit schedule serves as documentation of the agency’s commitment to compliance and transparency

regarding the Prison Rape Elimination Act (PREA) standards.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

The auditor had an informal conversation with the Agency PREA Coordinator regarding the agency three-year cycle. It was confirmed that the agency has a schedule which was shared with the auditor.

Corrective Actions: Not Required

Provision Findings:

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

115.401 (b)

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

Review of Documents:

The auditor confirmed during each one-year period the agency ensured that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency is audited. The auditor reviews the agency website, and the Final Audit Reports are listed by audit cycles.

SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. Audits, Section 11.1 SCDC will conduct audits of all confinement institutions pursuant to the National PREA Prison and Jail Standards for compliance with the Standards.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.401 (h)

The provision requires that the auditor has access to, and shall observe, all areas of the audited facilities.

Review of Documents:

	SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. Audits, Section 11.2, All SCDC institutions and staff mandated to cooperate and follow the requirements of the audit and auditor. Problems arising from audits or auditors will be communicated with the Agency PREA Coordinator for a resolution. After the entrance conference, the auditor initiated a comprehensive site review of the facility. During this review, accommodation was made to ensure privacy for confidential discussions; specifically, staff members were asked to step away whenever the auditor conducted private conversations with inmates or other staff. This request was consistently respected, allowing for an unobstructed and candid exchange during the site review. During the site review, the auditor examined PREA-related documentation and materials displayed on bulletin boards and walls. The auditor also assessed camera surveillance, physical supervision, and electronic monitoring systems. Additional areas of focus included levels of staff supervision and measures in place to restrict cross-gender viewing. The tour encompassed housing units, the medical area, visitation, intake area, gatehouse, administrative offices, mail room, as well as the kitchen, dining, storage, and workspaces. Throughout the site review, the facility provided the auditor with unrestricted access. The auditor conducted a comprehensive site review of the facility, examining a wide range of areas to ensure an in-depth assessment. The following areas were included during the walkthrough: Housing; Intake/Classification; Record Storage; Administrative Areas; Front Entrance; Main Control; Kitchen/Cafeteria; and Intake Holding. Throughout the site review, the auditor completed his personal PREA Audit Site Review Checklist and took notes. This process involved direct observation, testing of critical facility functions, and engaging in informal conversations with both staff and residents. Key observations and actions included: • Assessment of PREA-related signage, including PREA Audit Notices, PREA Posters, Flyers, Pamphlets, and similar materials. • Verification that signage was available in both English and Spanish. • Examination of the height and physical placement of signage to ensure visibility and accessibility. • Identification of any signage that was obscured, unreadable due to graffiti, or otherwise damaged. • Testing of internal and external reporting mechanisms, such as phones. • Observation of housing, the number of toilets and showers, placement of cameras and mirrors, identification of blind spots, staff announcements regarding the presence of the opposite gender, frequency of checks, and verification of whether any youth were present. • Informal conversations with staff regarding facility perceptions of safety and reporting sexual abuse.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.401 (i)

The provision requires that the auditor be permitted to request and receive copies of any relevant documents (including electronically stored information).

Review of Documents:

The Pre-Audit Questionnaire (PAQ): The auditor permitted us to request and receive copies of any relevant documents including electronically stored information.

SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. Audits, Section 11.2, All SCDC institutions and staff mandated to cooperate and follow the requirements of the audit and auditor. Problems arising from audits or auditors will be communicated with the Agency PREA Coordinator for a resolution.

During the course of the audit, the Acting PREA Coordinator and facility staff ensured that the auditor was granted access to all pertinent documents. This included not only paper records but also electronically stored information, which was provided through the agency's system. The cooperation of the facility and the PREA Coordinator facilitated a comprehensive review, allowing the auditor to thoroughly examine all materials relevant to the audit process.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.401 (m)

The provision requires that the auditor be permitted to conduct private interviews with inmates.

Review of Documents:

During the onsite visit, the auditor was provided with suitable spaces to conduct private interviews with both inmates and staff members. These arrangements ensured confidentiality and allowed for an effective interview process. Interviews with inmates, as well as with certain staff members, were conducted by non-certified support staff. This approach facilitated the collection of relevant information while maintaining the necessary privacy for all participants involved.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

115.401 (n)

The provision requires that inmates be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Review of Documents:

Prior to the on-site portion of the audit, the facility was instructed to display the required PREA Audit Notice informing staff, inmates, and visitors of the upcoming audit and the opportunity for confidential communications. The facility complied by posting the audit notices in both English and Spanish to ensure accessibility for all individuals. The auditor was provided with confirmation through email and photographic evidence demonstrating the posted notices. In addition, during the on-site visit, the auditor personally observed that the notices were properly displayed throughout the facility.

There was one confidential communication from inmates and none from staff. Staff interviews indicated that inmates are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel. The inmate that sends the confidential communication was added to the random inmate interview list. Note: The inmate who submitted the confidential communication name has added to the random inmate interviews.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Actions: Not Required

Provision Findings:

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

	confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • SCDC Policy GA-06.11 Prevention, Detection, and Response to Sexual Abuse/ Sexual Harassment: Dated June 29, 2023. • SCDC Policy GA-06.11B Applying the Prison Rape Elimination Act (PREA): Dated November 23, 2021. • Facility Past Final Audit Report (On Website) • Audit Posted Notice • Agency PREA Website • Agency PREA Coordinator • PREA Compliance Manager **Reasoning and Analysis by Provision:** **115.403 (f)** The provision requires that the agency ensures that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public. **Review of Documents:** SCDC Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA) – section 11.3 Final reports of completed audits will be available to the public on the Agency’s public website. During the audit process, the auditor conducted a review of the agency’s official website to verify compliance with PREA reporting requirements. This examination confirmed that the agency consistently publishes its final PREA audit reports on the website. The available reports cover a range of years, specifically from 2018 through 2026, demonstrating ongoing transparency and public access to audit outcomes.

	Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR **Corrective Actions: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and inmates, and a review of relevant policies confirmed that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, online Pre-Audit Questionnaire, agency policies, on-site observation, site review, facility practices, formal and informal interviews with staff and inmates, outside stakeholders to confirm compliance. The analysis indicated that the facility is compliant with the standard.

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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	no
115.13 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	**Supervision and monitoring**	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	**Youthful inmates**	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	**Youthful inmates**	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	**Youthful inmates**	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to	yes

	consent or refuse?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	**Employee training**	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
115.31 (b)	**Employee training**	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	**Employee training**	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	**Volunteer and contractor training**	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	**Inmate education**	
	During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	**Inmate education**	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	**Inmate education**	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility?	yes
115.33 (d)	**Inmate education**	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

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

	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental	yes

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	**Screening for risk of victimization and abusiveness**	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	**Screening for risk of victimization and abusiveness**	
	Within a set time period not more than 30 days from the inmate’s arrival at the facility, does the facility reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate’s risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate’s risk level when warranted due to a request?	yes
	Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate’s risk level when warranted due to receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness?	yes
115.41 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates?	yes
115.42 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Education Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	**Protective Custody**	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	**Protective Custody**	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	**Protective Custody**	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	**Protective Custody**	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility’s concern for the inmate’s safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation	yes

	can be arranged?	
115.43 (e)	**Protective Custody**	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	**Inmate reporting**	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	**Inmate reporting**	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	**Inmate reporting**	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	**Inmate reporting**	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	yes

	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.)	
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	yes

	(N/A if agency is exempt from this standard.)	
	Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	**Inmate access to outside confidential support services**	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	**Inmate access to outside confidential support services**	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	**Inmate access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	**Agency protection duties**	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	**Staff first responder duties**	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	**Preservation of ability to protect inmates from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	**Agency protection against retaliation**	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	**Criminal and administrative agency investigations**	

	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	**Reporting to inmates**	
	Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	**Reporting to inmates**	
	If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	**Reporting to inmates**	
	Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate’s unit?	yes
	Following an inmate’s allegation that a staff member has	yes

	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?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	**Reporting to inmates**	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	**Reporting to inmates**	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
115.76 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	**Disciplinary sanctions for inmates**	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	**Disciplinary sanctions for inmates**	

	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	**Disciplinary sanctions for inmates**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	**Disciplinary sanctions for inmates**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	**Disciplinary sanctions for inmates**	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	**Disciplinary sanctions for inmates**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	**Disciplinary sanctions for inmates**	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	**Medical and mental health screenings; history of sexual abuse**	

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

115.82 (c)	**Access to emergency medical and mental health services**	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph §	yes

	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.)	
115.83 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	**Sexual abuse incident reviews**	

	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports,	yes

	investigation files, and sexual abuse incident reviews?	
115.87 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.88 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted	yes

	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?	
115.89 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by	no

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