

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Interim Audit Report: July 27, 2020 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: January 17, 2021

Auditor Information

Name: Adam T. Barnett

Email: Adam30906@gmail.com

Company Name: Diversified Correctional Services, LLC

Mailing Address: P.O. Box 20381

City, State, Zip: Augusta, Georgia, 30906

Telephone: 706-414-6579

Date of Facility Visit: July 13-15, 2020

Agency Information

Name of Agency: South Carolina Department of Juvenile Justice

Governing Authority or Parent Agency (If Applicable): State of South Carolina

Address: 220 Executive Center Dr.

City, State, Zip: Columbia, SC 29210

Mailing Address: 220 Executive Center Dr.

City, State, Zip: Columbia, SC 29210

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://djj.sc.gov/>

Agency Chief Executive Officer

Name: Freddie Pough (Agency Director)

Email: Fbpoug@scdjj.net

Telephone: 803-896-9595

Agency-Wide PREA Coordinator

Name: Niaja Kennedy (Standards Manager)

Email: NiajaJKennedy@djj.sc.gov

Telephone: 803-896-6344

PREA Coordinator Reports to:

Director Office of Professional Standards

Number of Compliance Managers who report to the PREA Coordinator:

(4) PBS/PREA Compliance Coordinators

Facility Information

Name of Facility: Broad River Road Complex			
Physical Address: 4900 Broad River Rd.		City, State, Zip: Columbia, SC 29212	
Mailing Address: Same as Above		City, State, Zip: Same as Above	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Website with PREA Information: https://djj.sc.gov/			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)			
<input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: N/A			
Facility Administrator/Superintendent/Director			
Name: Sean Kane (Facility Administrator)			
Email: SeanKane@djj.sc.gov		Telephone: 803-896-9417	
Facility PREA Compliance Manager			
Name: Jasmine D. Johnson (PBS/PREA Compliance Coordinator)			
Email: JasmineDJohnson@djj.sc.gov		Telephone: 803-896-4458	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Patrick Tavella			
Email: PatrickATavella@djj.sc.gov		Telephone: 803-896-9455	
Facility Characteristics			
Designated Facility Capacity:	228		
Current Population of Facility:	91		
Average daily population for the past 12 months:	127		
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	13 - 19
Average length of stay or time under supervision	36 Months
Facility security levels/resident custody levels	Placement Level C – Secure Confinement
Number of residents admitted to facility during the past 12 months	294
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	279
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	246
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	168
Number of staff hired by the facility during the past 12 months who may have contact with residents:	150
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	54
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	54
Number of volunteers who have contact with residents, currently authorized to enter the facility:	478

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	40
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	7
<p>Number of single resident cells, rooms, or other enclosures:</p>	186
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	2
<p>Number of open bay/dorm housing units:</p>	4
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	72
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input checked="" type="checkbox"/> Other (please name or describe: Palmetto Richland Medical Hospital)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	1
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative

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

Methodology:

The site review for this audit took place at Broad River Road Complex (BRRRC) located at 4900 Broad River Road, Columbia, South Carolina 29212 on July 13 – 15, 2020. The Broad River Road Complex is operated by the South Carolina Department of Juvenile Justice, for the State of South Carolina. The Broad River Road Complex hereinafter may be referred to as facility.

The auditor uses a triangular approach, by connecting the PREA audit documentations, on-site observation, tour, facility practice, interviewed staff and residents, local and national advocates, etc. to make determinations for each standard. Each standard and/or provision are designed with documentation reviewed, PREA Audit: Pre-Audit Questionnaire, overall findings and interview results.

Note: Due to the COVID-19, the facility on-site audited date was rescheduled and there has been adjustments made to the audit process. In addition, it is recommended that this facility received credited for PREA cycle August 19, 2019 thru August 20, 2020 to maintain its overall agency compliance.

Site Review Location:

The site review for this audit took place at Broad River Road Complex (BRRRC). The auditor conducted pre-audit work prior to arrival at the facility.

Pre-Audit Phase:

Agency/Facility House Resident For:

- State of South Carolina Department of Juvenile Justice

Audit Notice Posting:

The auditor provided the audit notice to the agency PREA compliance specialist, with instructions to post the required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. The facility posted the notices in English and Spanish on May 8, 2020. The auditor observed the posted notices throughout the facility.

As of 7/12/20, there were no communications from residents or staff.

Pre-Audit Questionnaire (PAQ):

In order to prepare for the audit process, email correspondences and telephone conversations occurred with the agency's PREA Coordinator and PREA Specialist. As the auditor reviewed the materials provided by the facility, he collated documents that were on the link provided by the PREA Compliance Specialist.

The Pre-Audit Questionnaire was completed and sent to the auditor as required. As a part of the on-site visit the auditor requested that the agency Facility PREA Compliance Specialist review and revise the Pre-Audit Questionnaire to reflect the updated information.

The auditor completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided on a flash drive to include both the agency and the facility policy and procedures, agency mission statement, daily population report, schematic/layout for the facility and additional PREA documents. The agency PREA Compliance Specialist revised the PREA Audit: Pre-Audit Questionnaire to reflect accuracy of the report.

Documentation Requested:

The results of the documentation review were shared with the facility prior to and at the site visit. Phone conversations were conducted, and email exchanges occurred with the facility.

The following documentation was requested:

- Resident roster
- Residents with disabilities
- Residents who are Limited English Proficient (LEP)
- LGBTI residents
- Residents in segregated housing (PREA Related)
- Residents who reported sexual abuse
- Residents who reported sexual victimization during risk screening
- Staff roster
- Specialized staff
- Staff personnel files
- Resident files
- Contractors who have contact with residents
- Volunteers who have contact with residents
- Grievances made in the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit
- General incident log

Additional pre-audit information requested prior to the visit was obtained.

Website Review:

Prior to the onsite portion of the audit, the auditor conducted a website review of the South Carolina Department of Juvenile Justice website. The reviewed content included but was not limited to:

- DJJ PREA Values
- DJJ PREA Vision
- DJJ PREA Mission
- National Rape Crisis Hotline
- Division of Investigative Services Hotline
- Prevention of Sexual Offenses toward Juveniles (PDF)
- Investigations (PDF) – Policy
- PREA Policy
- DJJ Videos
- DJJ Policy Statements
- Organizational Chart
- PREA Information
- DJJ School District
- Volunteer
- DJJ News
- Local Resources
- Juvenile Justice Process
- Facility Information

Agency Policies Reviewed

- SCDJJ Policy 321 – Prevention of Sexual Offenses toward Juveniles
- SCDJJ Policy 314 – Camera Surveillance
- SCDJJ Policy 336 – Application of the PREA Standards (A, C, E) Application
- SCDJJ Policy 500 – Detention Center Admissions
- SCDJJ Policy 502 – Evaluation Center Admission Services (Classification and Assignment)
- SCDJJ Policy 512 – Classification System for Housing in Security Facilities
- SCDJJ Policy 513 – Supervision of Juveniles in Secure Facilities
- SCDJJ Policy 312 – Search Procedures
- SCDJJ Policy 312 B Form – Cross-Gender Search Documentation
- SCDJJ Policy 905 – Juveniles with Disabilities
- SCDJJ Policy 218 – Employee Report of Arrest, Conviction, Child Abuse Registry, or Loss of Driver's License
- SCDJJ Policy 230 – Employee Recruitment and Selection

- SCDJJ Policy 911 – Clinical Crisis Intervention
- SCDJJ Policy 328 – Investigations
- SCDJJ Policy 603 – Juvenile’s Unimpeded Access to Health Care
- SCDJJ Policy 918 – Juvenile Rights and Responsibilities
- SCDJJ Policy 920 – Juvenile Grievance Process
- SCDJJ Policy 233 – Employee Sexual Harassment
- SCDJJ Policy 241 – Staff Development and Training Requirements and Services
- SCDJJ Policy 302RC – Contractor Conduct Agreement
- SCDJJ Policy 914 – Volunteer Services
- SCDJJ Policy 509 – Custody, Placement, and Supervision Levels
- SCDJJ Policy 501 – Evaluation Center Intake Operational Process
- SCDJJ Policy 503 – Long Term Facility Admissions
- SCDJJ Policy 323 – Isolation of Youth
- SCDJJ Policy 222 – Employee Ethics and Relations with Others
- SCDJJ Policy 326 – Reporting Events
- SCDJJ Policy 605 – Sick Call Process
- SCDJJ Policy 122 – Internal Audits
- SCDJJ Policy 902 – Scope of Social Work Services
- SCDJJ Policy 925 – Juvenile Visitation Procedures in Secure Facilities
- SCDJJ Policy 124 – Confidentiality and Release of Juvenile Information
- SCDJJ Policy 228 – Progressive Employee Discipline
- SCDJJ Policy 924 – Juvenile Behavior Management – Incentive System and Progressive Discipline
- SCDJJ Policy 907 – Trauma-Informed Care and Trauma-Specific Treatment
- SCDJJ Policy 601 – Scope of Health Services and Responsible Health Authority
- SCDJJ Policy 602 – Juvenile Health History and Physical Examination
- SCDJJ Policy – Rehabilitative Services Health Services
- SCDJJ Policy 612 – Health and Mental Health Care Quality Improvement Program

On-Site Audit Phase

Entrance Conference:

On 7/13/20, the on-site audit started with meeting the Facility Administrator, Facility PREA Compliance Manager, Agency PREA Compliance Specialist, PREA/PBS Compliance Coordinator and the Agency Q/C Administrator. The entrance conference was held and attended by:

- Adam Barnett, USDOJ Certified PREA Auditor
- Malcom Simpson, Agency PREA Compliance Specialist
- Jasmine Johnson, PREA/PBS Compliance Coordinator
- Nikeya Chavous, Agency Q/C Administrator
- Sean Kane, Facility Administrator
- Melody Lawson, Assistant Facility Administrator
- Niaja Kennedy, Standard Manager (Agency PREA Coordinator)
- Adrian Cartledge, Program Manager II

- Velvet McGowan, Deputy Director

Entrance Conference Attended via Teams:

- Yolanda Reid, Investigator
- Christine Wallace, Associate Deputy
- Angela Boyd-Scott, Unit Manager-Maple,
- Shaquan Grooms-Bellamy, Unit Manger-Holly
- Shawnta Cohen, Social Worker Manager
- Brett McGarrigle, Senior Deputy
- Crayman Harvey, CIOC Administrator
- Kwame Sims, Lieutenant

Welcome was given by the Facility Administrator and the PREA Team. The auditor introduced himself and provided a brief description of his experiences, qualifications, correctional and auditing background. The auditor introduced Associate Aishia Hunter-Cone and provided a brief description of her experiences and qualifications. Mrs. Hunter-Cone serves as Regional Administrator for Georgia Department of Juvenile Justice.

The auditor explains the onsite role of Mrs. Hunter-Cone:

1. Conducting interviews with Residents
2. Conducting interviews with Correctional Officers
3. Conducting interviews with specialized staff
4. Communicating and following up with national, state, and/or community advocacy organizations.
5. Documentation collection

A second associate that work with the pre audit and post audit facility information was introduce. Mrs. Arkeyha McCullough, she currently serves as a Program Coordinator for Georgia Department of Juvenile Justice, Office of Investigations Intelligence Unit.

As Associate, her role was to:

1. Assists with Administrative/Prep Work,
2. Prepare PREA Notices for Audit (English and Spanish) for facility postings;
3. Documentation Review Cross Checks with Reports.
4. Edits Interim and/or Final Reports ensuring that they meet the PREA Resource recommended guidelines.

The auditor provided an overview of the expectations during the onsite audit and transparency to discuss any identified issues or concerns. The auditor established a process to make corrections on site and if necessary, post onsite follow ups.

The audit agenda was reviewed and discussed, to include resident's population based on 1st day of the on-site audit; the 2nd and 3rd day planned activities was discussed.

The auditor requested an updated list of all staff work scheduled, sorted by shift. The facility operates on 2 twelve-hour shifts: 7am – 7pm and 7pm – 7am. The auditor provided the facility

with a list of random and specialized staff along with a list of random and target residents for interview selections.

Site Review/Tour:

The auditor conducted a comprehensive site review of the facility. The auditor was provided a list of buildings prior to the onsite visit.

On the first day of the audit, after the entrance conference, the auditor toured the physical plant. When the auditor paused to speak to a resident or staff, it was requested that the staff on the tour to step away so the conversation may remain private.

During the tour, the auditor observed the locations of video monitoring cameras around the facility, including those outside. None of the cameras field of view included the toilet and shower areas, each unit has PREA shower curtains to block the viewing of cameras and staff viewing. The outside cameras cover the surrounding areas, exits, and entrances to the facility. The facility reported 284 indoor cameras and 101 outdoor cameras totaling 385.

The following areas and buildings were visited during the facility tour:

- Laurel Unit
- Magnolia Unit
- Birchwood Dispensary
- Birchwood High School
- Birchwood Administration
- Birchwood Chapel
- Birchwood Gym
- Upholstery Shop
- Holly Unit
- Myrtle Unit
- Maple Unit
- Intake Office (CIOC)
- Poplar Unit
- Cypress Unit
- John G. Richards Gym
- John G. Kitchen
- Palmetto Game Room
- Willow Lane Campus
- Willow Evergreen Dorm
- Willow Lane Chapel
- Willow Lane Infirmary
- Dental Clinic
- Willow Gym

- Willow Dining Hall
- Willow T-Home
- CCC Building (Visitation)

As of July 13, 2020, the following areas or buildings was not visit by the auditor during the tour because they are listed as unauthorized for residents.

- Goldsmith Building
- Laundry Facility
- JGR Canteen Warehouse
- IT Building
- IT Training Trailer
- Moultrie Unit
- Catawba Unit
- Classification Building
- Willow Lane Cafeteria
- Employee Health Center
- Old Willow Lane School
- Male Transition Home

The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility.

The following are concerns regarding the tour:

- Living Units Staff to youth ratios (Disconnect between 7pm – 9am)
- Resident Reporting of PREA (Grievance Boxes)
- Living Units Blind Spots
- Major Graffiti/writing on the walls and ceiling (gang related)
- Unsecure doors
- Key Control
- Sanitation

The auditor had sufficient opportunity to view resident – staff interaction. There was also ample time to observe the nature and quality of resident supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both residents and staff.

The PREA standards require the auditor to tour the facility to verify compliance with the standards, such as, but not limited to:

Location	Check
Living Units:	✓
Facility physical design	✓
Camera locations	✓
Observe for blind spots	✓
Notices of the PREA Audits posted	✓
Holding rooms/cells (None)	✓
Segregated rooms/cells	✓
Staff personnel files in secured area / Central Office	✓
PREA information posted English & non-English	✓
Cameras does not have a line of sight into resident's rooms and toilets.	✓
Staff of the opposite gender announces their presence when entering living areas	✓
Residents Program Areas	✓
Grounds	✓
Reactions between residents and staff	✓
Intake	✓
Administration area	✓
Storage rooms & closets	✓
Mail Room (none)	✓
Commissary Room (none)	✓
Laundry	✓
Dining	✓
Kitchen	✓
Visitation	✓
Library	✓
Inside recreation area	✓
Outside recreation area	✓
Grievance boxes	✓
Medical Unit	✓
Control Room monitors	✓
Social Worker Areas	✓
Resident Housing Units	✓

The following staff accompanied the auditor on the tour and responded to the auditor's questions along with facility staff concerning the facility operations.

- Adam Barnett, USDOJ Certified PREA Auditor
- Malcom Simpson, Agency PREA Compliance Specialist
- Jasmine Johnson, PREA/PBS Compliance Coordinator
- Sean Kane, Facility Administrator

Advocacy Organizations:

The PREA Auditor’s manual pages 37 and 38 requires the auditor to conduct outreach to relevant national and local advocacy organizations. To communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, State, and/or community advocacy organizations were contacted.

- Just Detention International (JDI) – is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. We (they) hold government officials accountable for prisoner rape; challenge the attitudes and misperception that all sexual abuse to flourish; and make sure that survivors get the help they need.
- National Sexual Violence Resource Center (NSVR) – is the leading nonprofit in providing information and tools to prevent and respond to sexual violence. NSVRC translates research and trends into best practices that help individuals, communities and service providers achieve real and lasting change. NSVRC also work with the media to promote informed reporting.

The following national advocacy, State, and/or community advocacy organizations were contacted.

Advocacy Organization	Contact Information	Comments
Justice Detention International (JDI)	Just Detention International Wilshire Blvd., Suite 340 Los Angeles, CA 90010	Email sent: July 10, 2020 Response Received: July 13, 2020 – No Concerns
National Sexual Violence Resource Center (NSVRC)	National Sexual Violence Resource Center 2101 N Front Street Governor’s Plaza North, Building #2 Harrisburg, PA 17110	Email sent: July 10, 2020 Response Received: July 15, 2020 – No Concerns

The auditor seeks the following information from the local and/or national advocacy organizations:

- Does your organization provide emotional support services to residents?
- Does the facility use your organization for resident reporting PREA issues?
- How many SAFE or SANE referrals did the organization received in the past 12 months?
- Can the residents remain anonymous, upon request, when making a report?
- Whom do the organization notify at the facility regarding reports?
- How many reports have the organization received in the past 12 months for advocacy services?
- How many residents reported sexual abuse and/or sexual harassment?
- Who is your contract at the facility?
- Is there any additional information you would like to share regrading this facility?

Facility Staffing:

Facility reported a total of 265 employees. The following is a breakdown of employee’s positions and vacancies. Current staffing as of 1st day 193.

Non-Security Staff		
Titles	# Positions	# Vacancies
Education Staff	32	5
Cafeteria Staff	12	5
Medical Staff	21	3
Part-time Staff	0	0
Temporary Workers	3	0
Recreation/Programming Staff	11	10
Administrative Staff	3	0
Psychologists	6	0
Social Workers	11	1
Social Worker Managers	2	0
PBS/PREA Staff	1	0
Contractual Workers (Barbers, Beautician, Custodians, etc.)	2	0
Interns	0	0
Security Staff		Vacancies #48
Male Security Staff (Campus)	52	
Male Security Staff (CIOC)	8	
Male Security Staff (School)	0	
Female Security Staff (Campus)	77	
Female Security Staff (CIOC)	12	
Female Security Staff (School)	2	
Total	265	72

Staff Interviewed:

The auditor conducted interviews with agency leadership, facility leadership, specialize staff, random staff, volunteers, contractors, etc. Below are the staff interviewed, either on-site or by telephone/written response.

The facility reported 193 full time and part time staff on the first day.

The auditor conducted the following staff interviews:

Category of Staff Interviewed	# Interviews Conducted
Random staff (Total) <i>Selected from all shifts</i>	12
Specialized staff (Total)	20
Staff informally interviewed during facility tour	3
Staff refused to interview	3
Total Staff	35

Breakdown of Specialized Staff Interviews	
✓ Agency Director (Previously)	0
✓ Agency PREA Coordinator	1
✓ Facility administrator and designee <ul style="list-style-type: none"> • DOJ Interview Questions for Facility Administrator 	1
✓ Higher-level facility staff responsible for conducting unannounced rounds	1
✓ Staff supervised isolation	
✓ Facility PREA compliance manager/agency PREA Compliance Specialist <ul style="list-style-type: none"> • Designated staff member charged with monitoring retaliation • Incident review team member 	1
✓ Line staff who supervise youthful residents (no youthful residents) during tour	0
✓ Education staff who work with youthful residents	0
✓ Program staff who work with youthful residents	1
✓ Medical staff	1
✓ Mental health staff	1
✓ Non-medical staff involved in cross-gender strip or visual searches	1
✓ Administrative (Human Resources) HR staff (previously)	1
✓ SAFE and/or SANE staff – Local Hospital	0
✓ Volunteers who have contact with residents	2
✓ Contractors who have contact with residents	1
✓ Investigative staff – Agency Level (DOC) (previously)	1
✓ Investigative staff – Facility Level	0
✓ Staff who preform screening for risk of victimization and abusiveness	2
✓ Mail room staff	
✓ First responders, security staff	1
✓ First responders, non-security staff (random staff interviews)	1
✓ Intake	2
✓ Grievance staff	0
✓ Volunteer coordinator	0
✓ Social Worker	1
✓ Operations/Incidents (previously)	0
✓ Training manager	0
Total Specialized Staff Interviews	20

The auditor informally interviewed three staff members. A review of the total of 38 formal and informal staff interviews revealed that staff at BRRC has a basic understanding of PREA and their roles as it relates to PREA responsibilities some needed additional PREA training.

Residents Interviewed:

On the first day of the audit the facility bed capacity was 256. The number of residents housed during the first day of the audit was 91.

The auditor conducted the following resident interviews during the on-site phase of the audit:

Category of Residents	# of Interviews Conducted
Random residents (Total) <i>Selected from all Housing Units</i>	16
Targeted residents (Total)	0
Residents informally interviewed during facility tour	17
Residents refused to interview	0
Total Residents Interviewed	33
Targeted Residents	
✓ Random Residents	16
✓ Residents with a physical disability	0
✓ Residents who are blind, deaf, or hard of hearing	0
✓ Residents who are LEP	0
✓ Residents with a cognitive disability	0
✓ Residents who identify as lesbian, gay, or bisexual	0
✓ Residents who identify as transgender or intersex	0
✓ Residents in segregated housing for high risk of sexual victimization	0
✓ Residents who reported sexual abuse that occurred at the facility	0
✓ Residents who reported sexual victimization during risk screening	0
Total Number of Targeted Residents Interviews	16

The auditor informally interviewed 17 residents during the tour. A review of the total number of 33 formal and informal interviews revealed that residents at BRRC are receiving the proper PREA education as well as the proper PREA information is posted. Residents interviewed could describe PREA and the different ways to report allegations of sexual abuse and harassment at the facility: verbal, written, to staff or third parties, by mail, to a family member, etc.

Sampling

Documents:

During the site review, documentation review included but was not limited to the auditor’s review of personnel, background checks, training, resident documentation, investigations, etc. The documentation review process was conducted by the auditor.

- Documents from Files Reviewed: 47
- Documenting Unannounced PREA Rounds: 25

- PREA Training Acknowledgments Staff: 50
- Residents Orientation Sheets: 50
- Victimization/Aggressor Assessments: 68
- Grievances: 20

Investigation

It should be noted that any SA/SH Grievances are not investigated by the grievance process, when received it is automatically sent to the Office of Investigation.

Investigation Results: Past 12 months

Allegation	Substantiated	Unsubstantiated	Unfounded	Ongoing
Sexual Abuse/Staff on Offender	0	5	4	1
Sexual Abuse/Offender of Offender	3	2	4	0
Sexual Harassment /Staff on Offender	0	0	0	0
Sexual Harassment /Offender on Offender	1	2	0	0
Total	4	9	8	1
Referral from Criminal Investigations Staff on Offender	0	0	0	0

Incident Reporting:

The facility maintains a comprehensive incident reporting system that is monitored on an ongoing basis for immediate corrective action as well as trended on an annual basis for the purpose of quality improvement to minimize risk and staff training needs.

Informational Consolidation:

The auditor contacted the PREA compliance manager frequently throughout the audit process to consolidate information and ensure that the interviews, documentation log reviews, and facility observations supported compliance determination for the required PREA standards. There was work done onsite and offsite to discuss findings. When additional information was requested to establish compliance, the management team was responsive and made every effort to deliver documentation or explanation. The facility staff was receptive to identified areas of concern during the facility site inspection along with noted concerns.

Exit Conference

The audit team conducted an exit meeting on 7/15/20 at which time preliminary findings of the review were discussed with the facility and agency leadership team. The attendees, and additional state agency staff participated in the exit briefing. During the exit meeting, the auditor provided a verbal list of identified non-compliant items and described how these related to the standards and or provisions. For resolution of issues following the exit, the auditor indicated that outstanding issues should be provided with proof of compliance.

The following staff attended the exit conference at the facility.

- Adam Barnett, USDOJ Certified PREA Auditor
- Malcom Simpson, Agency PREA Compliance Specialist
- Jasmine Johnson, PREA/PBS Compliance Coordinator
- Nikeya Chavous, Agency Q/C Administrator
- Sean Kane, Facility Administrator
- Niaja Kennedy, Standard Manager (Agency PREA Coordinator)

Exit Conference Attended via Teams:

- Yolanda Reid, Investigator
- Christine Wallace, Associate Deputy
- Angela Boyd-Scott, Unit Manager-Maple
- Velvet McGowan, Associate Deputy
- Buddy Littlejohn, Deputy OIG
- Pat Tavella, Health Service Administrator
- Adrian Cartledge, Program Manager II
- Shaquan Grooms-Bellamy, Unit Manger-Holly
- Shawnta Cohen, Social Worker Manager
- Brett McGarrigle, Senior Deputy
- Crayman Harvey, CIOC Administrator
- Kwame Sims, Lieutenant
- Monique McDaniel, Senior Strategist
- Jasmine Tyler, Public Safety
- Audrey Bullock, Captain-Laurel/ITU
- Craymen Harvey, CIOC Administrator
- David Roberts, Captain-Poplar Unit
- Dececo Sampay-Johnson, Criminal Investigations Administration
- Robert Crim, Camera Maintenance
- Shaquan Grooms-Bellamy, Captain-Holly Unit.

The facility and agency officials were very open and receptive to an honest discussion of areas where PREA compliance needed to be strengthened.

Post Audit Phase

After the onsite phase of the audit, the auditor, facility administrator and agency PREA Coordinator agreed to communication by email and telephone during the post-audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data. The facility administrator indicated they would provide the auditor with proof of practice on an ongoing basis, as related to the correction of identified deficiencies.

Audit Section of the Compliance Tool:

The auditor uses the required Prison Rape Elimination Act (PREA) Juvenile Facility Standards audit form to enter collected information. Detailed information from the audit interviews was

integrated into relevant sections of the standards. In order to ensure all standards were analyzed, the auditor proceeded standard by standard, to determine compliance or non-compliance.

Interim Audit Report:

The auditor submitted an interim report to the facility on August 15, 2020. The auditor work with the Agency PREA Coordinator, Agency PREA Compliance Specialist and PREA/PBS Compliance Coordinator and the Facility Management Team on the facility corrective action process.

The 180 days corrective action period begins August 16, 2020. All corrective action documentation was completed and submitted by January 7, 2021.

Final Audit Report:

The final report was completed and submitted to the facility on January 17, 2021.

Facility Characteristics

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

Facility Demographics:

- Rated Capacity: 256
- Actual Population on First Day: 91
- Average Daily Population for the last 12 months: 126
- Security/Custody Level: Level C Secure Confinement Placement
- Gender: Male & Females

Facility Background, Physical Plant and Security Supervision:

The Broad River Road Complex (BRRC) in Columbia, South Carolina is the agency's long-term commitment facility. The more than 200-acre complex offers programs for boys and girls of all backgrounds and needs, including programs for kids with special needs, youth sex offenders, and those struggling with substance abuse.

BRRC is also home to the Communities in Schools (CIS) program, one of the first in the nation in a juvenile correctional setting. DJJ's fully accredited school district provides continued education for youth, preparing students for post-secondary education. Birchwood School is located inside BRRC and is where boys and girls attend middle and high school. Birchwood opened in 1975.

This campus also includes DJJ's Junior Reserve Officer Training Corps (JROTC) program, a cooperative effort between DJJ's school district and the U.S. Army.

Female juveniles at BRRC live in the Willow Lane Transition House, which incorporates transitional living into the rehabilitative process. The facility originally opened as the Riverside School for girls in 1966.

The Agency Mission:

It is the mission of the South Carolina Department of Juvenile Justice (DJJ) to protect the public and reclaim juveniles through prevention, community services, education, and rehabilitative services in the least restrictive environment.

The Facility Mission:

The Governor's mission is to raise personal incomes of South Carolinians by creating a better environment for economic growth, delivering government services more openly and efficiently, improving quality of life, and improving out state's education system.

The South Carolina Department of Juvenile Justice supports the Governor's mission by protecting the public and reclaiming juveniles through prevention, community services, education and rehabilitative services in the least restrictive environment.

Accreditation:

None

Facility Programs

The BRRC Facility offers the following programs:

- JROTC Program
- Willow Lane Transition House for Girls Program
- Youth Sex Offender Program
- Substance Abuse Program
- Birchwood School System
- Chaplaincy Services
- Spiritual Development
- Sports/Fitness/Health
- Youth Leadership

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: NA

Standards Met

Number of Standards Met: 44

- 115.311- Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator
- 115.312 – Contracting with other entities for the confinement of residents
- 115.313 – Supervision and Monitoring
- 115.315 – Limits to cross-gender viewing and searches
- 115.316 – Residents with disabilities and residents who are limited English proficient
- 115.317 – Hiring and promotion decisions
- 115.318 – Upgrades to facilities and technologies
- 115.321 – Evidence protocol and forensic medical examinations
- 115.322 – Policies to ensure referrals of allegations for investigations
- 115.331 – Employee training
- 115.332 – Volunteer and contractor training
- 115.333 – Resident education
- 115.334 – Specialized training: Investigations
- 115.335 – Specialized training: Medical and mental health care
- 115.341 – Obtaining information from residents
- 115.342 – Placement of residents in housing, bed, program, education, and work assignments
- 115.351 – Resident reporting
- 115.352 – Exhaustion of administrative remedies
- 115.353 – Resident access to outside support services and legal representation
- 115.354 – Third-party reporting
- 115.361 – Staff and agency reporting duties
- 115.362 – Agency protection duties
- 115.363 – Reporting to other confinement facilities
- 115.364 – Staff first responder duties
- 115.365 – Coordinated response
- 115.366 – Preservation of ability to protect residents for contact with abusers
- 115.367 – Agency protection against retaliation
- 115.368 – Post-allegation protective custody
- 115.371 – Criminal and administrative agency investigations
- 115.372 – Evidentiary standard for administrative investigations
- 115.373 – Reporting to residents
- 115.376 – Disciplinary sanctions for staff
- 115.377 – Corrective action for contractors and volunteers
- 115.378 – Interventions and disciplinary sanctions for residents
- 115.381 – Medical and mental health screenings; history of sexual abuse
- 115.382 – Access to emergency medical and mental health services
- 115.383 – Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.386 – Sexual abuse incident reviews
- 115.387 – Data collection
- 115.388 – Data review for corrective action

115.389 – Data storage, publication, and destruction
115.401 – Frequency and scope of audits
115.403 – Audit contents and finding

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

Summary of Corrective Action (if any)

115.313 – Supervision and Monitoring

Auditor concern #1: The standard and/or provision requires each secure juvenile facility to maintain staff ratios of a minimum of 1:8 during resident wake hours and 1:16 during resident sleep hours. At this facility the only staff that can be counted in the ratios are security.

During the facility tour the following required 1:8 ratio was non-compliant.

- Birchwood Gym – Ratio on the Rec field 1:10
- Holly Unit C Pod – Ratio 1:10
- Poplar Unit B Pod – Ratio 1:9
- Cypress Unit B Pod – Ratio 1:10

A review of the school documentation, number of students per class by teachers regarding 1:8 ratio revealed that the number of students in each class range from 2 to 8; however, at this facility the only staff that are counted in the ratios are security. All 24 classes are considered noncompliant with the 1:8 ratio.

There is a concern that the ratios for the 2nd shift has a 1:8 ratio gap from 7pm to 9pm. This timeframe is within the awake hours.

Corrective Action:

The facility has provided documentation that the Broad River Road Complex have moved towards only allowing eight youth to be housed on a pod in every unit. Also while they are in school, there is no more than six youth in one classroom at a time. *Compliant*

Auditor concern #2: During the facility tour, the male living units had major gang graffiti / writing on walls with black markers, pens and pencil. Gang graffiti is on the 25 feet bathrooms ceilings. The concern is gang members may recruit other residents to commit sex acts to become a gang member.

Corrective Action:

The facility provided work orders for all male units to be painted. Maintenance's response was that this was going to be a part of a larger project. Once the painted project is completed, unit staff will be holding the youth accountable for any markings on the wall moving forward to include, but not limited to, cleaning the walls and completing a statement of charges.

Addition to the memo, the staff will conduct additional routine checks and staff will be sure to post accordingly to ensure the youth can always be properly observed. Thorough frisk searches and shakedown searches will continue to be conducted to ensure the youth are not in the possession of unauthorized writing utensils. Due to COVID there has been a delay in getting the walls painted in the male living units, but the agency will continue to closely monitor this deficiency. *Compliant.*

Auditor concern #3: During the facility tour, in the intake building there were six sets of keys unsecured in an office. The concern is any staff could easily pick up a set of keys without accountability.

Corrective Action:

The facility provided documentation. On July 15, 2020, the Facility Administrator addressed the auditors concern by release a “Key Control Directive”. The directive stated: “Please be advised that during the BRRC PREA audit it had come to my attention that the door to the key control room was not secured. Please let this serve as a reminder that the doors to all keys for BBC is to remain secured at all times, no exceptions. Please respond to this email to acknowledge your understanding and receipt of this email. Thank you in advance. BRRC Facility Administrator. *Compliant.*

Auditor concern #4: As of 7/13/20, the following areas or buildings were not visited by the auditor during the tour because they are listed as not authorized for residents. The concern is that staff and/or residents may not know these building are unauthorized to residents. Place restriction signs on these areas.

- Goldsmith Building
- Laundry Facility
- JGR Canteen Warehouse
- IT Building
- IT Training Trailer
- Moultrie Unit
- Catawba Unit
- Classification Building
- Willow Lane Cafeteria
- Employee Health Center
- Old Willow Lane School
- Male Transition Home

Corrective Actions:

The PREA Compliance Specialist created signs for BRRC to post in the designated areas. Temporary unauthorized signs were posted on the front doors of all restricted units until the permanent signs come in.

A copy of the sign that was created was provided to the auditor. *Compliant.*

Auditor concern #5: During the facility tour, there were four living units with blind spots (bed # 1 and 10) in each pod. There are three pods in one living unit, and 2 blind spots in each pod, totaling ten blind spots. Grand total of 36 blind spots.

Corrective Actions:

The facility provided the auditor with pictures and work orders of the convex mirrors that have been installed. *Compliant.*

115.316 – Residents with disabilities and residents who are limited English proficient

Auditor concern: During the random interviews of officers from the 1st and 2nd shift, the question was asked: Does the agency/facility ever allow the use of resident interpreters, resident readers to assist disabled residents or resident with limited English proficiency when making an allegation of sexual abuse or sexual harassment? There were 11 out of 12 officers that stated they would use another resident to interpret.

The same officers were asked if they know how to use the agency language interpreters' line? Again, 11 out of 12 stated they never heard of it.

Corrective Actions:

The agency is currently finalizing a translation agreement to provide the following services: oral-to-oral, written-to-oral or translate small-text communication between the client who speaks Spanish and the DJJ employee who speaks English by taking the concept, register, and mood expressed in one language and producing the same concept, register, and mood in the other language. The agency is currently, Institutional Services uses identified correctional staff when translation services are needed within the facilities.

The translators will provide these services both in-person and through telephonic devices. They will be available for court hearings, in-take, in-home visits, visitations, etc. They are available for all interactions of the facility youth. *Compliant.*

115.331 – Employee training

Auditor concerns: During the random interviews of officers from the 1st and 2nd shift, the question was asked: Did you receive initial PREA Training and can you discuss some of the training topics? There were 10 out of 12 officers that stated they have not or cannot remember. However, over 50 PREA Training Acknowledgement Statements were signed by staff confirming completion of training. There is a disconnect between interviews and training documentation.

During the random interviews of officers from the 1st and 2nd shift, the question was asked: Did you receive PREA refresher training within past two years? There were 8 out of 12 officers that stated they have not or do not remember receiving training.

There are concerns requiring all required PREA Training.

Corrective Action:

The PREA Compliance Specialist with the approval and authorization of the Agency PREA Coordinator developed a training Power Point presentation covering the following performance overviews:

- Explain the Federal Prison Rape Elimination Act (PREA).
- Summarize the purpose of our agency Zero Tolerance policy (321) Prevention of Sexual Offenses toward Juveniles.
- Explain what PREA is.
- Explain the role of the Standards Manager who services as the Agency PREA Coordinator and the facility PBS/PREA Compliance Manager.
- Discuss the implementation of the PREA program per our agency policies.
- Discuss varies PREA program planning as outline in our agency's policies (Prevention, Responsive, and Corrective). The First Responder Protocol is included in the Responsive Planning section.
- Discuss proper reporting procedures as outlined per agency policy.
- Review the protocol for using the Agency Tip Line.

The trainings were presented via Microsoft teams, and a recorded version of the training was offered as well for those security staff who were not available to attend a live session. Also, an Individual PREA Training documentation form was forwarded to the Facility Administrator instructing all training participants to return the form signed within 3 business days at the completion of the training with their supervisor's signature as verification of attendance.

The initial deadline to complete the training was October 30, 2020, however, it was extended to December 29, 2020 to give security staff the opportunity to complete the required training. The recorded version of the training will remain readily available on the agency's SharePoint drive as an ongoing training resource for current officers and incoming security officers.

In addition to the above training, a new mandatory 6-hour training is offered monthly for all security staff called PREA and the Implementations for SCDJJ. This training is was implemented August 17, 2020 as a required training in the basic training session for incoming security staff.

Two-year refresher trainings are now offered through the agency's eLearning system to all employees of SCDJJ and it is offered in 4 parts. The refresher trainings stated in July 1, 2020 and they are automatically assigned to every agency employee through the system.

The facility provided the auditor all supporting signed documentation along with the PREA training Power Point. *Compliant.*

115.342 – Placement of residents in housing, bed, program, education, and work assignments

Auditor concern: Standards requires agency or facility to use all information obtained in the screening for risk of sexual victimization and abusiveness (PREA Screenings) and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. During the documentation review, there was no process for using the required information from standard 115.341 to make housing determinations or program assignments. The residents receive housing assignments for the

Evaluation Center prior to arriving at BRRC. It appears that the facility does not review or use the required information to ensure that residents are being housed for their safety. The auditor was not provided with the facility housing determinations.

Corrective Actions:

To ensure a solid classification process, all disciplines areas such as security, clinical, classification and PREA participates in meetings to secure a concrete plan for housing the youth. As a result of these meetings, the classification policy, 512-Housing in Secure Facilities has been updated and has been sent to policy management for review. Once policy management reviews the draft, the revised policy will be sent to legal for final approval.

The facility provided completed copies of the new Facility Housing Determination Forms completed on the current youth at the facility.

The facility provided completed copies of the Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) – PREA Screening for 60 current resident.

An updated copy on the revised policy 500 Classification System for Housing in Secure Facilities was provided indicating the new processes. *Compliant.*

115.351 – Resident reporting

Auditor concern: During the facility tour, four resident living units did not have grievance boxes or had broken boxes. Agency policy requires the grievance coordinator to pick-up grievances three times per week. There is a concern regarding where the residents are submitting the grievances; and facility and regional grievance coordinator has not submitted work orders in a timely manner.

Corrective Actions:

The facility provide pictures of all repaired grievance boxes. *Compliant.*

115.364 – Staff first responder duties

Auditor concerns: During the random interviews of officers from the 1st and 2nd shift, the question was asked: Can you describe the actions you will take as a first responder to an allegation of sexual abuse? There were 10 out of 12 officers that did not know what was required by the PREA standards.

The PREA Compliance Specialist with the approval and authorization of the Agency PREA Coordinator developed a training Power Point presentation covering the following performance overviews:

- Explain the Federal Prison Rape Elimination Act (PREA).
- Summarize the purpose of our agency Zero Tolerance policy (321) Prevention of Sexual Offenses toward Juveniles.
- Explain what PREA is.

- Explain the role of the Standards Manager who services as the Agency PREA Coordinator and the facility PBS/PREA Compliance Manager.
- Discuss the implementation of the PREA program per our agency policies.
- Discuss varies PREA program planning as outline in our agency's policies (Prevention, Responsive, and Corrective). The First Responder Protocol is included in the Responsive Planning section.
- Discuss proper reporting procedures as outlined per agency policy.
- Review the protocol for using the Agency Tip Line.

The trainings were presented via Microsoft teams, and a recorded version of the training was offered as well for those security staff who were not available to attend a live session. Also, an Individual PREA Training documentation form was forwarded to the Facility Administrator instructing all training participants to return the form signed within 3 business days at the completion of the training with their supervisor's signature as verification of attendance.

The initial deadline to complete the training was October 30, 2020, however, it was extended to December 29, 2020 to give security staff the opportunity to complete the required training. The recorded version of the training will remain readily available on the agency's SharePoint drive as an ongoing training resource for current officers and incoming security officers.

In addition to the above training, a new mandatory 6-hour training is offered monthly for all security staff called PREA and the Implementations for SCDJJ. This training is was implemented August 17, 2020 as a required training in the basic training session for incoming security staff.

Two-year refresher trainings are now offered through the agency's eLearning system to all employees of SCDJJ and it is offered in 4 parts. The refresher trainings stated in July 1, 2020 and they are automatically assigned to every agency employee through the system.

The facility provided the auditor all supporting signed documentation along with the PREA training Power Point. *Compliant.*

The standards are rated as exceeded, met, or not met. Most standards have between 1 – 20 provisions. To achieve compliance on any given standard, the facility must achieve 100% compliance with each provision within the standard. The auditor used the *Department of Justice Final Rule for PREA Standards published in May 17, 2012*. Forty-three Juvenile Standards were audited.

The PREA coordinator was very knowledgeable about the PREA requirements and the implementation of processes and systems.

Corrective actions, specific detail about deficiencies or concerns regarding findings may appear in the standard-by-standard discussions in the main body of the report.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.311 (c)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- SCDJJ Agency 2019 Organizational Chart
- BRRC Facility Organizational Chart
- SCDJJ Policy 321 – Prevention of Sexual Offenses toward Juveniles
- SCDJJ Policy 336 – Application of the PREA Standards
- PREA Definitions
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:

115.311 (a)

Agency 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.

SCDJJ policy, 321, Prevention of Sexual Offenses toward Juveniles, establishes a zero tolerance for any form of sexual abuse and/or sexual harassment in all facilities operated by or operated under contract with SCDJJ.

PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

115.311 (b)

The agency employs an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

SCDJJ Policy 321, Application of the PREA Standards - The SCDJJ PREA Coordinator has full authority for development, implementation, and oversight of the Agency's efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ.

SCDJJ Policy 321, Prevention of Sexual Offenses toward Juveniles states that SCDJJ will designate an agency-wide PREA Coordinator with the authority to develop, implement, and oversee efforts to comply with PREA standards in all facilities. Each SCDJJ and contracted facility will designate a PREA Compliance Manager with sufficient time and authority to, under the guidance of the agency's PREA Coordinator, manage each facility's efforts to comply with the PREA Standards.

Interviewed Staff: The Agency PREA Coordinator indicated that she has enough time to manage all of her PREA related responsibilities to include authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities.

She also indicated that she interacts daily to discuss any PREA related issues within the facilities. If she identifies an issue with complying with a PREA standards, she speaks with the Facility Administrator and all other disciplines involved.

115.311 (c)

Where an agency operates more than one facility, each facility has a designated PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

SCDJJ Policy 321, Application of the PREA Standards – For each facility SCDJJ operates and contacts, with, a facility PREA Compliance Manager shall be designated and will have the authority to oversee the facility's day to day PREA compliance efforts and will serve as the facility's liaison on all matters concerning PREA within that institution.

See section (b) for additional response.

Interviewed Staff: The Agency PREA Coordinator indicated that she has five (5) PREA Compliance Managers reports directly to her office.

Interviewed Staff: The Facility PREA Compliance Manager indicated that she feels like she does not have enough time but she tries to do all that she can in the time frame she has.

She also indicated that she coordinates facility's efforts to comply with the PREA standards by reading all policies on related to PREA and make sure if there are any changes, she let all the perspective people know about the changes. When she identify an issue with complying with a PREA standard, she think there are issue with how the meeting are held (safety plan, housing determination, and incident review) or meetings with the residents and staff to give them clarity but she send email and also follow up when things need to be completed.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- SCDJJ Policy 336 – Application of the PREA Standards
- SCDJJ Policy 321 – Prevention of Sexual Offenses toward Juveniles
- Request for Proposal / Marine & Wilderness Camps for SCDJJ
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:

115.312 (a)

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

SCDJJ Policy 321, Prevention of Sexual Offenses toward Juveniles - The SCDJJ PREA Coordinator has full authority for development, implementation, and oversight of the Agency's efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ.

The Facility does not have authority to contract with other entities for the confinement of residents, however, the agency has authority to contract with entities for confinement of residents.

115.312 (b)

Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

See response in section (a).

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No

- 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 No

- 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 No

- 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 No

- 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 residents may be isolated)? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No

- 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 No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No

- 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 No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- 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 No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- 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 No
- 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 No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility 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? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Copies of Unannounced Rounds
- Non-Compliance Staffing Ratio Log
- BRRC Staffing Plan
- SCDJJ Facility Staff Plan
 - Staffing Plan
 - Physical Plant
 - Cameras
 - Blind Sports
 - Staffing Patterns
 - Supervision
 - Unannounced Rounds
 - Staff Supervision of Youth
 - Programming Schedule
 - Facility Breakdown Considerations
 - Staffing Plan Compliance Checklist
 - Sexual Violent Event Checklist
 - DJJ Event Report
 - Security Analysis (Post Chart)

- Deviation from Staffing Plan
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 314 – Camera Surveillance
- SCDJJ Policy 500 – Detention Center Admissions
- SCDJJ Policy 502 – Evaluation Center Admission Services (Classification and Assignment)
- SCDJJ Policy 513 – Supervision of Juveniles in Secure Facilities
- SCDJJ Policy 512 – Search Procedures
- Interviews:

115.313 (a)

The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determine the need for video monitoring, facilities shall take into consideration:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any finding of inadequacy from Federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated);
- The composition of the resident 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.

SCDJJ Policy 336 – Application of the PREA Standards section A.4 – each facility 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 Facility Administrator and the Agency PREA Coordinator in accordance with SCDJJ Policy 513 Supervision of Juveniles in Secure Facilities and the PREA Juvenile Facility Standards.

SCDJJ Policy 314 – Camera Surveillance System, states that SCDJJ will use surveillance equipment to enhance the safety and security of the juveniles and staff by providing a visual account of activities within SCDJJ facilities. Section B.4, The digital video recorder (DVR) will be located in a secure area with restricted access to only CSPs and Chief Investigators must authorize any other access must have authorization from the Inspector General and/or Chief Investigators.

Cameras are strategically located to supplement staffing and to enhance supervision of residents. The auditor is not going to provide further information related to the cameras

because of security concerns; however, observations made during the tour confirmed this facility has a considerable number of cameras strategically located throughout the facility supplementing supervision inside and outside the facility.

Interviewed Staff: The Agency PREA Coordinator indicated that she is consulted regarding any assessments of, or adjustments to, the staffing plan for this facility and the assessments happen six (6) months to a Year.

Interviewed Staff: The Facility Administrator indicated that Broad River Road Complex has a staffing plan. Currently each unit has three pods located within the unit, and each pod has a maximum of ten (10) residents per pod with a minimum of least one officer present on the pod. It is not common to have 10 residents on one pod.

According to Facility Administrator and observation to the tour, each area where resident is housed as well as any area in which residents are authorized to be, there are cameras.

Interviewed Staff: The Facility PREA Compliance Manager indicated that the facility staffing plans meets all requirements listed above.

PAQ: Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents was 127.

PAQ: Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated was 127.

115.313 (b)

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

SCDJJ Policy 336, Application of the PREA Standards – Each facility will document and log all instances of non-compliance with the staffing ratios, which will include written corrective actions plans. All documentation of non-compliance will be provided to the facility PREA Compliance Manager for filing purposes.

115.313 (c)

Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

SCDJJ Policy 336 – Application of the PREA Standards section A.4a – Each facility's written staffing plan reflect pursuant to and maintenance of staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours.

The facility is not maintaining staff ratios of a minimum of 1:8 during resident waking hours. The facility is not meeting the 1:8 ratios during school hours. Reviewing class room rosters indicated that there are only 3 to 6 residents in the classes with teachers, however, there is no security staff to be counted in the ratio.

If there were an exigent circumstance which causes the facility to deviate for the general staffing plan, the facility will fully document.

Policy also requires each facility to document and log all instances of non-compliance with the staffing ratios, which include written corrective actions plans.

115.313 (d)

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 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- The staffing plan established pursuant to paragraph (a) of this section;
- Prevailing staff patterns;
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to commit to ensure adherence to the staffing plan.

Interview with the facility administrator revealed that at least annually, in collaboration with the PREA coordinator and management team, the facility reviews the staffing schedule to see whether adjustments are needed in the requirements above.

115.313 (e)

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

SCDJJ Policy 513 – Supervision of Juveniles in Secure Facilities, Intermediate to higher level supervisors conduct and document all unannounced rounds/security checks. Unannounced rounds/security checks are conducted weekly on all shifts and are prohibited from being announced or alerted to unless it is due to a legitimate operational function of the facility.

Documentation of unannounced rounds to identify and deter staff sexual abuse and sexual harassment were conducted on night shifts as well as day shifts. Unannounced rounds were conducted by intermediate-level and higher-level supervisors and managers. Staff interviews indicated that they are prohibited from alerting other staff of unannounced rounds.

Auditor concern #1: The standard and/or provision requires each secure juvenile facility to maintain staff ratios of a minimum of 1:8 during resident wake hours and 1:16 during resident sleep hours. At this facility the only staff can be counted in the ratios are security.

During the facility tour the following required 1:8 ratio was non-compliant.

- Birchwood Gym – Ratio on the Rec field 1:10
- Holly Unit C Pod – Ratio 1:10
- Poplar Unit B Pod – Ratio 1:9
- Cypress Unit B Pod – Ratio 1:10

A review of the school documentation, number of students per class by teachers regarding 1:8 ratio revealed that the number of students in each class range from 2 to 8; however, at this facility the only staff that are counted in the ratios are security. All 24 classes are considered noncompliant with the 1:8 ratio.

There is a concern that the ratios for the 2nd shift has a 1:8 ratio gap from 7pm to 9pm. This timeframe is within the awake hours.

Corrective Action:

The facility has provided documentation that the Broad River Road Complex have moved towards only allowing eight youth to be housed on a pod in every unit. Also while they are in school, there is no more than six youth in one classroom at a time. *Compliant*

Auditor concern #2: During the facility tour, the male living units had major gang graffiti / writing on walls with black markers, pens and pencil. Gang graffiti is on the 25 feet bathrooms ceilings. The concern is gang members may recruit other residents to commit sex acts to become a gang member.

Corrective Action:

The facility provided work orders for all male units to be painted. Maintenance's response was that this was going to be a part of a larger project. Once the painted project is completed, unit staff will be holding the youth accountable for any markings on the wall moving forward to include, but not limited to, cleaning the walls and completing a statement of charges.

Addition to the memo, the staff will conduct additional routine checks and staff will be sure to post accordingly to ensure the youth can always be properly observed. Thorough frisk searches and shakedowns will continue to be conducted to ensure the youth are not in the possession of unauthorized writing utensils. Due to COVID there has been a delay in getting the walls painted in the male living units, but the agency will continue to closely monitor this deficiency. *Compliant.*

Auditor concern #3: During the facility tour, in the intake building there were six sets of keys unsecured in an office. The concern is any staff could easily pick up a set of keys without accountability.

Corrective Action:

The facility provided documentation. On July 15, 2020, the Facility Administrator addressed the auditors concern by release a “Key Control Directive”. The directive stated: “Please be advised that during the BRRC PREA audit it had come to my attention that the door to the key control room was not secured. Please let this serve as a reminder that the doors to all keys for BBC is to remain secured at all times, no exceptions. Please respond to this email to acknowledge your understanding and receipt of this email. Thank you in advance. BRRC Facility Administrator. *Compliant.*

Auditor concern #4: As of 7/13/20, the following areas or buildings were not visited by the auditor during the tour because they are listed as not authorized for residents. The concern is that staff and/or residents may not know these building are unauthorized to residents. Place restriction signs on these areas.

- Goldsmith Building
- Laundry Facility
- JGR Canteen Warehouse
- IT Building
- IT Training Trailer
- Moultrie Unit
- Catawba Unit
- Classification Building
- Willow Lane Cafeteria
- Employee Health Center
- Old Willow Lane School
- Male Transition Home

Corrective Actions:

The PREA Compliance Specialist created signs for BRRC to post in the designated areas. Temporary unauthorized signs were posted on the front doors of all restricted units until the permanent signs come in.

A copy of the sign that was created was provided to the auditor. *Compliant.*

Auditor concern #5: During the facility tour, there were four living units with blind spots (bed # 1 and 10) in each pod. There are three pods in one living unit, and 2 blind spots in each pod, totaling ten blind spots. Grand total of 36 blind spots.

Corrective Actions:

The facility provided the auditor with pictures and work orders of the convex mirrors that have been installed. *Compliant.*

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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 No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies that enable residents 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 No
- Does the facility have procedures that enable residents 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Curriculum for Cross Gender Training
- PREA Poster: Opposite Gender Must Announce Upon Entry (Spanish and English)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 336 – Application of the PREA Standards
- SCDJJ Policy 512 – Search Procedures
- SCDJJ Policy 312 B Form - Cross-Gender Search Documentation
- SCDJJ Policy Supervision of Juveniles in Secure Facilities
- Interviews:

115.315 (a)

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

SCDJJ Policy 312 Search Procedures – SCDJJ does not conduct cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down/frisk searches, except in limited and documented exigent circumstances. All cross-gender searches are documented on Form 312B, Cross-Gender Search.

The facility staff do not conduct cross-gender pat-down searches, strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Documentation review indicated the facility reported no exigent circumstances for this audit period. The facility maintains documentation when exigent circumstances occur. The facility's search policy prohibits staff from conducting pat-down searches, strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by authorized medical personnel.

Interviewed Staff: Ten (10) out of Twelve (12) Random staff indicated that they would not search or physically examine a transgender or intersex resident for purpose of determining the resident's genital status. Most of the staff stated the facility does not have and transgender.

Interviewed Staff: Twelve (12) out of Twelve (12) 100% Random staff indicated that they announce their presence when entering a housing unit or pod that houses residents of the opposite gender.

Interviewed Residents: Sixteen (16) residents were interviewed (13 males/ 3 female). All three (3) female residents reported they had not been pat searched by male staff. Four (4) male residents reported they had not been pat searched by a female staff. Eight (8) male residents reported been pat searched by a female office and they noted that the staff completed "paperwork" (Form 3.12B – Cross Gender Search Form) after the search was completed.

PAQ: In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents were 0.

PAQ: In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff was 0.

115.315 (b)

The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

The agency does not conduct cross-gender pat-down searches. See section (b).

115.315 (c)

The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

The agency will document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. See section (b).

115.315 (d)

The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

SCDJJ Policy 336 – Application of the PREA Standards section A.7 – all SCDJJ facilities develop and comply with a written and documented standard operating procedure which allows juveniles to shower, perform bodily functions, and change clothing without being completely viewed by other juveniles, non-medical staff, or staff of the opposite gender, except in limited and exigent circumstances, or in the line of one's official duties.

SCDJJ Policy 513 – Supervision of Juveniles in Secure Residential Facilities, states that except in exigent/emergency circumstances, or when incidental to cell/room checks, a juvenile shall be allowed to shower, perform bodily functions, and change clothing without security staff, and all other non-medical staff, or the opposite gender being able to view a juvenile's breasts, buttocks or genitalia. This includes viewing/monitoring via video camera. Staff shall have their presence announced/announce their presence when entering a housing unit/pod which contains juveniles of the opposite gender.

Agency requires the facility to implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine room/cell or bed checks.

Observations of restrooms and shower during the tour confirmed residents have privacy when using the restroom, showering, and changing clothing. PREA friendly shower curtains are at the doorway of the bathrooms and the shower areas to provide privacy. Residents reported they are never naked in full view of staff.

Policy also requires all staff, volunteers, interns, visitors, and contractors to announce their presence when entering a housing unit designated for juveniles of the opposite gender. Written announcements are posted where immediately visible prior to entering the living area.

Interviewed Staff: Twelve (12) out of Twelve (12) 100% of Random staff indicated residents are allowed to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Interviewed Residents: Sixteen (16) residents were interviewed (13 male/3 female). Ten of the residents interviewed reported that staff of the opposite gender announce their presence, most of the time when entering the housing areas. All (3) female resident reported that male staff announce their presence when entering their housing unit. Four (4) male residents reported that not all female staff are consistent with this practice. Two (2) male residents stated that's female staff do not announce their presence when entering the unit; however, they noted that most often there are female staff on the unit working.

115.315 (e)

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or conversation with inmate if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

SCDJJ Policy 336 – Application of the PREA Standards section A.9 – at no time will any SCDJJ facility search or physically examine a transgender or intersex juvenile for the purpose of determining the juvenile's genital status.

During the onsite audit visit there were no transgender or intersex residents housed. If the facility were to receive a transgender or intersex resident, the agency staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, the facility determines during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Interviewed Residents: Sixteen (16) residents were interviewed and all reported that they have never been in full view of the male/female.

115.315 (f)

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

SCDJJ Policy 336 – Application of the PREA Standards section A.10 – The Staff Development and Training Office ensure all security staff are trained in how to conduct cross-gender pat-down/frisk searches, and searches of transgender and intersex juveniles in a respectful manner, and consistent with security needs.

Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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 No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Interpreters List or System for None Speaking English Residents
- PREA Information in Spanish (Handbook, etc.)
- Language Line
- PREA Poster: Zero Tolerance (Spanish)
- PREA Poster: Zero Tolerance (English)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 905 – Juveniles with Disabilities
- Interviews:

115.316 (a)

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

expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skill, or who are blind or have low vision. An agency is not required to take actions that it can demonstrated would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

SCDJJ Policy 905 – Juveniles with Disabilities – SCDJJ make available an Americans with Disabilities ACT (ADA) Coordinator who shall take appropriate steps to ensure juveniles 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.

The facility has taken appropriate steps to ensure that residents with disabilities (including, for example, residents 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 facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In addition, the facility ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The agency has a policy based on Title II of the Americans with Disabilities Act, 28 CFR 35.164.

115.316 (b)

The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents 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.

The facility has taken reasonable steps to ensure meaningful access to all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. This includes taking steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, and using any necessary specialized vocabulary.

115.316 (c)

The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under standard, or the investigation of the resident’s allegations.

The facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations.

Auditor concern: During the random interviews of officers from the 1st and 2nd shift, the question was asked: Does the agency/facility ever allow the use of resident interpreters, resident readers to assist disabled residents or resident with limited English proficiency when making an allegation of sexual abuse or sexual harassment? There were 11 out of 12 officers that stated they would use another resident to interpret.

The same officers were asked if they know how to use the agency language interpreters' line? Again, 11 out of 12 stated they never heard of it.

Corrective Actions:

The agency is currently finalizing a translation agreement to provide the following services: oral-to-oral, written-to-oral or translate small-text communication between the client who speaks Spanish and the DJJ employee who speaks English by taking the concept, register, and mood expressed in one language and producing the same concept, register, and mood in the other language. The agency is currently, Institutional Services uses identified correctional staff when translation services are needed within the facilities.

The translators will provide these services both in-person and through telephonic devices. They will be available for court hearings, in-take, in-home visits, visitations, etc. They are available for all interactions of the facility youth. *Compliant.*

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents 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 No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents 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 No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees who may have contact with residents, 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 No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- List of Criminal Background Checks for New Hires
- List of Criminal Background Checks for Promoted Staff
- SCDJJ Policy 218 – Employee Report of Arrest, Conviction, Child Abuse Registry, or Loss of Driver's License
 - Criminal History and Driver's License Checks conduct annually on all employees
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

- SCDJJ Policy 230 – Employee Recruitment and Selection
- SCDJJ Hiring Packet Checklist
- Interviews:

115.317 (a)

The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C 1997)
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a-2 of this section.

SCDJJ Policy 230 Employee Recruitment and Selection – SCDJJ will conduct criminal background records checks before hiring or promoting any new hires or employees, and will not hire or promote anyone who has engaged in sexual abuse of any kind. Individuals who have been accused of sexual harassment will be considered on a case by case basis. SCDJJ conduct criminal background records checks at least every five years for current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

The agency requires the facility not to hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents as listed in this standard to include the following provisions:

Interviewed Staff: The Agency Administrative-Human Resources Staff indicated yes to this standard. Stating that the agency performs the criminal background checks and the child abuse registry checks. The agency does not hire individuals who have committed a crime against moral turpitude as prescribed by SC State law. A background check is run on employees up for consideration of promotions.

Staff also stated that OHR does not process the background checks or child abuse registry checks for contractors. These are completed and maintained by the divisions and offices that use contract services. Health Service response is, “they require criminal background checks on all contract nurses. Is specified in the contract.

115.317 (b)

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

See section (a) response.

115.317 (c)

Before hiring new employees, who may have contact with residents, the agency shall:

- Perform a criminal background records check; and
- Consult any child abuse registry maintained by the State or locality in which the employee would work;
- 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.

Policy requires that before hiring new employees who may have contact with residents, the facility will perform a criminal background 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 residents or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations.

Interviewed Staff: The Agency Administrative-Human Resources Staff indicated that OHR submits a request to conduct an annual background check on our current employees to the Division of Investigative Services. The Division of Investigative Services uses the National Crime Information Center (NCIC) to perform these checks.

PAQ: In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was 150.

115.317 (d)

The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

Agency completes a criminal background records check before enlisting the services of contractors who may have contact with residents. The agency also requires the facility to conduct criminal background record checks every five years for current employees and contractors who have contact with residents according to staff interviews.

See section (a) response.

115.317 (e)

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

SCDJJ Policy 230 Employee Recruitment and Selection – SCDJJ will conduct criminal background records checks before hiring or promoting any new hires or employees, and will not hire or promote anyone who has engaged in sexual abuse of any kind. Individuals who have been accused of sexual harassment will be considered on a case by cases basis. SCDJJ

conduct criminal background records checks at least every five years for current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

Interviewed Staff: The Agency Administrative-Human Resources Staff indicated yes, according to Policy 218, the agency conducts annual anniversary checks for current employees, not contractors.

See section (c) response.

115.317 (f)

The agency shall ask all applicants and employees who may have contact with residents 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.

Interviewed Staff: The Agency Administrative-Human Resources Staff indicated yes; the agency asked all applicants on their applications as supplemental on all of the agency job posting in NEOGOV (the state's job posting portal). It is a mandatory question when completing employment applications for this agency.

115.317 (g)

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The agency prohibits staff from material omissions and the provision of materially false information.

Interviewed Staff: The Agency Administrative-Human Resources Staff indicated yes; current employees are required to report arrests. Material omissions regarding such misconduct, or the provision of false informational material is grounds for termination as stated in our Employee Progressive Discipline Policy 228.

115.317 (h)

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

Interview with agency human resource staff indicated that when a former employee applies for work at another facility, upon request from that facility, they would provide requested information as long as it does not violate policies or laws.

Interviewed Staff: The Agency Administrative-Human Resources Staff indicated yes; unless prohibited by court order or consent agreement. Employers is SC currently have contained immunity from releasing information on prospective employees; however, if the requesting institutional employer has already hired the individual, DJJ would have to consider what information may be released and what liability could be incurred.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- 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 residents 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.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Statement: Confirming No Upgrades, Expansion or Modification Past 3 Years
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 336 – Application of the PREA Standards
- SCDJJ Policy 314 – Camera Surveillance
- Interviews:

115.318 (a)

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

SCDJJ Policy 336 – Application of the PREA Standards section A.14 – When determining additions or considering new construction, SCDJJ consider the effects of the design or modification upon the facility’s ability to monitor and protect the juveniles from sexual abuse.

Interviewed Staff: The Facility Administrator indicated that Broad River Road Complex

The facility management team indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the plan will consider the effect of the design, acquisition, expansion, or modification upon the facility’s ability to protect residents from sexual abuse.

115.318 (b)

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

The facility management team indicated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility’s ability to protect residents from sexual abuse.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- 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 No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- 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 No NA

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.321 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Copy of the MOU (email submitted)
- Investigation Reports (Event Reports); Copies of all Investigations
- Juvenile Grievances – Completed
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Protocol for Alleged Sexual Assault Involving Penetration
- SCDJJ Policy 336 – Application of the PREA Standards
- Office of Inspector General “The Emergency Medical Treatment and Labor Act” Survey of Hospital Emergency Department (January 2001 OEI-09-00220)
- SCDJJ Policy 328 – Investigation
- SCDJJ Policy 911 – Clinical Crisis Intervention
- Interviews:

115.321 (a)

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

SCDJJ Policy 328 Investigations - requires the Division of Investigative Services is responsible for investigating all allegations of sexual abuse. 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 juvenile or staff, and availability of evidence.

The agency is responsible for investigating allegations of sexual abuse at Juvenile Detention Center. The investigators follow a uniform evidence protocol that is used in obtaining usable physical evidence for administrative and criminal proceedings.

115.321 (b)

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

Policy requires SCDJJ’s Division of Investigative Services - ensure that a uniform evidence protocol that is developmentally appropriate for youth, is documented and used based on the most current law enforcement practices.

According to interviews, the agency protocol is appropriate and adapted from or otherwise based on the most recent edition of the “*National Protocol for Sexual Assault Medical*

Forensic Examinations, Adults/Adolescents.” This is a part of all Medical staff that conducts Forensic Examinations. However, the medical staff at the facility does not conduct these exams.

115.321 (c)

The agency shall offer all residents who experience 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. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provided SAFEs or SANEs.

SCDJJ Policy 321 Prevention of Sexual towards Juveniles - require any juvenile who alleges sexual assault will be given medical assistance consistent with policy guidelines.

Residents are offered access to forensic medical examinations at the local hospital without financial cost. The local hospital or the rape crisis center provides a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) if available. However, if a SAFE or SANE is not available, a qualified medical practitioner will perform the examination. The facility will document activities.

PAQ: The number of forensic medical exams conducted during the past 12 months was 0.

PAQ: The number of exams performed by SANEs/SAFEs during the past 12 months was 0.

PAQ: The number of exams performed by a qualified medical practitioner during the past 12 months was 0.

115.321 (d)

The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocates services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of 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. 14043g (b) (2) (c), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

SCDJJ Policy 911 Clinical Crisis Intervention - requires Mental Health Practitioners ensure that the victim (s) are offered the services of an outside agency victim advocate consistent with SCDJJ Policy 321, Prevention of Sexual Offenses towards Juveniles and SCDJJ Policy 911, Clinical Crisis Intervention.

The facility makes available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from a community-based organization, or a qualified facility staff member. The facility provided documentation that showed attempts with Rape Crisis Center efforts to secure services.

115.321 (e)

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

SCDJJ Policy 911 Clinical Crisis Intervention - requires Mental Health Practitioners ensure that the victim (s) are offered the services of an outside agency victim advocate.

The victim advocate, if used, will meet the requirements of qualified community-based organization staff that accompanies and supports the victim through the forensic medical examination process and investigatory interviews, and provides emotional support, crisis intervention, information, and referrals as needed.

Interviewed Staff: The Facility PREA Compliance Manager indicated that indicated yes that if requested by the victim a qualified facility staff member, or qualified community-based organization staff member accompany and provided emotional support, crisis intervention, information, and referral during the forensic medical examination process and investigatory interviews.

The Facility PREA Compliance Manager also indicated that the facility attempt to make available a victim advocate from a rape crisis center when a resident is offered this service whenever an incident involving penetration happens when they are taken to the hospital and examined by their medical staff. Also, the on-clinical will assess the resident if he/she reports being sexually harassed and offer this service at that time.

The Facility PREA Compliance Manager also indicated that if a rape crisis center provides victim advocate services, the agency ensure that qualifications are met through The Standards Manager and Quality and Compliance Administrator constantly communicates with the local victim advocate services to establish the MOU's and on-going quality advocate services.

115.321 (f)

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

The Division of Investigative Services does not investigate an allegation, the Chief of Investigations request in writing that the investigating agency follow the requirements set by the PREA standard.

If the agency turns the investigative case over to an outside entity, the agency is responsible and follows up on the outside process.

115.321 (g)

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

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

115.321 (h)

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

See section (e) response.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- 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 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Investigation Reports (Event Reports); Copies of all Investigations
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Protocol for Alleged Sexual Assault Involving Penetration
- SCDJJ Policy 336 – Application of the PREA Standards
- SCDJJ Policy 328 – Investigation
- Interviews:

115.322 (a)

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

According to interviews with the facility administrator and the investigator, the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported for resident-on-resident or staff-on-resident misconduct.

PAQ: During the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was 30.

115.322 (b)

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

The agency has 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. Per policy, substantiated allegations of conduct that appears to be criminal are referred for prosecution. Investigations staff imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.322 (c)

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The agency publishes the policy on its website.

115.322 (d)

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

The agency has a policy for conducting administrative and criminal investigations.

115.322 (e)

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

NA

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
 Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- 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 No
- 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 No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Employee Training and Employment Status Log (7 out of the 50 employees did not have the Acknowledgement of PREA Training)
- Introduction to Trauma and Trauma-Informed Care (5.5 Hours)
- Adolescent Development and Delinquency (6 Hours)
- Legal 101 for Juvenile Correctional Officers (2.75 Hours)

- Abuse and Neglect Reporting
- Legal Update and PREA (Children’s Law Center)
- SC Quality & Compliance Training Curricula
- SCDJJ Policy 336 – Application of the PREA Standards
- SCDJJ Policy 241 - Staff Development and Training Requirements and Services
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Staff Documentation of Refresher Training
- Interviews:

115.331 (a)

The agency shall train all employees who may have contact with residents 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;
- Residents’ right to be free from sexual abuse and sexual harassment;
- The right of residents 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 residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Relevant laws regarding the applicable age of consent.

All employees, juvenile, contractors, interns, and volunteers, to include contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Juveniles, which establishes the Agency’s zero tolerance for sexual abuse and sexual harassment of juveniles, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees a refresher training regarding these standards every two years to ensure that all employees know the Agency’s current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employees file.

The facility has trained staff that has contact with residents based on the requirements stated in this standard. According to staff interviews, sexual abuse and sexual harassment training is provided in pre-service orientation training, in-service, and other additional training includes topics above.

115.331 (b)

Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and gender of the residents at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that house only male residents to a facility that houses only female residents, or vice versa.

Training is tailored to the gender of the residents at the employee's facility. Review of documentation revealed that staff receive additional training if the staff is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. The staff will receive this training through additional pre-service training.

115.331 (C)

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

The agency requires its facilities to 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. According to agency PREA coordinator, for the years in which employees do not receive refresher training, the facility provides refresher information on current sexual abuse and sexual harassment policies through shift briefing and staff meetings.

115.331 (d)

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

The facility documents, through employee signature verification, the staff understands the training they have received. The facility documents staff training using the training roster, which requires the signature, date and job title of the staff and instructor.

Auditor concerns: During the random interviews of officers from the 1st and 2nd shift, the question was asked: Did you receive initial PREA Training and can you discuss some of the training topics? There were 10 out of 12 officers that stated they have not or cannot remember. However, over 50 PREA Training Acknowledgement Statements were signed by staff confirming completion of training. There is a disconnect between interviews and training documentation.

During the random interviews of officers from the 1st and 2nd shift, the question was asked: Did you receive PREA refresher training within past two years? There were 8 out of 12 officers that stated they have not or do not remember receiving training.

There are concerns requiring all required PREA Training.

Corrective Action:

The PREA Compliance Specialist with the approval and authorization of the Agency PREA Coordinator developed a training Power Point presentation covering the following performance overviews:

- Explain the Federal Prison Rape Elimination Act (PREA).
- Summarize the purpose of our agency Zero Tolerance policy (321) Prevention of Sexual Offenses toward Juveniles.
- Explain what PREA is.
- Explain the role of the Standards Manager who services as the Agency PREA Coordinator and the facility PBS/PREA Compliance Manager.
- Discuss the implementation of the PREA program per our agency policies.
- Discuss varies PREA program planning as outline in our agency's policies (Prevention, Responsive, and Corrective). The First Responder Protocol is included in the Responsive Planning section.
- Discuss proper reporting procedures as outlined per agency policy.
- Review the protocol for using the Agency Tip Line.

The trainings were presented via Microsoft teams, and a recorded version of the training was offered as well for those security staff who were not available to attend a live session. Also, an Individual PREA Training documentation form was forwarded to the Facility Administrator instructing all training participants to return the form signed within 3 business days at the completion of the training with their supervisor's signature as verification of attendance.

The initial deadline to complete the training was October 30, 2020, however, it was extended to December 29, 2020 to give security staff the opportunity to complete the required training. The recorded version of the training will remain readily available on the agency's SharePoint drive as an ongoing training resource for current officers and incoming security officers.

In addition to the above training, a new mandatory 6-hour training is offered monthly for all security staff called PREA and the Implementations for SCDJJ. This training is was implemented August 17, 2020 as a required training in the basic training session for incoming security staff.

Two-year refresher trainings are now offered through the agency's eLearning system to all employees of SCDJJ and it is offered in 4 parts. The refresher trainings stated in July 1, 2020 and they are automatically assigned to every agency employee through the system.

The facility provided the auditor all supporting signed documentation along with the PREA training Power Point. *Compliant.*

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Volunteer Manual 2019
- Volunteer Orientation Training
- List of Volunteers the Visit BCCR in the past 12 months
- Copies of the completed Volunteer's Certification of Orientation and Agreement
- List of One Time Volunteer Visit Orientation Completed Forms
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 302RC – Contractor Conduct Agreement
- SCDJJ Policy 914 – Volunteer Services
- SCDJJ Policy 336 – Application of the PREA Standards
- List of Contractors
- Copies of Contractors Conduct Agreements
- Interviews:

115.332 (a)

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

All employees, juvenile, contractors, interns, and volunteers, to include contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Juveniles, which

establishes the Agency's zero tolerance for sexual abuse and sexual harassment of juveniles, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees a refresher training regarding these standards every two years to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employees file.

115.332 (b)

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

The level of training provided to volunteers and contractor are based on the services they provides to the facility.

115.332 (c)

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

Policies requires that documentation of this training will be placed in the volunteers and contractors file.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Juvenile Handbook (English and Spanish)
- PREA Training Curriculums or Education video
- Copies of Juveniles Completing the Required PREA Training
- SCDJJ Policy 336 – Application of the PREA Standards
- PREA Poster - English
- PREA Poster - Spanish
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:

115.333 (a)

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

SCDJJ Policy 321, Application of the PREA Standards – each SCDJJ facility will ensure that all juveniles receive education on the Agency's zero-tolerance policy, their rights and responsibilities on how to be free from sexual abuse, sexual harassment, and retaliation for reporting. Such education will be provided to all juveniles within 10 days of intake.

Interviewed Residents: Sixteen (16) residents were interviewed. Thirteen (13) residents reported that they recalled watching a video explaining sexual abuse and harassment, how to report and there to not be punished for reporting and looking at a video when they arrived in intake. They also noted that when they met with their social worker, they conducted orientation with them regarding sexual abuse and harassment, how to report and their right to not be punished for reporting. Two (2) resident reported they did not recall getting information in intake about sexual abuse and harassment, but they reported their social worker reviewed the sexual abuse and harassment, but they reported their social worker reviewed the sexual abuse and harassment and how to report it and their right to not be punished for reporting.

One (1) resident reported he received this information at another facility and when he arrived at this facility, they reviewed the information he had already gave the other facility.

All sixteen (16) resident that were interviewed, were transferred to the facility from another facility.

115.333 (b)

Within 10 days of intake, the agency shall provide comprehensive education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

See section (a) response.

115.333 (c)

Current residents 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 resident's new facility differ from those of the previous facility.

All resident has receive PREA education.

115.333 (d)

The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

See response.

115.333 (e)

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

Policy requires documentation of provided education will be placed in the juvenile's permean file.

115.333 (f)

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through poster, resident handbooks, or other written formats.

The agency provides key information through posters, resident handbooks and videos.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received 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 115.321(a).)
 Yes No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- 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 115.321(a).) Yes No NA
- 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 115.321(a).) Yes No NA
- 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 115.321(a).)
 Yes No NA

115.334 (c)

- 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 115.321(a).)
 Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- SCDJJ Policy 336 – Application of the PREA Standards
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- NIC Certificate of Completions for Online PREA: Investigating Sexual Abuse in a Confinement Setting- Advanced Investigations
- NIC Certificate of Completions for Online PREA: Investigating Sexual Abuse in a Confinement Setting
- NIC Certificate of Completions for Online PREA: Your Role Responding to Sexual Abuse
- Special Training Develop by The Moss Group & PREA Resource Center
 - Module #1: Investigating Sexual Abuse in Correctional Settings
 - Module #2: Legal Issues and Agency Liability: Guidance for the Field
 - Module #3: Investigations and Agency Culture
 - Module #4: Trauma and Victim Response – Considerations for the Investigative Process
 - Module #5: Role of Medical and Mental Health Practitioners in Investigations
 - Module #6: First Response and Evidence Collection: The Foundation for Successful Investigations
 - Module #7: Interviewing Juvenile Sexual Abuse Victims
 - Module #8: Reporting Writing
 - Module #9: Prosecutorial Collaboration
- Interviews:

115.334 (a)

In addition to the general training provided to all employees pursuant to standard 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

In addition to general training provided to all employees and training provided by the SC Criminal Justice Academy, the Division of Investigative Services will ensure that its investigators who investigate allegations of sexual assault have specialized training as prescribed in the standard.

115.334 (b)

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

The National Institute of Corrections (NIC) online training “PREA: Investigating Sexual Abuse in a Confinement Setting” includes the following topics:

1. Initial Response
2. Investigation
3. Determination of the Findings
4. A Coordinated Response
5. Sexual Assault Response Team
6. A Systemic Approach
7. How Sexual Abuse Investigations Are Different
8. How Investigations in Confinement Settings Are Different
9. Criteria for Administrative Action
10. Criteria for Criminal Prosecution
11. Report Writing Requirements of an Administrative Report
12. Requirements for an Administrative Report
13. Requirements for a Criminal Report
14. The Importance of Accurate Reporting
15. Miranda and Garrity Requirement
16. Miranda Warning Considerations
17. Garrity Warning Considerations
18. The Importance of Miranda and Garrity Warnings
19. Medical and Mental Health Practitioner’s Role in Investigations
20. PREA Standards for Forensic Medical Examinations

115.334 (c)

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

The agency investigators provided documentation of NIC training and rosters.

115.334 (d)

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

NA

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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 No NA

- 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 No NA
- 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 juvenile 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 No NA
- 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 No NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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 No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (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 No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Medical and Mental Health Training Excel Sheet
- SCDJJ Policy 336 – Application of the PREA Standards
- List of Medical Staff (Full and Part Time)
- Specialized Training Curricula for Medical or NIC
- Interviews:

115.335 (a)

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

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

SCDJJ Policy 336, Application of the PREA Standard – All medical and mental health (social workers, psychologists) personnel will receive specialized training on the identified items listed above.

115.335 (b)

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Facility medical staff does not conduct forensic examinations.

Interviewed Staff: Mental Health staff indicated that at BRRC, they don't conduct forensic evaluations in the context that is mentioned. However, they do have experience conducting

psychological evaluations from my graduate school education and clinical psychology internship. He also completed psychological evaluations in my previous work in private practice.

Staff also indicated that the mental health staff receive training in trauma-informed care and working with youth who have been sexually abused.

115.335 (C)

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

Facility medical staff does not conduct forensic examinations.

115.335 (d)

Medical and mental health care practitioners shall also receive the training mandated for employees under standard 115.331 or for contractors and volunteers under standard 115.32, depending upon the practitioner's status at the agency.

All employees, juvenile, contractors, interns, and volunteers, to include contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Juveniles, which establishes the Agency's zero tolerance for sexual abuse and sexual harassment of juveniles, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees a refresher training regarding these standards every two years to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employees file.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- 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 resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Juvenile Intake: Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) – (90)

- Copies of the VVSAS Juvenile Reassessments
- List of Residents Vulnerability to Victimization
- List of Residents Sexually Aggressive
- List of Residents Physically Aggressive
- SCDJJ Policy 336 – Application of the PREA Standards
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 321 – Prevention of Sexual Offenses toward Juveniles
- SCDJJ Policy 509 – Custody, Placement, and Supervision Levels
- SCDJJ Policy 512 – Classification System for Housing in Secure Facilities
- SCDJJ Policy 500 – Detention Center Admissions
- SCDJJ Policy 501 – Evaluation Center Intake Operational Process
- SCDJJ Policy 503 – Long Term Facility Admissions
- Interviews:

115.341 (a)

Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

SCDJJ Policy 336, Application of the PREA Standards – All juveniles will be screened by an intake officer and a clinical practitioner for risk of vulnerability/abusiveness consistent with the PREA Juvenile Facility Standards requirements within 72 hours of arrival at each facility and before placement decisions and assignments are made.

Interviewed Residents: Sixteen (16) residents were interviewed. Twelve (12) residents interviewed has entered the facility within the past 12 months. Approximately one (1) residents could not recall if they were asked questions about prior sexual history of sexual abuse, or whether they identified as being gay, lesbian, or bisexual, has a disability, or felt in danger of sexual abuse. For those that could recall, it was reported that the questions were asked upon arrival and by their assigned psychologist.

100% of the residents reported feeling safe and that sexual assault and did not “really” occur at the facility.

115.341 (b)

Such assessments shall be conducted using an objective screening instrument.

All secure facilities will use the Vulnerability to Victimization or Sexual Aggression Screening (VVSAS) instrument (form 321D) provided.

115.341 (c)

At a minimum, the agency shall attempt to ascertain information about:

- Prior sexual victimization or abusiveness;

- Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- Current changes and offense history;
- Age;
- Level of emotional and cognitive development;
- Physical size and stature;
- Mental illness or mental disabilities;
- Intellectual or developmental disabilities;
- Physical disabilities;
- The resident own perception of vulnerability; and
- Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

A review of the Vulnerability to Victimization / Sexual Aggression Screening (VVSAS) indicated the following information:

115.341 (d)

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The required information is ascertained through conversations with the resident during the intake process and medical and mental health screenings.

115.341 (e)

The agency shall implement 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 resident's detriment by staff or other residents.

Interviewed Staff: The Agency PREA Coordinator indicated that she has an outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation.

Interviewed Staff: The Facility PREA Compliance Manager indicated that the agency has outlined the Facility Administrator, Social Workers, PBS/PREA, and Centralized Institution Operation Center.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No

- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Documentation for Placing Youth in Housing, Programs, etc.
- Facility Housing Determination Form 321G (Completed)
- Sexual Orientation, Gender Identity, and Gender Expression (SOGIE Assessment) Form 321E (Completed)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 336 – Application of the PREA Standards
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 509 – Custody, Placement, and Supervision Levels
- SCDJJ Policy 512 – Classification System for Housing in Secure Facilities
- SCDJJ Policy 500 – Detention Center Admissions
- SCDJJ Policy 501 – Evaluation Center Intake Operational Process
- SCDJJ Policy 503 – Long Term Facility Admissions
- Interviews:

115.342 (a)

The agency shall use information from the risk screening required by standard 115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

SCDJJ Policy 336, Application of the PREA Standards – Each facility’s multidisciplinary team will use the information obtained from the screening tool for vulnerability/abusiveness to help determine each juveniles housing, bed, program, education, and work assignment. Determinations for housing of juveniles will be documented on the Facility Housing Determination Form 321G, and reviews will be documented on the Facility Housing Re-Assignment/Review form 321H. SC DJJ policy 321, Prevention of Sexual Offenses towards Juveniles; SCDJJ Policy 503, Long Term Facility Admissions; SCDJJ Policy 501, Evaluation Center Intake Operational Process; and SCDJJ Policy 500, Detention Center Admissions.

115.342 (b)

Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

SCDJJ Policy 323, Isolation of Youth, juveniles 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 youth safe can be arranged.

115.342 (c)

Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Juveniles who identify as lesbian, gay, bisexual, transgender, questioning/queer, or intersex (LGBTQI) will be treated in accordance with SCDJJ Policy 918, Juvenile Rights and responsibilities, and SCDJJ Policy 222, Employee Ethics and Relations with Others. Employees completing the juvenile intake will complete the Sexual Orientation, Gender Identity, and Gender Expression (SOGIE Assessment) form 321E.

115.342 (d)

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

Juveniles who identify as transgender or intersex will have their own perceptions of safety and housing documented on and considered on a case-by-case basis. The facility’s Multidisciplinary Team will discuss each juvenile and make housing assessments based on information gathered during intake. The Multidisciplinary Team will discuss all juvenile requests and document the facility’s decisions based on the facility’s management and security capabilities.

Interviewed Staff: The Agency PREA Coordinator indicated that the agency does not have special housing units or pods for lesbian, gay, bisexual, transgender, or intersex residents.

Interviewed Staff: The Facility PREA Compliance Manager indicated that the facility has no special housing units or pods for lesbian, gay, bisexual, transgender, or intersex residents.

115.342 (e)

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

In determining housing and programming for juveniles who identify as transgender or intersex, staff will complete the Transgender/Intersex Declaration of Preference Statement form (321F) and will utilize the juvenile's preferences in their assignment decision on a case-by-case basis. The facility's Multidisciplinary team will discuss placement, management, and security considerations consistent with SCDJJ Policy 503, 501, and 500. If the Multidisciplinary team chooses to house a juvenile with the juvenile's gender opposite of his/her biological makeup, then the Multidisciplinary team will meet at least twice per year to discuss and document the juvenile's status. All decisions on the placement of housing of transgender or intersex youth will be documented and will include descriptive reasoning on how and why decision was made.

Interviewed Staff: The Facility PREA Compliance Manager confirmed that facility determine housing and program assignments for transgender or intersex residents by using the intake information the Multidisciplinary team will meet to take into consideration the issues concern the resident regarding housing, bedding, programming, etc. this process includes consideration of whether the placement ensures the resident's health and safety. According to the Compliance Manager the Multidisciplinary team reassessed residents every 30 days.

115.342 (f)

A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration.

Interviewed Staff: The Facility PREA Compliance Manager indicated that transgender or intersex residents' views with respect to his or her own safety is given serious consideration in placement and programming assignments, however, she indicated that the facility does not have and transgender or intersex to identified.

115.342 (g)

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Transgender and intersex resident will be given the opportunity to shower separately from other juveniles.

Interviewed Staff: The Facility PREA Compliance Manager indicated that that if a facility has a transgender or intersex resident, they would be given the opportunity to shower separately from other residents if requested.

115.342 (h)

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- The basis for the facility's concern for the resident's safety; and
- The reason why no alternative means of separation can be arranged.
- Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

Reviewed documentation indicated that the housing determination meeting is a meeting that discusses a resident's progress within their assigned living unit or pod. If a resident is in isolated this meeting discuss a resident 30 days from arrival to BRRC and then every 90 days thereafter.

PAQ: The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months was 0.

PAQ: The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, a/or legally required education or special education services in the past 12 months was 0.

PAQ: The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months was 0.

Auditor concern: Standards requires agency or facility to use all information obtained in the screening for risk of sexual victimization and abusiveness (PREA Screenings) and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. During the documentation review, there was no process for using the required information from standard 115.341 to make housing determinations or program assignments. The residents receive housing assignments for the Evaluation Center prior to arriving at BRRC. It appears that the facility does not review or use the required information to ensure that residents are being housed for their safety. The auditor was not provided with the facility housing determinations.

Corrective Actions:

To ensure a solid classification process, all disciplines areas such as security, clinical, classification and PREA participates in meetings to secure a concrete plan for housing the youth. As a result of these meetings, the classification policy, 512-Housing in Secure Facilities has been updated and has been sent to policy management for review. Once policy management reviews the draft, the revised policy will be sent to legal for final approval.

The facility provided completed copies of the new Facility Housing Determination Forms completed on the current youth at the facility.

The facility provided completed copies of the Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) – PREA Screening for 60 current resident.

An updated copy on the revised policy 500 Classification System for Housing in Secure Facilities was provided indicating the new processes. *Compliant.*

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- SCDJJ Policy 336 – Application of the PREA Standards
- SCDJJ Policy 321 – Prevention of Sexual Offenses toward Juveniles
- SCDJJ Policy 222 – Employee Ethics and Relations with Others
- SCDJJ Policy 322 – Alleged Abuse and Neglect of a Juvenile
- SCDJJ Policy 326 – Reporting Events
- Copies of PREA Grievances (18)
- Documentation of All Notification to Residents of Investigative Outcomes
- Resident Handbook (Spanish and English)
- Civil Immigration Information Provided to Residents
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- PREA Poster: Zero Tolerance (Spanish)
- PREA Poster: Zero Tolerance (English)
- SCDJJ Policy 605 – Sick Call Process
- Interviews:

115.351 (a)

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

Juveniles who allege sexual harassment or sexual abuse can report the following ways:

- Report to Staff
- Report to Volunteers
- Report to Contractor
- Report Third Party (Family Members)
- File A Grievance

- Fill out Sick Call
- Hotline

Interviewed Staff: The Facility PREA Compliance Manager indicated that the above reported process is what the facility uses.

Interviewed Residents: Sixteen (16) interviewed residents stated that they have multiple ways to report. Most of the residents reported that they could communicate with staff (most identified their social worker as the staff to communicate with), write a Juvenile Allegation/Grievance report, or tell family. Two (2) resident reported that while they know how to report allegation of sexual abuse and sexual harassment, they would rather tell someone they trust outside the facility. All sixteen (16) residents interviewed indicated that they could report sexual abuse or harassment to someone who does not work at the facility. Several residents reported they could make a report without providing their name. Sixteen (16) residents were aware of the PREA hotline and address, which they noticed was posted on the unit wall. When probed about the posters on their units with an outside number and address, they could call or write, all residents were aware of the posters.

115.351 (b)

The agency shall also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detailed solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Juveniles who allege sexual harassment or sexual abuse can report the following ways:

- Report Third Party (Family Members)
- File A Grievance a Mail to Office of Juvenile and Family Relations (OJFR)
- Contact Consular Officials
- Fill out Sick Call
- Hotline

Interviewed Staff: The Facility PREA Compliance Manager indicated that the above reported process is what the facility uses.

115.351 (c)

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

SCDJJ Policy states all employees, contractors, and volunteers are mandated to report any knowledge of alleged, communicated, or suspected abuse of a juvenile immediately.

Employees, volunteers, contractors, or anyone who has knowledge of alleged, communicated, or suspected abuse can report anonymously to the division of Investigative Services (DIS) at 1-866-313-0073.

115.351 (d)

The facility shall provide residents with access to tools necessary to make a written report.

Interviewed Staff: The Facility PREA Compliance Manager indicated that the residents have access to pencils and markers.

115.351 (e)

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Employees, volunteers, contractors, or anyone who has knowledge of alleged, communicated, or suspected abuse can report anonymously to the division of Investigative Services (DIS) at 1-866-313-0073.

Interviewed Staff: Twelve (11) out of Twelve (12) Random staff indicated that they can report privately sexual abuse or sexual harassment, retaliation by other residents or staff, report directly to their supervisor or the Facility Administrator. All staff stated that residents can report alleges verbally, in writing through grievances, anonymously and through third parties, family.

Auditor concern: During the facility tour, four resident living units did not have grievance boxes or had broken boxes. Agency policy requires the grievance coordinator to pick-up grievances three times per week. There is a concern regarding where the residents are submitting the grievances; and facility and regional grievance coordinator has not submitted work orders in a timely manner.

Corrective Actions:

The facility provide pictures of all repaired grievance boxes. *Compliant.*

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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 No

115.352 (b)

- Does the agency permit residents 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 No NA
- Does the agency always refrain from requiring a resident 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 No NA

115.352 (c)

- Does the agency ensure that: A resident 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 No NA
- 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 No NA

115.352 (d)

- 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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, 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 No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident 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 No NA
- 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 No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- 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 No NA
- 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 No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Copies of PREA Grievances (18)
- Documentation of All Notification to Residents of Investigative Outcomes
- SCDJJ Policy 336 – Application of the PREA Standards
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 920 – Juvenile Grievance Process
- Interviews:

115.352 (a)

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

The agency has a grievance process, however, the Division of Investigative Services (DIS) will investigate all allegations of sexual abuse and sexual harassment. Juveniles do not have to use an informal grievance process to address any alleged perpetrators to resolve an alleged incident.

115.352 (b)

- The agency shall not impose a time limit on when a resident 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 and incident of sexual abuse.
- The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- Nothing in this section shall restrict the agency's ability to defend against a resident lawsuit on the ground that applicable status of limitations has expired.

All PREA issues that are reported through the grievance process is send to investigation.

115.352 (c)

The agency shall ensure that:

- A resident who alleges sexual abuse may submit a grievance with without submitting it to a staff member who is the subject of the compliant, and
- Such grievance is not referred to a staff member who is the subject of the compliant.

SCDJJ Policy 920, Juvenile Grievance Process – the OJFR will ensure that grievance receptacles are available and secure in all facilities. Juveniles will not be required to give a grievance form to any staff member who is the subject to the compliant.

115.352 (d)

PAQ: In the past 12 months, the number of grievances filed that alleged sexual abuse was 27.

- The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
- Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
- The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

The OJFR will notify the juvenile of the process of the investigation when provided the information from the investigator. The investigator assigned to the allegation will ensure that the OJFR coordinator is notified of the administrative investigation and the results within 45 days from receiving the allegation.

115.352 (e)

- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
- If a third party files such a request on behalf on an resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

- If the resident declines to have the request processed on his or her behalf, the agency shall document the resident decision.
- A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

All third parties are permitted to assist residents in filing request for administrative remedies relating to allegations of sexual abuse.

115.352 (f)

- The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
- After receiving an emergency grievance alleging an resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, 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 shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

See section (b).

115.352 (g)

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the residents filed the grievance in bad faith.

The facility has not discipline any staff or residents for PREA issues regarding bad faith reporting.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- 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 No NA

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, 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 No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Immigrant Services Information
- Memorandum of Understanding (MOU) – Sexual Trauma Services

- Protocol for Alleged Sexual Assault Involving Penetration
- SCDJJ Policy 336 – Application of the PREA Standards
- Resident Handbooks (English and Spanish)
- Posters with Outside Service Information
- SCDJJ Policy 925 – Juvenile Visitation Procedure in Secure Facilities
- Interviews:

115.353 (a)

The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 residents and these organizations and agencies, in as confidential a manner as possible.

Juveniles will have access to available outside victim advocates for emotional support. Information for advocacy centers will be provided throughout all SCDJJ facilities and as a part of the juvenile orientation program in secure confinement centers.

Interviewed Residents: Sixteen (16) Sixteen (16) interviewed residents were asked if they were aware of services outside of the facility for dealing with sexual abuse. While two (2) residents were aware that there were services outside the facility, fourteen (14) could not recall not recall being aware of services outside of the facility for dealing with sexual abuse. When probed about the posters on their units, several residents were able to then explain some of the information on the poster to include a hotline number and the address to file a report outside the facility.

115.353 (b)

The facility shall inform residents, 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.

SCDJJ Policy 336, Application of the PREA Standards – Any monitored communications will be expressed to juveniles and parents prior to authorization for use.

See section (a) response.

115.353 (c)

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

SCDJJ Policy 336, Application of the PREA – SCDJJ 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.

Interviewed Staff: The Facility PREA Compliance Manager provided documentation (email) requesting a MOU, however, the requested agency is state and do not give MOU. They are required by state to provided confidential emotional support services.

115.353 (d)

The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

SCDJJ Policy 918, Juvenile Rights and Responsibilities, juveniles will be allowed confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Interviewed Staff: The Facility Administrator indicated that Broad River Road Complex is able to provide each resident with reasonable and confidential access to their attorney's due to the process has been established where the Facility Administrator is the only staff member on campus that has the authority to schedule a resident to meet with their attorney. At which time the Facility Administrator schedules and reserves a private space at the CCC Building for residents to meet with their attorney.

The Facility Administrator also indicated that residents are afforded access to the parents or guardians with weekly telephone calls to their parents which are provided to them by their assigned social workers and also each resident is afforded the opportunity for visitation on a weekly basis, each Saturday between 1pm – 5pm.

Interviewed Staff: The Facility PREA Compliance Manager indicated that residents have access to their attorneys or other legal representation by requesting through their social worker and do a special visit. Once the resident asks to speak to their social worker and the proper documentation or communication is completed, they are permitted to access.

According to the Compliance Manger, policy and practice provides the residents with access to parents or legal guardians thru a weekly phone call for approx. 10 minutes and also visit on the weekend when it possible. There may be circumstances where residents wouldn't be allowed access to parents or legal guardians only when it is court order, or the facility suspended visitation.

Interviewed Residents: Sixteen (16) interviewed residents were asked does the facility to allow them to talk with your lawyer or another lawyer and will they allow you to talk with the person privately. Fourteen (14) residents reported that did not have a lawyer and/or had not met with their lawyer while being at the facility. One (1) resident reported he had met with his lawyer when he first arrived at the facility and was able to meet with him in private. One (1) resident reported he me with his probation officer at the facility and was able to speak with them in private.

Sixteen (16) residents were interviewed and asked does the facility to allow them to see and talk with their parents or someone else, all residents reported that they were able to contact their

parents at least 2 times per week and FaceTime (if their parent have that capability. Note: Due to Covid-19, visitation has been suspended until further notice.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Division of Investigation Services (DIS) Hotline @ 1-866-313-0073
- SCDJJ Website @ <http://www.state.sc.us/djj/>
- SCDJJ Policy 336 – Application of the PREA Standards
- Interviews:

115.354 (a)

The agency shall establish a method to receive third party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

SCDJJ Policy 336, Application of the PREA Standards – Anyone who suspects, alleges, or has knowledge of sexual abuse of a juvenile adjudicated to SCDJJ may call the Division of

Investigation Services (DIS) hotline at 1-8668313-0073. SCDJJ will publish information regarding how to report on its website at <http://www.state.sc.us/djj/>.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- 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 No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- 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 No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited 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 No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility

has official documentation showing the parents or legal guardians should not be notified?

Yes No

- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Documentation of Mandatory Child Abuse Reporting Laws
- SCDJJ Policy 336 – Application of the PREA Standards
- SCDJJ Policy 222 – Employee Ethics and Relations with Others
- SCDJJ Policy 326 – Reporting Events
- DJJ Events Report ER-94778
- DJJ Events Report ER-947877
- DJJ Policy 124 – Confidentiality and Release of Juvenile Information
- Interviews:

115.361 (a)

The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual

harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All employees are required to immediately report any knowledge, suspicion, information or allegation of sexual offenses consistent with SCDJJ Policies 321, Prevention of Sexual Offenses towards Juveniles; 222, Employee Ethics and Relations with Others; 322, Alleged Abuse and Neglect of a Juvenile; and 326, Reporting Events.

Interviewed Staff: The Facility Administrator indicated when Broad River Road Complex receives an allegation of sexual abuse this incident is reported to the Facility Administrator, PREA investigator, medical staff, assigned social worker, and Deputy Director.

Interviewed Staff: The Facility PREA Compliance Manager indicated that when she receives an allegation of sexual abuse, she reports it to Agency PREA Investigator and the IG's office.

Interviewed Staff: Eleven (11) out of Twelve (12) Random staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility.

115.361 (b)

The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

Interviewed Staff: The Facility PREA Compliance Manager indicated that if the victim is under the guardianship of the child welfare system it is reported to DSS Case Worker within 24 hours.

115.361 (c)

Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Staff has not reveal any information related to a sexual abuse report to anyone other than to the extent necessary.

115.361 (d)

- Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.
- Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

All employees are obligated to inform juveniles of their duty to report sexual abuse and harassment as well as their limits of confidentiality consistent with SCDJJ Policy 322, Alleged Abuse and Neglect of a Juvenile.

Interviewed Staff: Mental Health (Dr.) staff indicated that at the initiation of services to a resident that he always discloses the limitations of confidentiality because it is his ethical duty. Staff also stated the he is 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 of it and it is covered under the Event Report policy.

115.361 (e)

- Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.
- If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.
- If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Interviewed Staff: The Facility Administrator indicated that if the victim is under the guardianship of the child welfare system, the allegation would be reported to that child welfare agency not the parent. It is not common practice for the facility to make contact with a resident's attorney when allegations are made.

The Facility Administrator also indicated due to the facility taking every PREA allegation seriously, on an average the social worker would make contact with the parent or legal guardian with a 24-48-hour time period unless there is extenuating circumstances.

Interviewed Staff: The Facility PREA Compliance Manager indicated that the facility reports to incidents to juvenile court retains jurisdiction and or juvenile's attorney or other legal represented immediately no later than 14 days.

115.361 (f)

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

Interviewed Staff: The Facility Administrator indicated yes that all allegations of sexual abuse and sexual harassments are reported to the facility's assigned PREA investigator to include third-party and anonymous reports.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Copies of Residents Safety Plans (PREA Related)
- SCDJJ Policy 336 – Application of the PREA Standards
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 323 – Isolation of Youth
- Interviews:

115.362 (a)

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

SCDJJ will take immediate action to protect a juvenile who is at a substantial risk of imminent sexual abuse consistent with SCDJJ Policy 321, Prevention of Sexual Offenses towards Juveniles.

Interviewed Staff: The Facility Administrator indicated yes, a when a resident arrives to the Board River Road Complex, they undergo the intake process at CIOC (Centralized Institution Operation Center) and during the intake a VVSAS is completed to determine if a resident is susceptible to victimization. If it is determined that a resident is subjected to a substantial risk of imminent sexual abuse, the resident is placed in rooms 4-7 which are the facility's low risk room on the pod.

The Facility Administrator also stated once a resident is at risk of being sexual abuse the staff immediately addressed the situation by removing the resident, reporting the allegation to a supervisor and then the supervisor then removes the resident from that unit and places the resident into another unit.

Interviewed Staff: Twelve (12) out of Twelve (12) 100% of Random staff indicated they if they learn a resident is at risk of imminent sexual abuse, they would contact their supervisor and kept the resident with them until the supervisor given instructions.

PAQ: In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was 0.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident 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 No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

- Facility Head Notification send to BRRC of Resident was Abuse
- BRRC Facility Head Received Notification of Resident was Abuse
- SCDJJ Policy 336 – Application of the PREA Standards
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:

115.363 (a)

Upon receiving an allegation that a resident 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 and shall also notify the appropriate investigative agency.

Any reports or allegations of sexual abuse that occurred while a juvenile was housed at a facility outside the authority or SCDJJ will be reported to the facility administrator within 72 hours of receiving the allegation and will be documented.

Interviewed Staff: The Facility Administrator indicated that if the facility receives an allegation from another facility or agency that an incident of sexual abuse had occurred at the other facility then a event report is written and the allegation is forwarded to the assigned PREA Investigator for an investigation to begin. He stated that he will contact the sending facility.

PAQ: During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility 0.

115.363 (b)

Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

See section (a) response.

115.363 (c)

The agency shall document that it has provided such notification.

See section (a) response.

115.363 (d)

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

Upon notification of an allegation of sexual abuse that occurred while a juvenile was housed at a facility outside the authority of SCDJJ, the SCDJJ Facility Administrator will contact the facility head of the facility where the alleged abuse occurred and will notify the Division of Investigation Services (DIS). This notification will be provided within 72 hours of receiving the report and will be documented and provided to the facility's PREA Compliance Manager.

PAQ: In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident 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 No
- Upon learning of an allegation that a resident 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 No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

- SCDJJ Policy 321 – Prevention of Sexual Offenses Toward Juveniles
- Protocol for Alleged Sexual Assault Involving Penetration
- SCDJJ Policy 326 – Reporting Events
- PREA Training Power Point
- Interviews:

115.364 (a)

Upon learning of an allegation that a resident 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 period 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 period 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.

PAQ: In the past 12 months, the number of allegations that a resident was sexually abused was 30.

Interviews with staff and staff training indicated when staff learn of an allegation that a resident is sexually abused, the first security staff to respond separates the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate time period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

115.364 (b)

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

According to non-security staff, if they are the first responder, they will request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff.

Auditor concerns: During the random interviews of officers from the 1st and 2nd shift, the question was asked: Can you describe the actions you will take as a first responder to an allegation of sexual abuse? There were 10 out of 12 officers that did not know what was required by the PREA standards.

The PREA Compliance Specialist with the approval and authorization of the Agency PREA Coordinator developed a training Power Point presentation covering the following performance overviews:

- Explain the Federal Prison Rape Elimination Act (PREA).
- Summarize the purpose of our agency Zero Tolerance policy (321) Prevention of Sexual Offenses toward Juveniles.
- Explain what PREA is.
- Explain the role of the Standards Manager who services as the Agency PREA Coordinator and the facility PBS/PREA Compliance Manager.
- Discuss the implementation of the PREA program per our agency policies.
- Discuss varies PREA program planning as outline in our agency's policies (Prevention, Responsive, and Corrective). The First Responder Protocol is included in the Responsive Planning section.
- Discuss proper reporting procedures as outlined per agency policy.
- Review the protocol for using the Agency Tip Line.

The trainings were presented via Microsoft teams, and a recorded version of the training was offered as well for those security staff who were not available to attend a live session. Also, an Individual PREA Training documentation form was forwarded to the Facility Administrator instructing all training participants to return the form signed within 3 business days at the completion of the training with their supervisor's signature as verification of attendance.

The initial deadline to complete the training was October 30, 2020, however, it was extended to December 29, 2020 to give security staff the opportunity to complete the required training. The recorded version of the training will remain readily available on the agency's SharePoint drive as an ongoing training resource for current officers and incoming security officers.

In addition to the above training, a new mandatory 6-hour training is offered monthly for all security staff called PREA and the Implementations for SCDJJ. This training is was implemented August 17, 2020 as a required training in the basic training session for incoming security staff.

Two-year refresher trainings are now offered through the agency's eLearning system to all employees of SCDJJ and it is offered in 4 parts. The refresher trainings stated in July 1, 2020 and they are automatically assigned to every agency employee through the system.

The facility provided the auditor all supporting signed documentation along with the PREA training Power Point. *Compliant.*

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

- SCDJJ Policy 336 – Application of the PREA Standards
- Protocol for Alleged Sexual Assault Involving Penetration
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Copies of Safety Plan (SP)
- Copy of the Facility Written Institutional Plan
- Interviews:

115.365 (a)

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

Policy requires all SCDJJ facilities to develop a written institutional sexual abuse coordinated response plan that is in accordance with SCDJJ Policy 321, Prevention of Sexual Offenses towards Juveniles. Each SCDJJ Facility Administrator will ensure the members their Facility's Sexual Assault Response Team are aware of their roles (s) and are active participants in the facility's response to allegations of sexual offenses. All facility staff assigned to each facility in any capacity will be informed and/or trained on the facility's coordinated response plan in a timely manner from the date of its publication or update.

The facility policy response "Protocol for Alleged Sexual Assault Involving Penetration" provides guidelines for staff and a written 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.

Interviewed Staff: The Facility Administrator indicated that a response to an incident of sexual abuse goes as follows: the victim and perpetrator are separated, then the victim is taken to the infirmary for medical examination, then the victim is referred to the local hospital for further examination. Both residents are kept separated. The Facility Administrator is contacted, staff is instructed to cut off scene of incident and all clothing from both residents are kept as evidence for further examination. Both residents assigned social workers are contacted so that notification to parents and legal guardian can be made. The PREA Investigator is also contacted.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 336 – Application of the PREA Standards
- Interviews:

115.366 (a)

Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Staff interviews and documentation indicated that facility does not have a relationship with union or collective bargaining agreements. The facility is not limited in its ability to remove alleged staff sexual abusers from contact with residents.

115.366 (b)

Nothing in this standard shall restrict the entering into or renewal of agreement that govern:

- The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of standards 115.372 and 115.376; or
- Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated.

See section (a) response.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? Yes No

115.367 (c)

- 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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- 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 No
- 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 resident disciplinary reports? Yes No
- 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: Resident housing changes? Yes No
- 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: Resident program changes? Yes No
- 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 No
- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- 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 No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- SCDJJ Policy 336 – Application of the PREA Standards
- Retaliation Monitoring (Juan Palacios)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 323 – Isolation of Youth
- Interviews:

115.367 (a)

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

In accordance with SCDJJ Policy 321, Prevention of Sexual Offenses towards Juveniles, all Facility Administrators will ensure that all juveniles, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days or while maintained within the same facility. Monitoring will be documented and filed.

The facility prohibits retaliatory behavior by residents or staff in regards to the reporting of sexual abuse, sexual harassment or cooperation with investigators as it relates PREA related incidents and allegations. Resident's rights documentation and staff policy establishes expected conduct. The facility PREA compliance manager is responsible for monitoring retaliation along with supervisors to monitor residents as it relates to PREA allegations and incidents.

115.367 (b)

The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility has several protections and reporting measures, for residents. They can utilize the grievance process to document retaliatory acts or other PREA related concerns and issues. The facility has the option to change resident housing or transfer resident victims or abusers, remove alleged staff or resident abusers from contact with victims, and provide emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

115.367 (c)

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents 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 residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The facility reported that there is no retaliation for this audit period. If the facility were to have issues with retaliation, the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse, to see if there are changes that may suggest possible retaliation by residents or staff, and act promptly to remedy any retaliation. Items the facility should monitor include resident disciplinary reports, housing or program changes, and negative performance reviews or reassignments of staff. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need.

PAQ: The number of times an incident of retaliation occurred in the past 12 months were 0.

115.367 (d)

In the case of residents, such monitoring shall also include periodic status checks.

In the case of residents, monitoring includes periodic status checks. If any individual cooperates with an investigation expresses a fear of retaliation, the facility takes appropriate measures to protect the individual against retaliation.

115.367 (e)

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Interviewed Staff: The Facility Administrator indicated that if there were a situation where a juvenile makes an allegation against a staff member, then he would separate that resident from the staff by placing the staff out of direct care and away from the resident to ensure no retaliation is taken. The action taken when suspected retaliation from staff then that staff would be suspended pending an investigation.

115.367 (f)

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

The facility indicated that the agency’s obligation to monitor terminate if the agency determines that the allegation is unfounded.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- SCDJJ Policy 336 – Application of the PREA Standards
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 323 – Isolation of Youth
- Copies of Recreation and Leisure Services while in isolation
- Interviews:

115.368 (a)

Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of standards 115.342.

Juveniles housed in segregation for protection purposes will be done so in accordance with SCDJJ Policy 323, Isolation of Youth.

Interviewed Staff: The Facility Administrator indicated that in the past twelve months the facility an allegation between two females and due to having one female unit, the facility isolated one female because of late at night until the next morning and then it was requested for one female resident to transfer to another facility. It was less then 12 hours in isolated. Segregated/isolated housing to keep victims safe from further victimization.

The Facility Administrator also indicated that isolation is used as a last resort for all incidents, typically residents are moved into another unit or if it is a female resident, the female is transferred to another facility, and however, isolation is used for the least amount of time necessary.

PAQ: The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months was 1.

PAQ: The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months was 0.

PAQ: The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months was 0.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- 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 115.321(a).] Yes No NA
- 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 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- 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 No

115.371 (f)

- 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 resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.371 (h)

- 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 No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

- 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 No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency 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 115.321(a.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Investigative Reports (26)
- SCDJJ Policy 328 – Investigations
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:

115.371 (a)

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

Interviews with the agency investigator indicated that when they conduct investigations into allegations of sexual abuse and sexual harassment; they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. There was a concern regarding promptly.

115.371 (b)

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to standard 115.334.

The Facility uses investigators who have received special training in sexual abuse investigations. The investigators have completed the NIC online training.

115.371 (c)

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

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; review prior complaints and reports of sexual abuse involving the suspected perpetrator. When a case has been substantiated allegations of conduct that appear to be criminal are referred for prosecution and the facility consults with the prosecutor. When an outside agency is investigating, the facility cooperates and remains informed about the progress of the investigation.

115.371 (d)

The agency shall not terminate an investigation solely because the source of the allegations recants the allegation.

According to documentation, the agency does not terminate an investigation solely because the allegations was recanted.

115.371 (e)

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

PAQ: The number of sustained allegations of conduct that appear to be criminal that were referred for prosecution in past 12 months was 0.

115.371 (f)

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

115.371 (g)

Administrative Investigations:

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

The facility provided documented in written format that include a description of the physical and testimonial evidence for a finding.

115.371 (h)

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

The facility provided documented in written format that include a description of the physical and testimonial evidence for a finding.

115.371 (i)

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The facility indicated that any substantiated allegations of a PREA criminal case will be referred for prosecution.

115.371 (j)

The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

The agency retain all written reports, however, most of the documentation are retain in a computer base system.

115.371 (k)

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

The agency does not terminate any investigation on the bases of the allege abuser or victim departed for the agency or facility.

115.371 (l)

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

NA

115.371 (m)

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.

Interviewed Staff: The Agency PREA Coordinator indicated that if an outside agency investigates allegations of sexual abuse, the agency has an investigator who specifically addresses all PREA related events and maintain contact with outside agencies.

Interviewed Staff: The Facility PREA Compliance Manager indicated that if or when an outside agency investigates allegations of sexual abuse, the State OI's office conducts all investigations and kept all parties informed.

Interviewed Staff: The Facility Administrator indicated that communication is consistent with the PREA Investigator by the Facility Administrator.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard (*Substantially exceeds requirement of standards*)
- Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- SCDC Policy 328 – Investigations
- Investigative Reports (26)
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 920 – Juvenile Grievance Process
- Interviews:

115.372 (a)

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

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

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident'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 No
- Following a resident'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 No

115.373 (d)

- Following a resident’s allegation that he or she has been sexually abused by another resident, 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 No
- Following a resident’s allegation that he or she has been sexually abused by another resident, 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 No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- SCDJJ Policy 328 - Investigations
- SCDJJ Policy 336 – Application of the PREA Standards
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:

115.373 (a)

Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Agency policies require that following an investigation into a resident's allegation of sexual abuse, the facility informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

Interviewed Staff: The Facility Administrator indicated typically the facility do not notify juveniles of the results of investigations, the PREA Investigator notifies the residents.

115.373 (b)

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

In those cases, in which the agency investigator did not conduct the investigation, the relevant information will be requested from the investigative agency to inform the resident. The facility's obligation to a resident terminates if the resident is released from the department's custody.

115.373 (c)

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

SCDJJ policies requires staff to ensure that, following a report, the alleged victim is notified of the outcome of the investigation. When the alleged perpetrator is a staff member. SIS will ensure the alleged victim is notified of the progress of the investigation as specified in the PREA standards.

Following resident's allegation that a staff member has committed sexual abuse against the resident, the facility will subsequently notify the resident (unless the allegation has been determined to be unfounded or unsubstantiated) when 1) the staff member is no longer in the resident's housing unit; 2) the staff member is no longer employed at the facility; 3) the facility learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or 4) the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All notifications are documented. The facility's obligation to report under this standard terminates if the alleged victim is released from the department's custody.

When the facility notifies residents, it is done verbally and documented.

115.373 (d)

Following a resident's allegation that he or she has been sexually abused by another resident, 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.

The facility informs the alleged resident on charges related to sexual abuse within the facility and any convictions.

115.373 (e)

All such notifications or attempted notifications shall be documented.

The facility provided documentation of notifications.

PAQ: In the past 12 months, the number of notifications to residents that were documented was 30.

115.373 (f)

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

The facility understand it's obligation to report under this standard will terminate if the resident is released from the agency's custody.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- 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 No

115.376 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- SCDJJ Policy 228 – Progressive Employee Discipline
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 336 – Application of the PREA Standards
- SCDJJ Policy 328 – Investigations
- SCDJJ Policy 218 – Employee Report of Arrest, Conviction, Child Abuse Registry, or Loss of Driver’s License
- SCDJJ Policy 222 – Employee Ethics and Relations with Others
- SCDJJ Policy 233 – Employee Sexual Harassment
- Interviews:

115.376 (a)

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

In accordance with SCDJJ Policies 321, Prevention of Sexual Offenses Towards Juveniles; 920 Investigations; 322 Alleged Abuses and Neglect of a Juvenile, and 326 Reporting Events, all allegations of sexual abuse will be investigated, regardless of their sources. The Division of Investigative Services (DIS) will initiate the investigation of an alleged sexual abuse act, staff sexual harassment or staff sexual misconduct to include allegations made on or by contractors and volunteers. The DIS Chief of Investigations will immediately report a staff on juvenile incident to the South Carolina Law Enforcement Division (SLED), who will determine the investigative process consistent with the memorandum of agreement between SCDJJ and SLED.

Agency policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency resident sexual abuse and/or harassment policies. The directive indicates that termination is the presumptive disciplinary sanction for staff that has been found to have engaged in sexual abuse. All terminations for violations of agency resident sexual abuse or harassment policies or resignations by staff who would have been terminated before their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

115.376 (b)

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

Consistent with SCDJJ Policy 228, Progressive Employee Discipline, the presumptive disciplinary sanction for staff who have engaged in sexual relations with a juvenile is termination.

PAQ: In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was 0.

PAQ: 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 was 0.

115.376 (c)

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually 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.

The facility disciplinary sanctions for violations of agency policies relating to sexual or sexual harassment is commensurate with the circumstances of committed acts.

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 was 0.

115.376 (d)

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

The facility indicated that terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff will be reported to law enforcement agencies or licensing bodies.

PAQ: In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies was 0.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- SCDJJ Policy 914 – Volunteer Services
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Volunteer Services Manual
- SCDJJ Policy 328 - Investigations
- Interviews:

115.377 (a)

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

The agency/facility identifies sanctions for contractors, vendors and volunteers who engage in sexual abuse. They will be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility will take appropriate remedial measures and will consider whether to prohibit further contact with residents, in the case of any other violation of agency resident sexual abuse or sexual harassment policies by a contractor or volunteer.

Interviewed Staff: The Facility Administrator indicated in cases such as the contractor or volunteer is dismissed from the facility.

PAQ: In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was 0.

115.377 (b)

The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Volunteers and contractors are advised during their orientation that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. This information is provided as a part of contractors and volunteers training.

There have been no violations of agency sexual abuse policies by any contractor or volunteer during the past twelve months.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- 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 offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- 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 No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Completed Discipline Forms for Relating to PREA

- Juvenile Progressive Discipline Chart
- SCDJJ Policy 924 – Juvenile Behavior Management – incentive System and Progressive Discipline
- SCDJJ Policy 336 – Application of the PREA Standards
- SCDJJ Policy 328 - Investigations
- Interviews:

115.378 (a)

A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

The agency/facility has a formal resident disciplinary process when a resident is subject to a disciplinary sanction following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Interviewed Staff: The Facility Administrator indicated typically residents are initially placed in isolation until all residents involved are safe and the once the investigation comes back founded then the resident’s abuser is charged and if criminal taken back to court. Isolation is sometime used but not always in every case.

115.378 (b)

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The disciplinary process allows sanctions to commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories within the facility. If the facility disciplinary sanctions result in the isolation of a resident, the facility will not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. These residents will receive daily visits from medical and mental health staff.

Interviewed Staff: Mental Health (Dr.) indicated that when residents are placed in isolation receive visits from medical or mental health care clinicians. They are seen daily and are required to document it on the daily confinement cell check form. Staff indicated that this process is done for all residents who receive isolation.

115.378 (c)

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, in any, should be imposed.

The resident discipline process considers whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

115.378 (d)

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident participate in such interventions. The agency may require participation in such interventions as an incentive, but not as a condition to access to general programming or education.

Interviewed Staff: Mental Health (Dr.) indicated regarding the above standard response was yes, but a lot of factors would be involved such as where the residents is located and how long the investigation takes and whether or not they remain here after that. However, it is crucial to provide specific intervention to all youth who have been sexually abused.

According to staff, when these services are provided and residents are not required to participation as a condition of access to programming or other benefits. Staff cannot force them to do treatment contingent upon some reinforcement.

115.378 (e)

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The facility indicated that a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact may be discipline.

115.378 (f)

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Juveniles who willingly submit a false report will be subject to discipline consistent with SCDJJ Polices 328, Investigations and 924, Juvenile Behavior Management – Incentive System and Progressive Discipline.

Staff interviews indicated for the purpose of 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, if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g)

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Any juvenile who willingly has a sexual relationship with a staff member, another juvenile, contractor or a volunteer will be subject to discipline consistent with SCDJJ Policy 924, Juvenile behavior Management – Incentive System and Progressive Discipline.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- 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 No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

- List of Residents that Disclosed Prior Victimization During Intake/PREA Screening
- Documentation of Residents with Prior Victimization seen Medical and/or Mental Health
- Youth Consent Forms
- Social Worker Case Management Notes
- Medical Screenings
- Mental Health Screenings
- SCDJJ Policy 336 – Application of the PREA Standards
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 602 – Juvenile Health History and Physical Examination
- SCDJJ Policy 321 – Prevention of Sexual Offenses towards Juveniles
- SCDJJ Policy 503 – Long Term Facility Admissions
- SCDJJ Policy 501 – Evaluation Center Intake Operational Process
- SCDJJ Policy 500 – Detention Center Admissions
- Interviews:

115.381 (a)

If the screening pursuant to standard 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Consistent with SCDJJ Policies 321, Prevention of Sexual Offenses towards Juveniles; 503 Long Term Facility Admissions; 501 Evaluation Center Intake Operational Process, and 500 Detention Center Admissions, juveniles 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.

Agency policies require residents who disclosed they had experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or the community, are to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the initial screening.

115.381 (b)

If the screening pursuant to standard 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

A resident that has previously perpetrated sexual abuse in an institutional setting or community are offered a follow up meeting with a mental health staff within 14 days of the intake screening. A resident that experienced prior sexual victimization in jail or that occurred in an institutional setting or the community is ensured a follow up meeting with a medical or mental health staff within 14 days of the intake screening.

115.381 (c)

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Consistent with SCDJJ Policies 321, Prevention of Sexual Offenses towards Juveniles; 503 Long Term Facility Admissions; 501 Evaluation Center Intake Operational Process, and 500 Detention Center Admissions, juveniles 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.

Information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioner 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.

115.381 (d)

Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Medical and mental health practitioner will follow all directives regarding confidentiality as outlined in SCDJJ Policy 124, Confidentiality and Release of Juvenile information.

Mental health practitioners will obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.

Interviewed Staff: Mental Health (Dr.) indicated that the informed consent question seems as it pertains to adults who could have that option; staff aren't apt to given age and mandated reporting laws. Since most of the residents will be under 18, facility has a different process for them.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident 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 No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident 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 No

115.382 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- SCDJJ Policy 336 – Application of the PREA Standards
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- SCDJJ Policy 902 – Scope of SC DJJ Clinical Services

- SCDJJ Policy 907 – Trauma Informed Care and Trauma-Specific Treatment
- SCDJJ Policy 601 – Scope of Health Services and Responsible Health Authority
- SCDJJ Policy 602 – Juvenile Health History and Physical Examination
- SCDJJ Policy 911 – Clinical Crisis Intervention
- Interviews:

115.382 (a)

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

Pursuant to South Carolina State Law and SCDJJ Policy 918, Juvenile Rights and Responsibilities; SCDJJ Policy 601, Scope of Health Services and Responsible Health Authority, and SCDJJ Policy 321 Prevention of Sexual Offenses Towards Juveniles, all juveniles will have unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception and sexually transmitted infection prophylaxis without financial cost to the juvenile.

The facility 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.

Interviewed Staff: Mental Health (Dr.) indicated that it would depend on when the resident reported as to how timely it is posted. Residents are taken to the ER for forensic; crisis intervention is provided by our staff, but also, youth can call STS Midlands at any time to report PREA concerns and seek counseling independent of staff. The facility has a contract with STS Midlands.

115.382 (b)

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

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

115.382 (C)

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

See section (a) policy response.

Resident 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. The facility offers treatment and follow-up for sexually transmitted and other communicable diseases to all victims using a community resource.

Interviewed Staff: Mental Health (Dr.) indicated that the victim of sexual abuse offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis would come from the ER visit. The infirmary would handle any follow up medical care/medications recommended by ER.

115.382 (d)

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

See section (a) for policy response.

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.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident 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 residents 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 No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(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 residents 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 No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- 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 No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations

- SCDJJ Policy 336 – Application of the PREA Standards
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Protocol for Alleged Sexual Assault
- SCDJJ Policy 911 – Clinical Crisis Intervention
- Interviews:

115.383 (a)

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Consistent with SCDJJ policy 918, Juvenile Rights and Responsibilities and SCDJJ Policy 601, Scope of Health Services and Responsible Health Authority, juveniles will receive a continuum of care as appropriate for victims of sexual offenses as outlined in SCDJJ Policy 911, Clinical Crisis Intervention.

The agency/facility offers medical/mental health evaluation and, provides services to all residents who have been victimized by sexual abuse through outside services.

Interviewed Staff: Mental Health (Dr.) indicated that the evaluation and treatment of residents who have been victimized entails detail information in the Trauma-Informed Care policy which talks about how staff refer and treat residents with sexual abuse histories and how staff handle them if they do not want treatment. Residents are screened for trauma at all evaluation points of the system.

115.383 (b)

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

Staff interviews indicated that evaluations and services of victims include follow-up services, referrals for continued care following residents transfer to, or placement in, other facilities, or their release from custody.

115.383 (c)

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

The facility provides victims with medical/mental health services consistent with the community level of care.

Interviewed Staff: Mental Health (Dr.) indicated that medical and mental health services is consistent with community level of care. The facility has rostered Trauma Focused-Cognitive Behavior Therapy (TF-CBT) who can provide trauma treatment and send new clinical staff through Project Best yearly for the 9 months long learning collaborative.

115.383 (d)

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Staff interviews indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate through outside services.

115.383 (e)

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

Interviewed Staff: Mental Health (Dr.) indicated that yes to this standard, it is as timely as the facility know of the situation.

115.383 (f)

Resident victims of sexual abuse whole incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The facility indicated that resident victims of sexual abuse will be offered tests for sexually transmitted infections as medically appropriate.

115.383 (g)

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

Policy and facility staff indicated that treatments services relating to PREA issues are provided to victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.383 (h)

The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Interviewed Staff: Mental Health (Dr.) indicated yes to the above standard. All of the residents are evaluated; yes, the facility have definitely provided services to residents who sexually abuse another resident while in care. The facility don't have a timeframe for when you would assess

the situation, and again, usually there is an ongoing investigation and/or pending charges which may hamper staff ability to immediately clinically intervene.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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 No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- 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 No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Copies of Conclusion of 30 Days Review by Review Team
- DJJ Event Report Forms
- SCDJJ Policy 326 – Reporting Events
- SCDJJ Policy 336 – Application of the PREA Standards
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interviews:

115.386 (a)

The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

All SCDJJ facility Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review.

The agency requires each facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded. The review will ordinarily occur within 30 days of the conclusions of the investigation when they received the investigation report. The review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Interviewed Staff: The Facility PREA Compliance Manager indicated that the facility conducts sexual abuse incident reviews every 90 days until they received the final investigation report. After receiving the investigation report the review is conducted within 30 days.

115.386 (b)

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

See section (a) response.

115.386 (c)

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Interviewed Staff: The Facility Administrator indicated yes that the facility has a sexual abuse incident review team. The review team consist of the Facility Administrator, assigned social worker, facility PREA Coordinator, facility nurse manager, assigned psychologist, and unit manager (Captain or Lieutenant).

See section (a) response.

115.386 (d)

The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise cause by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d))1) – (d) (5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Interviewed Staff: The Facility Administrator indicated that the facility team utilizes the above information gathered to develop a safety plan for the resident victim as well as to monitor for retaliation.

115.386 (e)

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The facility documents recommendations for improvement.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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 No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- 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 No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- 2019 PREA Annual Report
- BSJ / DOJ Survey of Sexual Violence
- 2019 SC's PREA Assurance for Audit Year 3 of Cycle 2
- SCDJJ Policy 321 – Prevention of Sexual Offenses towards Juveniles
- Director's Update (March 1, 2018)
- Policy 336 – Application of the PREA Standards
- South Carolina's PREA Assurance for Audit Year 3 of Cycle 2
- Interviews:

115.387 (a)

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

SCDJJ will report to the Bureau of Justice Statistics (BJS), SLED, and any other federal and/or state authority that requires this information annually, all acts of sexual abuse, staff sexual harassment, and staff sexual misconduct with juveniles as described in SCDJJ Policy 321, Prevention of Sexual Offenses towards Juveniles, for all its facilities and contracted facilities.

The agency/facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as required by policy. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the *Survey of Sexual Victimization* (SSV) conducted by the Department of Justice. Agency aggregates the incident-based sexual abuse data at least annually and generates a comprehensive and informative annual report. Each agency facility is required by policy to maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.

The reviewed 2018 annual report was comprehensive and detailed and included demographics of agency operated facilities as well as detailed PREA Data.

The agency aggregated incident-based sexual abuse data at least annually.

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of *the Survey of Sexual Victimization* conducted by the Department of Justice.

115.387 (b)

The agency shall aggregate the incident-based sexual abuse data at least annually.

A review of the agency annual report reveal that the agency does aggregate the incident-based sexual abuse.

115.387 (c)

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

A review of the incident-based data collected does answer questions from the most recent version of the Survey of Sexual Violence.

115.387 (d)

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

The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.387 (e)

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

The agency also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

115.387 (f)

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 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 No
- Does the agency review data collected and aggregated pursuant to § 115.387 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 No
- Does the agency review data collected and aggregated pursuant to § 115.387 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 No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.388 (c)

- 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 No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- 2019 PREA Annual Report

- PREA Director's Update Annual Report 2018
- South Carolina's PREA Assurance for Audit Year 3 of Cycle 2
- SCDJJ Policy 336 – Application of the PREA Standards
- Interviews:

115.388 (a)

The agency shall review data collected and aggregated pursuant to standard 115.387 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;
- 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 as a whole.

The agency and the facility reviews data collected and aggregated pursuant to § 115.387 to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Interviews reveal that the agency prepares an annual report of its findings and corrective action that includes the facility and the agency.

Interviewed Staff: The Agency PREA Coordinator indicated that the agency review data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. Corrective action is conducted on an ongoing based on data collected.

115.388 (b)

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

The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

See section (a) response.

115.388 (c)

The agency's report shall be 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.

The report is approved by the agency head/designee and made readily available to the public through its website.

115.388 (d)

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 indicated the nature of the material redacted.

The agency redacts specific material from the reports that would present a clear and specific threat to the safety and security of a facility.

Interviewed Staff: The Agency PREA Coordinator indicated that the agency redacted any information that is a threat to the safety and security of facility, such as resident names, security systems details, etc.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- SCDJJ Policy 336 – Application of the PREA Standards
- SCDJJ Policy 124 – Confidentiality and Release of Juvenile Information
- SCDJJ Policy 123 – Retention and Disposition of Departmental Records
- Interviews:

115.389 (a)

The agency shall ensure that data collected pursuant to standard 115.387 are securely retained.

SCDJJ will maintain data collected in accordance with SCDJJ Policy 123, Retention and Disposition of Departmental Records.

115.389 (b)

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

The agency's aggregated sexual abuse data from the facility under its direct control is made readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available the agency removes all personal identifiers.

115.389 (c)

Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

SCDJJ will publish yearly all aggregated sexual abuse data in accordance with SCDJJ Policy 124, Confidentiality and Release of Juvenile Information.

115.389 (d)

The agency shall maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes 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 No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.401 (a)

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

Compliant.

115.401 (b)

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

Compliant.

115.401 (c)

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

Compliant.

115.401 (d)

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

Compliant.

115.401 (e)

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

Compliant.

115.401 (f)

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

Compliant.

115.401 (g)

The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.

Compliant.

115.401 (h)

The auditor shall have access to, and shall observe, all areas of the audited facilities.

Compliant.

115.401 (i)

The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

Compliant.

115.401 (j)

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

Compliant.

115.401 (k)

The auditor shall interview a representative sample of residents, residents, and detainees, and of staff, supervisors, and administrators.

Compliant.

115.401 (l)

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

Compliant.

115.401 (m)

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

Compliant.

115.401 (n)

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

Compliant.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.403 (a)

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

Compliant.

115.403 (b)

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

Compliant.

115.403 (c)

For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standards, Meets Standards; Or Does Not Meet Standard. The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.

Compliant.

115.403 (d)

Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.

Compliant.

115.403 (e)

Auditor shall redact any personally identifiable resident or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.

Compliant.

115.403 (f)

The agency shall ensure that the auditor's final report is published on the agency's website if it has on, or is otherwise made readily available to the public.

Compliant.

AUDITOR CERTIFICATION

I certify that:

- 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, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Adam T. Barnett, Sr.

January 20, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.