

PREA Facility Audit Report: Final

Name of Facility: Midlands Regional Evaluation Center

Facility Type: Juvenile

Date Interim Report Submitted: 01/10/2022

Date Final Report Submitted: 01/10/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Adam T. Barnett, Sr.	Date of Signature: 01/10/2022

AUDITOR INFORMATION	
Auditor name:	Barnett, Adam
Email:	adam30906@gmail.com
Start Date of On-Site Audit:	06/23/2021
End Date of On-Site Audit:	06/24/2021

FACILITY INFORMATION	
Facility name:	Midlands Regional Evaluation Center
Facility physical address:	1721 Shivers Road, Columbia, South Carolina - 29210
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Leon Morell
Email Address:	LeonJMorell@djj.sc.gov
Telephone Number:	8038967479

Superintendent/Director/Administrator	
Name:	Leon Morell
Email Address:	LeonJMorell@djj.sc.gov
Telephone Number:	8038967479

Facility PREA Compliance Manager	
Name:	Ya'Kerria Tolbert
Email Address:	yakerriattolbert@djj.sc.gov
Telephone Number:	O: 803-896-6512

Facility Health Service Administrator On-Site	
Name:	Patrick Tavella
Email Address:	PatrickATavella@djj.sc.gov
Telephone Number:	8038969455

Facility Characteristics	
Designed facility capacity:	113
Current population of facility:	69
Average daily population for the past 12 months:	55
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	11-18
Facility security levels/resident custody levels:	Secure Confinement
Number of staff currently employed at the facility who may have contact with residents:	73
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	South Carolina Department of Juvenile Justice
Governing authority or parent agency (if applicable):	
Physical Address:	4900 Broad River Road , Columbia , South Carolina - 29212
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Niaja Kennedy	Email Address:	njkenn@scdj.net

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
42	
Number of standards not met:	
1	<ul style="list-style-type: none"> • 115.313 - Supervision and monitoring

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-06-23
2. End date of the onsite portion of the audit:	2021-06-24

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	113
15. Average daily population for the past 12 months:	55
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	65
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	53 males and 12 females.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	61
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Requested resident rosters and staff discussions.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Staff discussions.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Staff discussions.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Staff discussions.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Staff discussions.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Staff discussions.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Staff discussions.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Resident's release. Staff discussions.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Staff discussions.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Staff discussions.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Residents who disclosed prior sexual victimization during risk screening was in corrective actions.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
76. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to interview the Agency Head:	Designee
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

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

85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
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Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	3
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	No sexual harassment.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p> <input type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input checked="" type="radio"/> Other </p>
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<p>Identify the entity by name:</p>	<p>Diversified Correctional Services, LLC</p>
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Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documents, Interviews and Observations

- Agency Organizational Chart
- PREA Coordinator Excepted Letter
- Agency PREA Coordinator Job Description
- PREA Compliance Facility Organizational Chart
- Documentation Designating a Facility Manager
- SCDJJ Policy 321 - Policy Prevention of Sexual Offenses toward Juveniles
- SCDJJ Policy 336 - Application of the PREA Standards - March 05, 2018
- Online 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.

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.

Central Office 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 contracts, 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.

Central Office 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 have enough time, however, she tries to do all that she can in the time frame.

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 identifies an issue with complying with a PREA standard, she thinks 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 sends email and also follow up when things need to be completed.

115.312	Contracting with other entities for the confinement of residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="242 210 451 239">Auditor Discussion</p> <hr/> <p data-bbox="242 271 770 300">Supporting Documents, Interviews and Observations</p> <ul data-bbox="242 329 884 757" style="list-style-type: none"> • PREA Reports <ul style="list-style-type: none"> o AMIKids Beaufort PREA Audit 2018 o AMIKids Bennettsville PREA Audit 2018 o Georgetown PREA Audit 2018 o Piedmont PREA Audit 2018 o Sand Hills PREA Audit 2018 o White Pines I PREA Audit 2018 o White Pines II PREA Audit 2018 o Camp Aspen PREA Certification Report 2020 o Youth Development Center Final PREA 2021 • Contractor's Facility PREA Audits • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p data-bbox="242 788 360 817">115.312 (a)</p> <p data-bbox="242 846 1469 938">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.</p> <p data-bbox="242 969 1481 1061">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.</p> <p data-bbox="242 1093 1469 1155">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.</p> <p data-bbox="242 1162 1485 1254">Central Office Staff: The agency PREA coordinator indicated that the facility does not contract with other facilities to house their residents. However, the agency does contract for the confinement of its residents with private agencies or other entities. They are required to comply with the PREA standards.</p> <p data-bbox="242 1261 360 1290">115.312 (b)</p> <p data-bbox="242 1319 1477 1382">Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p data-bbox="242 1411 523 1440">See response in section (a).</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Does Not Meet Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Unannounced Facility Program Rounds 56 • Unannounced Facility Program Rounds 50 • Unannounced Facility Program Rounds 47 • Unannounced Facility Program Rounds 49 • Unannounced Facility Program Rounds 45 • Shift Reports 40 • Shift Reports 44 • Shift Reports 33 • Shift Reports 42 • Shift Reports 21 • SCDJJ Policy 513A PREA Unannounced Facility/Program Round Forms Completed for all Shifts • SCDJJ Facility Staff Plan • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles, April 11, 2019 • B&W to Searchable • SCDJJ Policy Camera Surveillance • SCDJJ Policy 336 Application of the PREA Standards • 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 321 Search Procedures • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.313 (a)</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p> <p>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</p>

confirmed this facility has a considerable number of cameras strategically located throughout the facility supplementing supervision inside and outside the facility.

Central Office 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 the facility has a staffing plan.

Documentation review of the approved 10/1/2020 staff plan included:

- Juvenile Detention Center Organization Chart
- Physical Plant
- List Facility's Design Capacity
- Facility's Budgeted Capacity
- Listed Non-Living Areas (Gymnasium, Cafeteria, and Classroom, Multipurpose)
- Cameras
- Staffing Patterns
- Facility Layout
- Post Assignments
- Minimum Staffing
- Supervision of Staff
- Unannounced Rounds
- Staff Supervision of Youth
- Programming Schedule
- Facility Breakdown
- Staffing Plan Compliance Checklist
- Deviation Form Staffing Plan

Interviewed Staff: The facility PREA compliance manager indicated that the facility staffing plans meets all requirements listed above.

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 pursuance to and maintenance of staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours.

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.

During the facility tour the following ratios was documented (waking hours):

- D Unit – 1:14 (11:17am) non-compliant
- Evergreen Unit (BRRC) Females - 1:12 (10am) non-compliant
- C Unit – 2:24 (10:39am) non-compliant (Gym)
- E Unit – 1:14 (11:06am) non-compliant
- Pearl Unit – Offline

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.

Corrective Actions:

The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing.

Concern: The facility has a total 43 lotted security positions. Out of the 43 lotted positions 19 is vacate on the first day of the audit (June 23, 2021).

Agency/Facility Response:

The facility continues to work to filling vacate positions. Since June 23, 2021, staff have been hired on a weekly basis.

The standard provision requires the facility to maintain staff ratios of a minimum of 1:8 during waking hours and 1:16 during resident sleeping hours.

Concern: During the facility tour the following ratios was documented (waking hours):

- D Unit – 1:14 (11:17am) non-compliant
- Evergreen Unit (BRRC) Females - 1:12 (10am) non-compliant
- C Unit – 2:24 (10:39am) non-compliant (Gym)
- E Unit – 1:14 (11:06am) non-compliant
- Pearl Unit – Offline

Agency/Facility Response:

As of December 1, 2021, the facility is still not meeting the required 1:8 ratios. This standard will remain non-compliant.

The standard provision requires the agency to comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

Concern: During the facility tour, the auditor noted boat beds in units. Some are the boat beds were located in the individual cells and some in the common areas.

A review of the facility staffing plan indicated that the "boat beds" are not included (deviations).

Agency/Facility Response:

The staffing plan will be updated to accommodate the use of boat beds for they are a part of the facility's classification process. Youth are not assigned to a room until they have been assessed per policy 512.

The standard provision -b3 indicated that the facility's deployment of video monitoring systems and other monitoring technologies.

Concern: During the facility tour the control room has 62 monitors, 15 monitors are not working.

Agency/Facility Response:

The agency submitted workorders to repair monitors.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Curriculum for Cross Gender Training • PREA Poster: Opposite Gender Must Announce Upon Entry (Spanish and English) • SCDJJ 336 Application of the PREA Standards – (5-6-2021) • SCDJJ Policy 312 Search Procedures • SCDJJ Policy 312B Cross-Gender Search Documentation Form • SCDJJ Policy 513 Supervision of Juveniles in Secure Residential Facilities • Observation of Opposite Gender Staff Making Announcement • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.315 (a)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Interviewed Staff: Twelve (12) staff from 1st and 2nd shift were interviewed and all reported that they are aware that conducting cross-gender pat-down searches are restricted except in exigent circumstance. Several staff were able to provide examples of a circumstance that would warrant such a search. However, all staff reported they have not performed a cross-gender pat-down search.</p> <p>Interviewed Staff: Twelve (12) staff from 1st and 2nd shift were interviewed and all staff reported they announce themselves when entering housing units of the opposite gender. Several of the male staff reported they have never been asked to work or go to the female housing unit.</p> <p>115.315 (b)</p> <p>The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.</p> <p>The agency does not conduct cross-gender pat-down searches unless it is an exigent circumstance.</p> <p>Interviewed Staff: Twelve (12) staff from 1st and 2nd shift were interviewed and all reported that they are aware that conducting cross-gender pat-down searches are restricted except in exigent circumstance. Several staff were able to provide examples of a circumstance that would warrant such a search. However, all staff reported they have not performed a cross-gender pat-down search.</p> <p>115.315 (c)</p> <p>The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.</p> <p>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).</p> <p>Interviewed Residents: Sixteen (16) residents were interviewed (10 male/6 female). Fifteen were random and one was Transgender and also disclosed sexual victimization during risk screening. All six (6) female residents reported they had not been pat searched by male staff. All ten (10) male residents reported they had not been pat searched by a female staff.</p> <p>115.315 (d)</p> <p>The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change</p>

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) staff from 1st and 2nd shift were interviewed, all staff reported that residents can dress, shower, and toilet without being viewed by staff of the opposite gender.

Interviewed Residents: Sixteen (16) residents were interviewed (10 male/6 female). Fifteen were random and one was Transgender and also disclosed sexual victimization during risk screening. Nine (9) male residents interviewed reported that staff of the opposite gender announce their presence when entering the housing units. Four (4) female residents reported that male staff announce their presence when entering their housing unit. One (1) female reported that she has not seen a male enter the unit since being there for the last 13 days, "They only come to the door." One (1) male resident stated that female staff do not announce their presence when entering the unit.

Interviewed Residents: Sixteen (16) residents were interviewed (10 male/6 female). Fifteen were random and one was Transgender and also disclosed sexual victimization during risk screening. All residents reported that they have never been naked in full view of the male/female staff of the opposite sex.

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 Staff: Twelve (12) staff from 1st and 2nd shift were interviewed and reported they were aware that they cannot conduct searches or physically examine a resident for the sole purpose of determining genital status.

Interviewed Target Resident: One Transgender resident was interviewed, transitioning from female to male ask, have you been searched without any clothing on? Do you believe this was done to determine your gender?

He reported that he had not been searched without his clothes on other than during intake process. He reported that at the time of intake he did not disclose to the officer that he was transgender. He only reported this information to his social worker.

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.

Interviewed Staff: Twelve (12) staff from 1st and 2nd shift were interviewed. All staff reported that they have been trained to conducted pat-down searches and they reviewed how to preform cross-gender pat searches in a professional and respectful manner in exigent circumstances.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documents, Interviews and Observations

- Plan in Place for deaf or hard of hearing, blind or low vision (School System)
- Interpreters List or system for Non-Speaking English Residents (1 staff)
- PREA Poster: Zero Tolerance (Spanish)
- PREA Poster: Zero Tolerance (English)
- SCDJJ Policy 336 Application of the PREA Standards – (5-6-2021)
- SCDJJ Policy 905 Juveniles with Disabilities
- MOU with Interpreters – Language Line
- Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- 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.

Interviewed Staff: Twelve (12) staff from 1st and 2nd shift were interviewed and all staff reported that all residents should not be used to assist another resident in reporting sexual abuse or sexual harassment. All staff reported that to the best of their knowledge they have not used resident interpreters, readers or other type of resident assistants.

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.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • List of New Hires (Past 12 Months) and the Criminal Background Checks • List of Promoted Staff (Past 12 Months) and the Criminal Background Checks • Background Checks Regular Staff (#60) • Five Year Back Checks Regular Staff • Background Checks Contractors • Five Year Back Checks Contractors • Background Checks of Volunteers • SCDJJ Policy 218 Employee Report of Arrest, Conviction, Child Abuse Registry, or Loss of Driver's License <ul style="list-style-type: none"> o Criminal History and Driver's License checks conduct annually on all employees o Child Abuse Registry checks conduct every 5 years on all employees • SCDJJ Policy 336 Application of the PREA Standards – (5-6-2021) • SCDJJ Policy 230 Employee Recruitment and Selection • SCDJJ Hiring Packet Checklist • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.317 (a)</p> <p>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:</p> <ul style="list-style-type: none"> • 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 inf 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. <p>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.</p> <p>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:</p> <p>Central Office (Previously): Administrative human resources staff indicated 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 turpitudes as prescribed by SC State law. A background check is run on employees who is considered for promotion. The agency was informed by the Inspector General Office this background will capture any child abuse registry checks for current employees, therefore, an additional child abuse registry check is not processed.</p> <p>Central Office (Previously): Administrative human resources staff indicated that the system that the agency presently has in place to conduct criminal record background checks of current employees and contractors who may have contact with residents – OHR submits a request to conducts a background check on our current employees to the Division of Investigative Services. The Division of Investigative Services uses the National Crime Information Center (NICI) to perform these checks.</p> <p>115.317 (b)</p> <p>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.</p> <p>Central Office (Previously): Administrative human resources staff indicated that the agency performs a DSS Registry check</p>

as part of the pre-employment for new hires. A background check is run on employees who is considered for promotion. The facility is informed by the Inspector General Office this background will capture any child abuse registry checks for current employees, therefore, an additional child abuse registry check is not process.

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.

Central Office (Previously): Administrative human resources staff indicated that the agency performs a DSS Registry check as part of the pre-employment for new hires. A background check is run on employees who is considered for promotion. The facility is informed by the Inspector General Office this background will capture any child abuse registry checks for current employees, therefore, an additional child abuse registry check is not process.

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 record 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.

Central Office (Previously): Administrative human resources staff indicated 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. The deputies/associate deputies of Rehab Services-Health Services, Institutional Services and Fiscal Affairs to access information.

The agency PREA coordinator provided the auditor with background checks for the contractors.

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.

Central Office (Previously): Administrative human resources staff indicated that five years background check are completed according to Policy 218. The agency conduct annual anniversary checks for current staff.

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.

Central Office (Previously): Administrative human resources staff indicated that the agency asks for the information, the

application supplemental questions number 7, 8, and 10.

Supplemental Questions #10: I understand that SCDJJ will not hire or promote anyone who may 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; has been convicted of engaging 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 above. Yes or No.

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.

Central Office (Previously): Administrative human resources staff indicated that 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 the agency 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.

Central Office (Previously): Administrative human resources staff indicated that unless prohibited by court order or consent agreement. Employers in SC currently have certain 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.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Statement: Written Confirm No Upgrades, Expansion or Modification (none) • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles – 5-06-2021 • SCDJJ Policy 314 Camera Surveillance • SCDJJ Policy 336 Application of the PREA Standards – 5-6-2021 • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.318 (a)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>115.318 (b)</p> <p>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.</p> <p>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.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Investigation Packages (Event Reports) #All investigation reports and results (3 Cases) • SC PREA Advocate Sexual Trauma Services of the Midlands (STSM): MOU between the SC Department of Corrections and SC Department of Juvenile Justice • Safety Plan (SP) for Alleged Sexual Abuse and Sexual Harassments • MOU with Rape Crisis Center – Emails of Attempts • SCDJJ Medical/Mental Health Screenings • Juvenile Safety Plans • Medical Referrals • Protocol for Alleged Sexual Assault Involving Penetration • Health Services PREA (Contract) Training • Health Services PREA Employee's signed Training Rosters • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles June 13, 2018 • SCDJJ Policy 336 Application of the PREA Standards - March 05, 2018 • SCDJJ Policy 911 Clinical Crisis Intervention • SCDJJ Policy 327 Investigations • SCDJJ Policy 306 Juvenile's Unimpeded Access to Health Care • SCDJJ Policy 918 Juvenile Rights and Responsibilities • SCDJJ Policy 920 Juvenile Grievance Process • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.321 (a)</p> <p>To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>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.</p> <p>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.</p> <p>Interviewed Staff: Twelve (12) staff from 1st and 2nd shift were interviewed and reported they understand the agency's protocol for obtaining usable physical evidence. Staff were able to provide example of things they should do such as: not let the youth shower, eat, or go to the restroom; secure the area it happened in and ensure they victim is safe.</p> <p>Interviewed Staff: Twelve (12) staff from 1st and 2nd shift were interviewed. One (1) staff reported that they were not sure who the sexual abuse investigator was. Twelve (12) staff reported the sexual abuse investigator was Mrs. Reid Two (2) staff reported it was Mrs. Kennedy and/or Tolbert who were the sexual abuse investigators.</p> <p>115.321 (b)</p> <p>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.</p> <p>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.</p> <p>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.</p>

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.

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 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 attempts 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 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.

The agency PREA coordinator indicated that the Department of Justice component have not investigate allegations of sexual abuse.

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.

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Investigation Packages (Event Reports) #All investigation reports and results (3 Cases) • SC PREA Advocate Sexual Trauma Services of the Midlands (STSM): MOU between the SC Department of Corrections and SC Department of Juvenile Justice • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 328 Investigations • SCDJJ Policy 233 Employee Sexual Harassment • SCDJJ Policy 321 Prevention of Sexual Offenses Toward Juveniles • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.322 (a)</p> <p>The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>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.</p> <p>115.322 (b)</p> <p>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.</p> <p>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.</p> <p>115.322 (c)</p> <p>If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p>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.</p> <p>115.322 (d)</p> <p>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.</p> <p>The agency has a policy for conducting administrative and criminal investigations.</p> <p>115.322 (e)</p> <p>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.</p> <p>NA</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Staff Documentation of Refreshers Training • Employees Training Transcript • 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) • Office of Staff Development and Training (PREA Training Curriculum) • Abuse and Neglect Reporting • Legal Update and PREA (Children’s Law Center) • Trauma: Crisis Intervention (Psychologist III / Specialized Trauma Services Coordinator) • Agency PREA Coordinator PREA Update Training • PREA Standards Power Point Training • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 241 Staff Development and Training Requirements and Services • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 302RD Contractor Conduct Agreement (Form) • SCDJJ Policy 914 Volunteer Services • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.331 (a)</p> <p>The agency shall train all employees who may have contact with residents on:</p> <ul style="list-style-type: none"> • Its zero-tolerance policy for sexual abuse and sexual harassment. • How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. • 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. <p>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 employee’s file.</p> <p>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.</p> <p>Facility Staff: Twelve (12) staff from 1st and 2nd shift were interviewed. All the security staff were aware of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment. All staff were aware of how to fulfill their responsibilities regarding reporting. 100% of the staff reported that they received their initial PREA training. All staff also reported they have been training on effective communication with lesbian, gay, bisexual, transgender, intersex, or gender nonconforming resident. One (1) staff had only been at the facility for a week but did note she had received the “PREA” training.</p> <p>115.331 (b)</p> <p>Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and gender of the residents</p>

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.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • 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: <p>115.332 (a)</p> <p>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.</p> <p>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 employee's file.</p> <p>Become a DJJ Volunteer, Mentor or Intern: According to the SCDJJ website, the South Carolina Department of Juvenile Justice (DJJ) Volunteer Services program mobilizes citizens as volunteers to assist with the rehabilitation of young offenders and at-risk youth. Whether it's through tutoring, mentoring, religious guidance, supplementary supervision, or other support. Volunteers provide much needed enrichment and encouragement to at risk youth.</p> <p>Central Office (Previously): Agency volunteer coordinator indicated that all active volunteers have been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedures. The training consists of the volunteers reading and going through the policy and the manual, as well as refreshers.</p> <p>115.332 (b)</p> <p>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.</p> <p>The level of training provided to volunteers and contractor are based on the services they provide to the facility.</p> <p>115.332 (c)</p> <p>The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Policies requires that documentation of this training will be placed in the volunteers and contractor's file.</p> <p>Central Office (Previously): Agency volunteer coordinator indicated that the agency maintain documentation confirming that volunteers understand the training they received by signing a form regarding their certification of orientation and agreement.</p> <p>Central Office (Previously): Agency volunteer coordinator was asked, has any volunteer engaged in sexual abuse or sexual harassment? Staff indicated that there have not been any occurrences during the time they served in the position since October 2019.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Youth Acknowledgement Statements (#30) • Instructions for PREA Video for Youth • Review Youth PREA Video (#30) • Sexual Trauma Services/Midlands • Retaliation • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 302RD Contractor Conduct Agreement (Form) • SCDJJ Policy 914 Volunteer Services • SCDJ Juvenile Detention Center Information on PREA • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.333 (a)</p> <p>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.</p> <p>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.</p> <p>During the intake process staff reviews the below information with a new juvenile within 5 days of the juvenile's arrival to the facility:</p> <ul style="list-style-type: none"> • Allegation and Grievance Procedures • Classification Services • Discipline Procedures • Facility Rules and Operational Services • Health Services • Prevention of Juvenile Sexual Assault/Sexual Misconduct (PREA Video Viewing) • Recreation Activities • Religious Activities • School • SCDC Retention of Juvenile Transfer • Social Work Services/Programs • Visiting Procedures <p>After receiving this information, the juveniles would sign and date the acknowledgment of the orientation within a signature form the classification staff.</p> <p>Interviewed Residents: Sixteen (16) residents were interviewed (10 male/6 female). Fifteen were random and one was Transgender and also disclosed sexual victimization during risk screening. All resident reported they watched a video explaining sexual abuse and harassment, how to report and their right to not be punished for reporting and looking at a video when they arrived in intake. Fifteen (15) residents reported they received the information about sexual abuse and sexual harassment the first day they arrived at the facility in intake. One (1) male resident reported that he received the information, but it was about 2-3 days after he arrived at the facility.</p> <p>Interviewed Residents: Sixteen (16) residents were interviewed (10 male/6 female). Fifteen were random and one was Transgender and also disclosed sexual victimization during risk screening. All resident reported they recalled watching a video explaining the facility rules against sexual abuse and sexual harassment, when they arrived in intake.</p> <p>115.333 (b)</p> <p>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.</p>

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 received 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 permanent 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.

115.334 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations

- Review Documentation of Investigators complete each module (4 Investigators Page 10)
- 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
- Specialized Training Develop by The Moss Group & PREA Resource Center
 - o Module #1: Investigating Sexual Abuse in Correctional Settings
 - o Module #2: Legal Issues and Agency Liability: Guidance for the Field
 - o Module #3: Investigations and Agency Culture
 - o Module #4: Trauma and Victim Response- Considerations for the Investigative Process
 - o Module #5: Role of Medical and Mental Health Practitioners in Investigations
 - o Module #6: First Response and Evidence Collection: The Foundation for Successful Investigations
 - o Module #7: Interviewing Juvenile Sexual Abuse Victims
 - o Module #8: Reporting Writing
 - o Module #9: Prosecutorial Collaboration
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles
- SCDJJ Policy 336 Application of the PREA Standards
- Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- 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.

Central Office (Previously): The investigator indicated that she received training specific to conducting sexual abuse and sexual harassment investigations and describe the training as NIC – Investigating Sexual Abuse in a Confinement Setting, and Advance Investigations.

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

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • NIC • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.335 (a)</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>Central Office Staff: Medical and Mental Health response to question, have you received any other specialized training regarding sexual abuse and sexual harassment? Response: I have completed the three required PREA course hosted on the NIC website, as well as annual refresher training.</p> <p>115.335 (b)</p> <p>If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p>Facility medical staff does not conduct forensic examinations.</p> <p>Central Office Staff: Medical response to question, if you conduct forensic examinations, are you qualified, and have you received the appropriate training in conducting forensic examinations? DJJ staff does not conduct forensic examinations. Forensic exams are conducted at the local hospital.</p> <p>Staff also indicated that the mental health staff receive training in trauma-informed care and working with youth who have been sexually abused.</p> <p>115.335 (C)</p> <p>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.</p> <p>Facility medical staff does not conduct forensic examinations.</p> <p>115.335 (d)</p> <p>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.</p> <p>All employees, juvenile, contractors, interns, and volunteers, to include contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offenses 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 employee's file.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • PREA Initial Risk & Reassessment Assessment - SVVSAS (#48) • PREA Initial Risk & Reassessment Assessment - SVVSAS (#35) • PREA Initial Risk & Reassessment Assessment - SVVSAS (#44) • PREA Initial Risk & Reassessment Assessment - SVVSAS (#49) • PREA Initial Risk & Reassessment Assessment - SVVSAS (#50) • PREA Initial Risk & Reassessment Assessment - SVVSAS (#51) • Facility Housing Re-Assignment/Review Forms 32 • 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 336 Application of PREA Standards • SCDJJ Policy 911 Clinician Crisis Intervention • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.341 (a)</p> <p>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.</p> <p>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.</p> <p>Central Office: The classification staff indicated that for MEC and Evaluation Centers, youth are screened using the Juvenile Intake Form Vulnerability to Victimization or Sexual Aggression Screener (VVSAS). Intake staff/officers complete page 1 through 3 within 24 hours. Clinical staff will complete the remaining pages within 72 hours of arrival to a facility.</p> <p>Facility Staff: MEC staff that perform screening for risk of victimization and abusiveness response to, do you screen residents upon admission to your facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents? Yes, intake and clinicians see the following business day to complete admission screen and VVSAS.</p> <p>The MEC staff also indicated that the is completed within 72 hours.</p> <p>Facility Staff: MEC staff that perform screening for risk of victimization and abusiveness response to, what is the process for conducting the initial screening? After intake paperwork provided to the clinicians, they do admission screening, VVSAS, and the clinical interview next business day. Checklist, yes/no and data collection.</p> <p>115.341 (b)</p> <p>Such assessments shall be conducted using an objective screening instrument.</p> <p>All secure facilities will use the Vulnerability to Victimization or Sexual Aggression Screening (VVSAS) instrument (form 321D) provided.</p> <p>115.341 (c)</p> <p>At a minimum, the agency shall attempt to ascertain information about:</p> <ul style="list-style-type: none"> • 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:

- Juvenile Demographics (Age, Race, Ethnicity, Height, Weight and Stature)
- Basic Medical/Mental Health Information
- Sexual Orientation, Gender Identity and Expression (SOGIE) Assessment
 - o Sex Assigned at Birth
 - o Gender Identity (Male, Female, Transgender Male, Transgender Female, Other Self-Identified Category) – If transgender, complete Transgender/Intersex Declaration of Preference Form)
- Preferred Gender Pronouns
- Sexual Orientation (Lesbian, Gay, Bisexual, Questioning, Asexual, Straight/heterosexual, other Self-Identified Orientation)
- Gender Expression (Masculine, Feminine, Other Self-Identified Gender Expression)
- Vulnerability to Victimization or Sexual Abuse Screener (VVSAS)
 - o Age of the Youth
 - o Experience in Institution
 - o Social Skills
 - o Juvenile's Perception of Risk
 - o History of Victimization
 - o Offense Type
 - o Violent Offense
 - o Mental Health/Intellectual Impairment
- VVSAS Scoring
 - o Vulnerability to Victimization
 - o Sexually Aggressive Behavior
 - o Violently Aggressive Behavior
- Overall Risk Score

Central Office: The classification staff indicated that the screen instrument covers all considerations. The facilities use Form 321D which assesses for vulnerability to victimization or sexual abusiveness toward others.

Facility Staff: MEC staff that perform screening for risk of victimization and abusiveness response to, how is this information ascertained? All of the clinicians do mental health Admission Screens and VVSAS, put out staff alerts, if concerns; meet with classification committee for housing recommendations, etc.

Interviewed Residents: Sixteen (16) residents were interviewed (10 male/6 female). Fifteen were random and one was Transgender and also disclosed sexual victimization during risk screening. Fifteen (15) residents had entered the facility within the past 12 months. One (1) male resident could not recall if they were asked questions about prior sexual history of sexual abuse but did remember being asked whether they identified as being gay, lesbian, or bisexual, had a disability, or felt in danger of sexual abuse. Fourteen (14) residents reported being asked the questions listed above either by the intake officer, the nurse or the case manager upon arriving at the facility.

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.

Central Office: The classification staff indicated that information ascertained to residents' records and conversations with residents during intake.

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.

Central Office: The classification staff indicated that information shared is on a need-to-know basis. The agency also has a confidential policy that addresses sharing of personal or confidential information that all employees must adhere to.

Central Office: 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.

Facility Staff: MEC staff that perform screening for risk of victimization and abusiveness response to, has the agency outlined who can have access to a resident's risk assessment within the facility, in order to protect sensitive information from exploitation? Yes, classification, clinicians, supervisors, and need to know basis.

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.

Corrective Actions:

Screening for Risk of Sexual Victimization and Abusiveness

Concern: SCDJJ policy 321 Prevention of Sexual Offenses toward Juveniles section G.5 states, in determining housing and programming for juveniles who identify as transgender or intersex, staff will complete the Transgender/Intersex Declaration of Preference State Form 321F and will utilized the juvenile's preferences in their assignment decision on a case-by-case basis.

The facility did not complete the require documentation for the current transgender. (One female transition to male)

Agency/Facility Response:

Since the audit, the facility has not admitted any transgender. In the future, the facility will complete the Transgender/Intersex Declaration of Preference form during intake for any transgender youth who are admitted to the facility. The form will be submitted to the proper parties upon completion.

Concern: SCDJJ policy 321 Prevention of Sexual Offenses toward Juveniles section F.8 states, "Employees completing the juvenile intake will complete the Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) Assessment form 321E.

The facility did not complete the require documentation for the current transgender.

Agency/Facility Response:

The facility management will work closely with the clinical team to ensure the SOCIE form is complete upon the admission of any transgender or intersex youth. This information will be placed in the youth file upon completion.

115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Facility Housing/Screening Forms • Transgender/Intersex Declaration of Preference Statement (Form) • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 503 Long Term Facility Admissions • SCDJJ Policy 502 Evaluation Center Intake Operational Process • SCDJJ Policy 323 Isolation of Youth • SCDJJ Policy 918 Juvenile Rights and Responsibilities • SCDJJ Policy 222 Employee Ethics and Relations with Others • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.342 (a)</p> <p>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.</p> <p>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 Team Facility Admissions; SCDJJ Policy 501, Evaluation Center Intake Operational Process; and SCDJJ Policy 500, Detention Center Admissions.</p> <p>The facility completes a “Facility Housing Determination Form”, that is completed with the information received from the Vulnerability to Victimization or Sexual Aggression Screener (VVSAS). The form has the following information:</p> <ul style="list-style-type: none"> • Date of Admission • Current Housing Assignment • VVSAS Score • Results (Vulnerability of Victimization, Sexually Aggressive, Violent Aggressive) • Risk Level (High, Moderate, Low) • Roommate Status (Can the juvenile have a roommate?) • Housing Determination – Justification • Signatures (Captain of Security, Clinical, Classification and Facility PREA Compliance Manager) • Override Justification comments • Override/Facility Administrator Comments <p>Central Office: The classification staff indicated that the information from the Vulnerability to Victimization or Sexual Aggression Screening is utilized to make housing/room assignments to ensure the safety of all youth. Information also may be conveyed to ensure safety of youth attending programs or during school.</p> <p>Facility Staff: MEC staff that perform screening for risk of victimization and abusiveness response to, how does the agency/facility use information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment? The information is used by classification to make housing assignments, programs assignments, to send out staff alerts.</p> <p>115.342 (b)</p> <p>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 resident’s 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.</p> <p>SCDJJ Policy 323, Isolation of Youth, juveniles may be placed in isolation only as a last resort, when less restrictive</p>

measures of protection are not available and then only until an alternative means of keeping all youth safe can be arranged.

Facility Staff: Staff who supervise residents in isolation response to, when residents are placed in isolation for protection from sexual abuse, do they have access to facility programs? Yes, they have access to programs, privileges, Education and work opportunities are not done other than clearing details.

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.

Interviewed Target Resident: One Transgender resident was interviewed, transitioning from female to male and disclosed sexual victimization during risk screening and during the interview process were ask, the following questions.

- Did staff here ask you questions about your safety when you first came here?
- Have you been put in housing area for only transgender or intersex residents?
- Are you allowed to shower alone?

He indicated that while he is transitions to male, he is not currently on any medication for his transition. The resident reported that the staff asked them about his safety when he arrived both in intake and on the housing unit. The resident reported that he is currently houses in the unit with female residents. "I feel more comfortable around the males', but I know I'm safer with the females because the males don't understand me." He reported that he is allowed to shower without other residents.

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.

The agency using a "Transgender/Intersex Declaration of Preference Statement". This form is to be completed at intake, within 72 hours of a juvenile admission to the facility, or when a juvenile has self-identified as transgender or intersex. Upon disclosure to anyone other than a clinician, the juvenile's self-identification will remain discreet, and the information will be provided to the juvenile's clinician for further evaluation and support.

The agency also requires the "Transgender/Intersex Declaration of Preference Statement" to be completed in conjunction with the Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) Assessment form (321E) found in the Juvenile Intake packet.

The "Transgender/Intersex Declaration of Preference Statement included but not limited to:

- Preferred Identifier (Pronoun – he, she, they, or another pronoun)
- Preferred Name
- Undergarments/Clothing Preference
- Search Preference (male or female)
- Shower Preference

Central Office 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.

Interviewed Target Resident: One Transgender resident was interviewed, transitioning from female to male and disclosed sexual victimization during risk screening and during the interview process were ask, the following questions.

- Did staff here ask you questions about your safety when you first came here?

- Have you been put in housing area for only transgender or intersex residents?
- Are you allowed to shower alone?

He indicated that while he is transitioning to male, he is not currently on any medication for his transition. The resident reported that the staff asked them about his safety when he arrived both in intake and on the housing unit. The resident reported that he is currently housed in the unit with female residents. "I feel more comfortable around the males', but I know I'm safer with the females because the males don't understand me." He reported that he is allowed to shower without other 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.

Central Office: The classification staff indicated that if a youth identifies as transgender or intersex at either MEC or Evaluation Centers, DJJ have policies that address that reassessment of placement and programming of these youth at least twice a year.

Facility Staff: MEC staff that perform screening for risk of victimization and abusiveness indicated that placement and programming assignments for each transgender or intersex resident are reassessed at least twice a year to review any threats to safety experienced by the residents.

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 residents' 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.

Central Office: The classification staff indicated that information shared by each youth is given serious consideration. The agency strives to ensure that placement and programming is based on the best interest of the youth; however, placing a strong emphasis on safety of all parties.

Facility Staff: MEC staff that perform screening for risk of victimization and abusiveness response to, are a transgender or intersex resident's own view of his or her own safety given serious consideration in placement and programming assignments? Yes, primary data points.

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.

Interviewed Target Resident: One Transgender resident was interviewed, transitioning from female to male and disclosed sexual victimization during risk screening and during the interview process were ask, the following questions.

- Did staff here ask you questions about your safety when you first came here?
- Have you been put in housing area for only transgender or intersex residents?
- Are you allowed to shower alone?

He indicated that while he is transitioning to male, he is not currently on any medication for his transition. The resident reported that the staff asked them about his safety when he arrived both in intake and on the housing unit. The resident reported that he is currently housed in the unit with female residents. "I feel more comfortable around the males', but I know I'm safer with the females because the males don't understand me." He reported that he is allowed to shower without other residents.

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.

Facility Staff: MEC staff that perform screening for risk of victimization and abusiveness response to, are transgender and intersex residents given the opportunity to shower separately from other residents? Yes, all shower is separated in the units.

Interviewed Target Resident: One Transgender resident was interviewed, transitioning from female to male and disclosed sexual victimization during risk screening and during the interview process were ask, the following questions.

- Did staff here ask you questions about your safety when you first came here?
- Have you been put in housing area for only transgender or intersex residents?
- Are you allowed to shower alone?

He indicated that while he is transitions to male, he is not currently on any medication for his transition. The resident reported that the staff asked them about his safety when he arrived both in intake and on the housing unit. The resident reported that he is currently houses in the unit with female residents. "I feel more comfortable around the males', but I know I'm safer with the females because the males don't understand me." He reported that he is allowed to shower without other residents.

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 facility.

Facility Staff: Staff who supervise residents in isolation response to, once a resident is placed in involuntary isolation, does the facility review the resident's circumstances every 30 days to determine if continued placement in involuntary isolation is needed? The facility hasn't had a PREA involuntary insolation in the past 12 months. But, if they did, the juveniles would be placed on split recreation, they would receive all equal privileges (i.e., recreation time, meds, phone calls, etc.) only a daily basis and access by management team daily.

Interviewed Target Resident: One Transgender resident was interviewed, transitioning from female to male and disclosed sexual victimization during risk screening and during the interview process were ask, the following questions.

- Did staff here ask you questions about your safety when you first came here?
- Have you been put in housing area for only transgender or intersex residents?
- Are you allowed to shower alone?

He indicated that while he is transitions to male, he is not currently on any medication for his transition. The resident reported that the staff asked them about his safety when he arrived both in intake and on the housing unit. The resident reported that he is currently houses in the unit with female residents. "I feel more comfortable around the males', but I know I'm safer with the females because the males don't understand me." He reported that he is allowed to shower without other residents.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Investigation Packages (Event Reports) #All investigation reports and results (3 Cases) • Review copies of all Grievances for the past 12 months • SC PREA Advocate Sexual Trauma Services of the Midlands (STSM): MOU between the SC Department of Corrections and SC Department of Juvenile Justice • MOU with Rape Crisis Center – Emails of Attempts • PREA Poster: Zero Tolerance (Spanish) • PREA Poster: Zero Tolerance (English) • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 222 Employee Ethics and Relations with Others • SCDJJ Policy 322 Alleged Abuse and Neglect of a Juvenile • SCDJJ Policy 326 Reporting Events • SCDJJ Policy 214 Volunteers Services • SCDJJ Policy 605 Sick Call Process • SCDJJ Policy 920 Juvenile Grievance Process • SCDJJ Policy 918 Juvenile Rights and Responsibilities • SCDJJ Policy 328 Investigations • SCDJJ Policy 924 Juvenile Behavior Management-Incentive System and Progressive Discipline • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.351 (a)</p> <p>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.</p> <p>Juveniles who allege sexual harassment or sexual abuse can report the following ways:</p> <ul style="list-style-type: none"> • Report to Staff • Report to Volunteers • Report to Contractor • Report Third Party (Family Members) • File A Grievance • Fill out Sick Call • Hotline <p>The Office of Juvenile and Family Relations is responsible for receipt and resolutions to juvenile grievances, allegations and complaints. Juvenile and Family Relations Coordinators act as impartial advocates for juveniles by coordinating improvements to the care and services they receive. When a juvenile makes an allegation, complaint or has a problem in regard to care and treatment, they are encouraged to complete a Juvenile Grievance form. Youth can receive assistance from a staff member in completing the form in needed. These forms are submitted through a secure grievance box.</p> <p>Upon receiving the form and the grievance is appropriate for the Office of Juvenile and Family Relations to investigate, a Juvenile and Family Relations Coordinator will conduct an investigation into the matter. In cases where a juvenile's grievance is determined to be legitimate, the Office of Juvenile and Family Relations works with facility managers to ensure that proper resolution to the grievance is completed. If the grievance is a matter that warrants action be taken by Management Review or a Criminal Investigation, the grievance will be forwarded to the Office of Inspector General for investigation.</p> <p>Interviewed Staff: The facility PREA compliance manager indicated that the above reported process is what the facility uses.</p> <p>Interviewed Staff: Twelve (12) staff from 1st and 2nd shift were interviewed and were able to discuss various ways to report sexual abuse and sexual harassment. Several staff reported that they would verbally notify their supervisor by pulling them to the side away from other staff. Other staff reported they would complete an "event form" and turn it in their supervisor. All staff knew the protocol for reporting sexual abuse and sexual harassment.</p> <p>Interviewed Resident: Sixteen (16) residents were interviewed (10 male/6 female). Fifteen were random and one was</p>

Transgender and also disclosed sexual victimization during risk screening. They stated that they had multiple ways to report such as tell a staff (most identified their social worker or case manager as the staff to communicate with), write a sick call or write a Juvenile Allegation. All sixteen (16) residents interviewed indicated that they could report sexual abuse or harassment to someone who does not work at the facility. One (1) male resident reported not being aware that they could make a report without providing their name. One (1) reported he was not aware that he could report for another resident. All residents reported they could tell a family member, a friend or social worker.

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.

Interviewed Staff: Twelve (12) staff from 1st and 2nd shift were interviewed and according to all the staff, residents can use all the forms of communication to report sexual abuse and harassment. All staff reported that they document any verbal reports of sexual abuse or harassment immediately or prior to the end of their shift and report the information to their supervisor.

Interviewed Residents: Sixteen (16) residents were interviewed (10 male/6 female). Fifteen were random and one was Transgender and also disclosed sexual victimization during risk screening. They all stated they had not ever told anyone from the facility that they had been sexually abused or sexually harassed.

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 (12) staff from 1st and 2nd shift were interviewed. All staff were able to provide several ways residents can report sexual abuse and sexual harassment privately by pulling the staff to the side, write a grievance, writing a letter to facility leadership or social worker.

115.352	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 770 300">Supporting Documents, Interviews and Observations</p> <ul data-bbox="240 331 1126 725" style="list-style-type: none"> • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 330 Reporting Events • SCDJJ Policy 122 Internal Audits • SCDJJ Policy 328 Investigations • SCDJJ Policy 918 Juvenile Rights and Responsibilities • SCDJJ Policy 920 Juvenile Grievance Process • Event Report (ERMIS) • Investigation Packages (Event Reports) #All investigation reports and results (3 Cases) • Grievances Past 12 Months • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p data-bbox="240 757 360 784">115.352 (a)</p> <p data-bbox="240 815 1461 873">An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p data-bbox="240 904 1469 999">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.</p> <p data-bbox="240 1030 360 1057">115.352 (b)</p> <ul data-bbox="240 1088 1481 1348" style="list-style-type: none"> • 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. <p data-bbox="240 1379 1126 1406">All PREA issues that are reported through the grievance process is send to investigation.</p> <p data-bbox="240 1438 360 1464">115.352 (c)</p> <p data-bbox="240 1496 539 1523">The agency shall ensure that:</p> <ul data-bbox="240 1554 1485 1671" style="list-style-type: none"> • 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. <p data-bbox="240 1702 1485 1760">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.</p> <p data-bbox="240 1792 360 1818">115.352 (d)</p> <ul data-bbox="240 1881 1485 2119" style="list-style-type: none"> • 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 file such a request on behalf on 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.
- 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 a 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 disciplined any staff or residents for PREA issues regarding bad faith reporting.

115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • SC PREA Advocate Sexual Trauma Services of the Midlands (STSM): MOU between the SC Department of Corrections and SC Department of Juvenile Justice • Posters with outside information • MOU or Other Agreements for Services (SLED) • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 918 Juvenile Rights and Responsibilities • SCDJJ Policy 900 Scope of SC DJJ Clinical Services • SCDJJ Policy 911 Clinical Crisis Intervention • SCDJJ Policy 925 Juvenile Visitation Procedures in Secure Facilities • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.353 (a)</p> <p>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.</p> <p>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.</p> <p>Interviewed Residents: Sixteen (16) residents were interviewed (10 male/6 female). Fifteen were random and one was Transgender and also disclosed sexual victimization during risk screening. They were asked if they were aware of services outside of the facility for dealing with sexual abuse. While most residents were aware that there were services outside the facility, they could not tell me about the services offer outside they facility. Some resident's reports there are posters on their units, with the hotline number and the address to file a report outside the facility.</p> <p>115.353 (b)</p> <p>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.</p> <p>SCDJJ Policy 336, Application of the PREA Standards – Any monitored communications will be expressed to juveniles and parents prior to authorization for use.</p> <p>See section (a) response.</p> <p>115.353 (c)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>115.353 (d)</p> <p>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.</p>

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 the facility 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.

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.

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) residents were interviewed (10 male/6 female). Fifteen were random and one was Transgender and also disclosed sexual victimization during risk screening. They were asked does the facility allow them to talk with your lawyer privately. Two (2) residents reported that did not have a lawyer and/or had not met with their lawyer while being at the facility. (14) resident reported they had met with their lawyer when they first arrived at the facility and/or prior to going to court and was able to do so in a private area.

Interviewed Residents: Sixteen (16) residents were interviewed (10 male/6 female). Fifteen were random and one was Transgender and also disclosed sexual victimization during risk screening. They were asked does the facility allow them to see and/or talk with their parents or someone else. (Note: Due to Covid-19, in person visitation has been suspended until further notice.) All sixteen (16) residents reported that were able to contact their parents via the AMTEL phone on the unit and/or case managers conducts video calls weekly (if their parent have the capably.)

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Documentation for Publicly Distributes Information on 3rd Party Reporting (Website) • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Division of Investigation Services (DIS) Hotline @ 1-866-313-0073 • SCDJJ Website @ http://www.state.sc.us/djj/ • Investigation Packages (Event Reports) #All investigation reports and results (2 Cases) • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.354 (a)</p> <p>The agency shall establish a method to receive third party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>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/.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Documentation of Mandatory Child Abuse Reporting Laws (Training Power Point) • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 222 Employee Ethics and Relations with Others • SCDJJ Policy 322 Alleged Abuse and Neglect of a Juvenile • SCDJJ Policy 326 Reporting Events • SCDJJ Policy 326A Reporting Events Form • SCDJJ Policy 124 Confidentiality and Release of Juvenile Information • Investigation Packages (Event Reports) #All investigation reports and results (2 Cases) • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.361 (a)</p> <p>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.</p> <p>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.</p> <p>Interviewed Staff: Twelve (12) staff from 1st and 2nd shift were interviewed and were aware that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. All staff were also aware of the agency's policy as it relates to sharing. Staff were able to provide interviews with examples of times when they could share this information, i.e., to their supervisor or to the oncoming staff to ensure they are aware and keep the residents safe.</p> <p>Facility Staff: MEC staff response to the medical and mental health question, are you required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it? Yes, DSS/Police report. If in facility, follow protocol and complete PREA allegation report, goes to facility administrator, security captain, and the facility PREA compliance manager/PBS coordinator.</p> <p>Interviewed Staff: The facility administrator indicated when the facility receives an allegation of sexual abuse this incident is reported to the facility administrator, PREA investigator, medical staff, assigned social worker, and Deputy Director.</p> <p>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.</p> <p>115.361 (b)</p> <p>The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>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.</p> <p>115.361 (c)</p> <p>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.</p> <p>Staff has not revealed any information related to a sexual abuse report to anyone other than to the extent necessary.</p> <p>115.361 (d)</p> <ul style="list-style-type: none"> • 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.

Central Office: Medical and Mental Health indicated that the initiation of services to a resident the facility discloses the limitations of confidentiality and their duty to report.

It was also indicated that they are 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.

Facility Staff: MEC staff response to the medical and mental health question, at the initiation of services to a resident, do you disclose the limitations of confidentiality and your duty to report? Yes, juvenile signs consent form.

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 then14 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.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.362 (a)</p> <p>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.</p> <p>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.</p> <p>Interviewed Staff: The facility administrator indicated yes, a when a resident arrives to the facility, they undergo the intake process 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.</p> <p>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.</p> <p>Interviewed Staff: Twelve (12) staff from 1st and 2nd shift were interviewed and all staff reported they would immediately be removing the victim from the threat and then report it to their supervisors and the facility leadership. Several staff stated they would keep the resident close to them, until they could be removed from the area.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • Documentations of Allegations of Sexual Abuse Reporting to other Confinement Facility (0) • Documentations of Allegations of Sexual Abuse Receiving Report from other Confinement Facility (0) • SCDJJ Policy 336 Application of the PREA Standards • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.363 (a)</p> <p>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.</p> <p>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.</p> <p>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 an 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.</p> <p>115.363 (b)</p> <p>Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>See section (a) response.</p> <p>115.363 (c)</p> <p>The agency shall document that it has provided such notification.</p> <p>See section (a) response.</p> <p>115.363 (d)</p> <p>The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>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 manger.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Protocol for Alleged Sexual Assault Involving Penetration (Coordinator Response Plan) • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 326 Reporting Events • SCDJJ Policy 124 Confidentiality and Release of Juvenile Information • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.364 (a)</p> <p>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:</p> <ul style="list-style-type: none"> • Separate the alleged victim and abuser. • Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. • If the abuse occurred within a time 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. <p>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.</p> <p>115.364 (b)</p> <p>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.</p> <p>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.</p> <p>The PREA Compliance Specialist (2020) with the approval and authorization of the Agency PREA Coordinator developed a training Power Point presentation covering the following performance overviews:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>

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 it 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 started on 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.

115.365	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Protocol for Alleged Sexual Assault Involving Penetration (Coordinated Response Plan) • Safety Plan (SP) for Alleged Sexual Abuse and Sexual Harassment PREA Related • SCDJJ Policy 336 Application of the PREA Standards - March 05, 2018 • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.365 (a)</p> <p>The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>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.</p> <p>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.</p> <p>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 medical, 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 preserve the 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 compliance manager and PREA investigator is also contacted.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.366 (a)</p> <p>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.</p> <p>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.</p> <p>115.366 (b)</p> <p>Nothing in this standard shall restrict the entering into or renewal of agreement that govern:</p> <ul style="list-style-type: none"> • 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. <p>See section (a) response.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 235">Auditor Discussion</p> <p data-bbox="240 271 770 295">Supporting Documents, Interviews and Observations</p> <ul data-bbox="240 331 1110 555" style="list-style-type: none"> • Agency and/or Facility Designate Staff Member Charge with Monitoring for Retaliation • Retaliation Monitoring Documentation (0) • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 323 Isolation of Youth • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p data-bbox="240 591 360 616">115.367 (a)</p> <p data-bbox="240 647 1414 739">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.</p> <p data-bbox="240 770 1465 862">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.</p> <p data-bbox="240 893 1489 1019">The facility prohibits retaliatory behavior by residents or staff in regard 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.</p> <p data-bbox="240 1084 360 1108">115.367 (b)</p> <p data-bbox="240 1140 1489 1232">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.</p> <p data-bbox="240 1263 1489 1424">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.</p> <p data-bbox="240 1489 360 1514">115.367 (c)</p> <p data-bbox="240 1545 1461 1740">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.</p> <p data-bbox="240 1771 1489 2000">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.</p> <p data-bbox="240 2031 360 2056">115.367 (d)</p> <p data-bbox="240 2087 1059 2112">In the case of residents, such monitoring shall also include periodic status checks.</p>

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 or removed.

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.

Corrective Actions

Standard requires the agency to 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.

Concern: The facility is not monitoring for are documenting retaliations.

Agency/Facility Response:

In all future PREA allegations, the facility will monitor and document retaliations on the PREA Retaliation Monitoring Form 336A form in a timely in accordance with PREA standards and SCDJJ Policy and Procedures upon receipt of a sexual abuse allegation. This form will be used to monitor staff and youth who report sexual abuse who are an alleged victim or witness of the sexual abuse.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • SCDJJ Policy 926 Scope of Activity Therapy, Recreation, and Leisure Services • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews • Disciplinary PREA Related (0) <p>115.368 (a)</p> <p>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.</p> <p>Juveniles housed in segregation for protection purposes will be done so in accordance with SCDJJ Policy 323, Isolation of Youth.</p> <p>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.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Investigation Packages (Event Reports) #All investigation reports and results (3 Cases) • SCDJJ Policy Reporting Events Form (3) • SCDJJ Policy 328 Investigations • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 222 Employee Ethics and Relations with Others • SCDJJ Policy 322 Alleged Abuse and Neglect of a Juvenile • SCDJJ Policy 326 Reporting Events • Website Reporting (3rd Party) • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.371 (a)</p> <p>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.</p> <p>Central Office (Previously): The 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.</p> <p>Central Office (Previously): The investigator indicated that third party reports are treated no differently than a regular report. They are not investigated differently.</p> <p>115.371 (b)</p> <p>Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to standard 115.334.</p> <p>The Facility uses investigators who have received special training in sexual abuse investigations. The investigators have completed the NIC online training.</p> <p>Central Office (Previously): The investigator indicated that she received training specific to conducting sexual abuse and sexual harassment investigations and describe the training as NIC – Investigating Sexual Abuse in a Confinement Setting, and Advance Investigations.</p> <p>115.371 (c)</p> <p>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.</p> <p>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.</p> <p>Central Office (Previously): The investigator indicated that the first steps in initiating an investigation is finding out happened, who's the victim and subject. The location of the incident. Has the victim and subject been separated and the current location of the victim. To initiate the investigation would take 2 to 3 hours.</p> <p>Central Office (Previously): The investigator describes the investigation process as, the allegation is received, request footage – if there is any; finding the location of the victim, witness, and subject; talk and get statements from the victim, witnesses, once the footage is viewed and the statements from the victim and witness are completed the subject read their Miranda Rights (staff).</p> <p>Central Office (Previously): The investigator indicated that when she discovers evidence that a prosecutable crime may have taken place, she will consult with the outside investigator to inquire on how they would want her to go forward because they</p>

will be the one presenting the case in court.

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.

Central Office (Previously): The investigator indicated that when she discovers evidence that a prosecutable crime may have taken place, she will consult with the outside investigator to inquire on how they would want her to go forward because they will be the one presenting the case in court.

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.

Central Office (Previously): The investigator was asked, would you, under any circumstances, require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation? No, they are the victim and she do not want to make them feel like they did something wrong.

Interviewed Residents: Sixteen (16) residents were interviewed (10 male/6 female) and they were asked about being required to take a polygraph test. Sixteen (16) residents reported they were not aware the facility could require them to take a polygraph test to investigate abuse. Sixteen (16) residents reported that they had not been asked to take a polygraph test.

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.

Central Office (Previously): The investigator indicated the efforts make during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse, she would review statement, check agency policies for staff violations.

Central Office (Previously): The investigator indicated that she documents administrative investigations in written reports and completes the PREA checklist.

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.

Central Office (Previously): The investigator indicated that when she discovers evidence that a prosecutable crime may have taken place, she will consult with the outside investigator to inquire on how they would want her to go forward because they will be the one presenting the case in court.

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 retains 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.

Central Office (Previously): The investigator was asked; how do you proceed when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct? The investigator indicated that the investigation would continue and if an arrest needs to be made, then the former staff will be arrested.

Central Office (Previously): The investigator indicated an investigation will not terminate if the source of the allegation recants his/her allegation.

115.371 (l)

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The agency PREA coordinator indicated that the Department of Justice have not conducted any sexual abuse allegation.

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.

Central Office (Previously): The investigator indicated when an outside agency investigates an incident of sexual abuse in the facility, the role she would play is the assistant. Whatever is needed by the lead investigator, she would assist in getting the information (examples: making sure the juveniles are available for interviews, providing staff and juvenile information – phone numbers, addresses, etc. Making sure the video footage has been requested and pulled.

Central Office 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.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Investigation Packages (Event Reports) #All investigation reports and results (3 Cases) • SCDJJ Policy 328 Investigations • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 920 Juvenile Grievance Process • MOU with SLED • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.372 (a)</p> <p>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.</p> <p>Central Office (Previously): The investigator indicated that the agency imposes no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p>

115.373	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 770 300">Supporting Documents, Interviews and Observations</p> <ul data-bbox="240 331 1126 622" style="list-style-type: none"> • Investigation Packages (Event Reports) #All investigation reports and results (3 Cases) • Documentation of Resident Notification Results • Safety Plan for Alleged Sexual Abuse and Sexual Harassment (2) • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 328 Investigations • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 920 Juvenile Grievance Process • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p data-bbox="240 654 360 680">115.373 (a)</p> <p data-bbox="240 712 1469 775">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.</p> <p data-bbox="240 801 1441 864">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.</p> <p data-bbox="240 891 1406 954">Central Office (Previously): The investigator indicated that resident is informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.</p> <p data-bbox="240 981 1489 1043">Interviewed Staff: The facility administrator indicated typically the facility do not notify juveniles of the results of investigations, the PREA investigator notifies the residents. Documentation will be located in the case file.</p> <p data-bbox="240 1070 360 1097">115.373 (b)</p> <p data-bbox="240 1128 1485 1191">If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p data-bbox="240 1218 1476 1321">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.</p> <p data-bbox="240 1348 360 1375">115.373 (c)</p> <p data-bbox="240 1406 1437 1469">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:</p> <ul data-bbox="240 1496 1428 1626" style="list-style-type: none"> • 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. <p data-bbox="240 1653 1453 1756">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. Investigation will ensure the alleged victim is notified of the progress of the investigation as specified in the PREA standards.</p> <p data-bbox="240 1783 1492 2011">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.</p> <p data-bbox="240 2038 951 2065">When the facility notifies residents, it is done verbally and documented.</p> <p data-bbox="240 2092 360 2119">115.373 (d)</p>

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.

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 understands its obligation to report under this standard will terminate if the resident is released from the agency's custody.

Corrective Action:

Standard requires, following an investigation into a resident's allegations 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.

Concern: The facility is not informing the resident of the result of the investigation. According to the Department of Family Relation, they are to inform the residents of the results, however, they are not receiving the information from the Office of Investigation.

Agency/Facility Response:

The facility management have established a protocol with the Office of Investigations as the lead in informing the residents of the result of the investigation. This will be on going for each PREA investigation on a consistent basis to ensure that the facility remain in compliance with the standards.

115.376	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 770 300">Supporting Documents, Interviews and Observations</p> <ul data-bbox="242 329 1126 656" style="list-style-type: none"> • Investigation Packages (Event Reports) #All investigation reports and results (3 Cases) • Documentation – PREA Related Disciplinary Sanctions for Staff (2) • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 328 Investigations • SCDJJ Policy 322 Alleged Abuse and Neglect of a Juvenile • SCDJJ Policy 326 Reporting Events • SCDJJ Policy 228 Progressive Employee Discipline • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p data-bbox="242 687 360 716">115.376 (a)</p> <p data-bbox="242 745 1449 806">Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 837 1497 1032">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.</p> <p data-bbox="242 1064 1493 1223">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.</p> <p data-bbox="242 1285 360 1314">115.376 (b)</p> <p data-bbox="242 1344 1203 1373">Termination shall be the presumptive disciplinary sanction for ho have engaged in sexual abuse.</p> <p data-bbox="242 1402 1493 1462">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.</p> <p data-bbox="242 1491 360 1520">115.376 (c)</p> <p data-bbox="242 1550 1445 1644">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.</p> <p data-bbox="242 1673 1469 1733">The facility disciplinary sanctions for violations of agency policies relating to sexual or sexual harassment is commensurate with the circumstances of committed acts.</p> <p data-bbox="242 1762 360 1792">115.376 (d)</p> <p data-bbox="242 1821 1489 1915">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.</p> <p data-bbox="242 1944 1493 2004">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.</p> <p data-bbox="242 2033 936 2063">During the audit period the facility had two staff members to resigned.</p>

115.377	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 770 300">Supporting Documents, Interviews and Observations</p> <ul data-bbox="242 329 1126 622" style="list-style-type: none"> • Investigation Packages (Event Reports) #All investigation reports and results (3 Cases) • Documentation PREA Related Disciplinary Sanctions for Volunteers (0) • Documentation PREA Related Disciplinary Sanctions for Contractors (0) • SCDJJ Policy 321 Application of the PREA Standards • SCDJJ Policy 328 Investigations • SCDJJ Policy 322 Alleged Abuse and Neglect of a Juvenile • SCDJJ Policy 326 Reporting Events • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p data-bbox="242 654 360 683">115.377 (a)</p> <p data-bbox="242 712 1409 772">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.</p> <p data-bbox="242 801 1461 965">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.</p> <p data-bbox="242 1025 360 1055">115.377 (b)</p> <p data-bbox="242 1084 1477 1144">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.</p> <p data-bbox="242 1173 1489 1301">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.</p> <p data-bbox="242 1361 1489 1391">There have been no violations of agency sexual abuse policies by any contractor or volunteer during the past twelve months.</p>

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 770 300">Supporting Documents, Interviews and Observations</p> <ul data-bbox="240 331 1230 591" style="list-style-type: none"> • Documentation PREA Related Disciplinary Sanctions for Residents (0) • Investigation Packages (Event Reports) #All investigation reports and results (3 Cases) • Juvenile Progressive Discipline Chart • SCDJJ Policy 321 Application of the PREA Standards • SCDJJ Policy 328 Investigations • SCDJJ Policy 924 Juvenile Behavior Management – Incentive System and Progressive Discipline • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p data-bbox="240 622 360 649">115.378 (a)</p> <p data-bbox="240 680 1477 770">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.</p> <p data-bbox="240 801 1489 896">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.</p> <p data-bbox="240 958 1485 1052">Interviewed Staff: The facility administrator indicated typically residents are initially placed in isolation (in resident's room) 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.</p> <p data-bbox="240 1061 360 1088">115.378 (b)</p> <p data-bbox="240 1120 1485 1312">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.</p> <p data-bbox="240 1344 1477 1505">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.</p> <p data-bbox="240 1568 1485 1662">Interviewed Staff: MEC health staff 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.</p> <p data-bbox="240 1693 360 1720">115.378 (c)</p> <p data-bbox="240 1751 1437 1809">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.</p> <p data-bbox="240 1841 1489 1966">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 considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.</p> <p data-bbox="240 1998 360 2024">115.378 (d)</p> <p data-bbox="240 2056 1489 2150">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</p>

programming or education.

Central Office: Medical and Mental Health response to, can you describe the therapy, counseling or other intervention you provide to address and correct the underlying reasons or motivations for sexual abuse? The agency has a Sex Offender Treatment Program. These services are provided by trained counselors. Since these services are provided outside of her department, she does not have direct knowledge of the program elements.

Interviewed Staff: MEC health 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.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Residents Disclosed Prior Victimization During PREA Screening (4) • Juvenile Safety Plans • Residents Disclosed Prior Victimization that were seen by medical or mental health • DJJ Medical/Mental Health Screen/Health Screening Forms (43) – MAYSI Screening Report (Computerized) • SCDJJ Policy 602A Juvenile’s Access to Health Care • SCDJJ Policy 512 Classification System for Housing in Secure • SCDJJ Policy 907 Trauma-Informed Care and Trauma-Specific Treatment • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 124 Confidentiality and Release of Juvenile Information • SCDJJ Policy 503 Long Term Facility Admissions • SCDJJ Policy 501 Evaluation Center Intake Operational Process • SCDJJ Policy 500 Detention Center Admissions • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.381 (a)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Central Office: The classification staff indicated that the agency policy dictates that a follow up meeting with a mental health practitioner will be provided if needed. This information is provided in Policy 500 (section D-2b) and Policy 501 (section 17b).</p> <p>Interviewed Target Resident: One Transgender resident was interviewed, transitioning from female to male and disclosed sexual victimization during risk screening and during the interview process were ask, when you told someone here that you were sexually abused, did he or she ask if you wanted to meet with a medical or mental health care practitioner? If yes, about how long after you told them you been sexually abused did you meet with the practitioner?</p> <p>He indicated that he had been sexual abuse prior to being locked up. He reported that he shared this information with the staff during intake but noted that talking about his abuse was a trigger for him, so he doesn’t talk about it. As of June 23, 2021, he has not met with any staff to discuss his abuse.</p> <p>This information was shared with the lead auditor for corrective action.</p> <p>115.381 (b)</p> <p>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.</p> <p>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.</p> <p>Facility Staff: MEC staff that perform screening for risk of victimization and abusiveness response to, if a screening indicates</p>

that a resident previously perpetrated sexual abuse, do you offer a follow-up meeting with a mental health practitioner? Clinical indicated that everyone meets with a clinician.

Facility Staff: MEC staff that perform screening for risk of victimization and abusiveness response to a follow-up question, typically, how soon after the screening do you offer? Within 24 hours, all juveniles are seen by a clinician. All juveniles offered treatment and can complete a staff request form to be seen by clinician.

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.

Facility Staff: MEC staff response to the medical and mental health question, do you obtain informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting? No, that staff are mandated reports.

Medical submitted, At MEC all new juveniles are administered the VVSAS and Admission Screen by a mental health clinician within 72 hours of arrival (although it is normally within 24 hours). During this appointment the juvenile is asked about sexual abuse/sexual assault history and current symptoms of trauma. Referrals to medical and psychiatry, or for follow up appointment with a clinician are made that time as needed. A running list will be maintained. Compliant.

Corrective Action

If the screening from 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 health practitioner within 14 days of the intake screening.

Concern: Informal Interview with staff indicated that the facility does not track resident who have experienced prior sexual victimization. However, the facility PBS/PREA Coordinator review all current PREA Screening (VVSAS) to provide the required listed of "Resident who reported sexual victimization during risk screening. They were four youth that reported prior sexual victimization.

There was no documentation provided indicating that the prior sexual victimization issues were address or resident was offered a follow-up meeting only for the prior sexual abuse.

Agency/Facility Response:

This issue has been discussed with PREA Compliance Coordinator, facility security management, and clinicals. Going forward, if the screening indicates a youth has been victimized prior to arriving to the facility, a meeting will take place with a medical or mental health staff within 14 days.

Interviewed Target Residents: The following is responses to the residents who disclosed sexual victimization during the audit interview. The resident was asked,

When you told someone here that you were sexually abused prior to coming to the facility, did he or she ask if you wanted to meet with a medical or mental health care practitioner regarding this issue?

The resident is currently transitioning from female to male (transgender) was interviewed. He indicated that he had been sexual abuse prior to being locked up. He arrives at the facility on April 23, 2021, he reported that he shared this information with the staff during intake but noted that talking about his abuse was a trigger for him, so he doesn't talk about it. As of June 23, 2021, he has not met with any staff to discuss his prior abuse.

The lead PREA auditor requested documentation from medical and/or mental health or social workers.

On July 24, 2021, the auditor received the following documents:

- Vulnerability to Victimization or Sexual Abuse Screener (VVSAS) PREA Screening.
o the resident answered yes to the question: Have you ever had a sexual experience that you did not want to have (prior sexual victimization).
- Facility Housing Determination Form
- Medical Progress Notes.
- Sick Calls
- Juvenile Health History
- Initial Clinical Assessment
- CSSRS Assessment
- Client Notes
- Clinical Crisis Intervention Referrals (Self Harm)
- Juvenile Safety Plan

The documentation review reveals no meeting with the resident regarding prior sexual victimization. After discussions with the Agency PREA Coordinator, the facility management met to work with this resident.

Agency/Facility Response:

This issue has been discussed with PREA Compliance Coordinator, facility security management, clinicians. Going forward, if the screening indicates a youth has been victimized prior to arriving to the facility, a meeting will take place with a medical or mental health staff within 14 days of the screening. The related information will be used to create treatment plan, make housing decisions, education decisions, and security decisions. They will start keeping a list of prior victimizations.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 918 Juvenile Rights and Responsibilities • SCDJJ Policy 601 Scope of Health Services and Responsible Health Authority • SCDJJ Policy 602 Juvenile Health History and Physical Examination • SCDJJ Policy 603 Juvenile’s Unimpeded Access to Health Care • SCDJJ Policy 612 Health and Mental Health Care Quality Improvement Program • SCDJJ Policy 907 Trauma-Informed Care and Trauma-Specific Treatment • SC PREA Advocate Sexual Trauma Services of the Midlands (STSM): MOU between the SC Department of Corrections and SC Department of Juvenile Justice • MOU with Rape Crisis Center • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.382 (a)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Central Office: Medical and Mental Health response to do resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services? Yes.</p> <p>Central Office: Medical and Mental Health follow up question, what is timely? Any alleged victims of sexual abuse are seen by a nurse immediately, as long as a nurse is present at the facility at the time of the incident. If the alleged abuse happens when the nurse is not at the facility, the staff will contract the nurse at Willow Lane Infirmary for further guidance. If medically warranted, the youth will be transported to a local emergency room for further treatment and /or conduct of a forensic exam.</p> <p>Facility Staff: MEC staff response to the medical and mental health question, do resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis interventions services? Yes.</p> <p>Facility Staff: MEC staff response to the medical and mental health follow up question, what is timely? Immediately after reported to clinicians or on-call clinician after hours.</p> <p>Central Office: Medical and Mental Health response to, are the nature and scope of these services determined according to your professional judgment? The nature and scope of services are determined by a licensed medical staff member (Registered Nurse, Nurse Practitioner, or Physician).</p> <p>Interviewed Staff: MEC health 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.</p> <p>115.382 (b)</p> <p>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.</p>

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.

Central Office: Medical and Mental Health response to, are victims of sexual abuse offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis? Response yes.

Interviewed Staff: MEC health 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 facility 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.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • Protocol for Alleged Sexual Assault (Attachment) • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 918 Juvenile Rights and Responsibilities • SCDJJ Policy 601 Scope of Health Services and Responsible Health Authority • SCDJJ Policy 911 Clinical Crisis Intervention • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.383 (a)</p> <p>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.</p> <p>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.</p> <p>The agency/facility offers medical/mental health evaluation and, provides services to all residents who have been victimized by sexual abuse through outside services.</p> <p>Central Office: Medical and Mental Health response to, what does evaluation and treatment of residents who have been victimized entail? In addition to any required medical treatment, the resident will receive counseling and other services.</p> <p>Interviewed Staff: MEC health 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.</p> <p>115.383 (b)</p> <p>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.</p> <p>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.</p> <p>115.383 (c)</p> <p>The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>The facility provides victims with medical/mental health services consistent with the community level of care.</p> <p>Central Office: Medical and Mental Health response to, are medical and mental health services consistent with community level of care? Response yes.</p> <p>Interviewed Staff: MEC health indicated that medical and mental health services is consistent with community level of care</p> <p>115.383 (d)</p> <p>Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>Staff interviews indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate through outside services.</p> <p>Central Office: Medical and Mental Health response to, if pregnancy results from sexual abuse while incarcerated, are victims given timely information and access to all lawful pregnancy-related services? Response yes.</p>

Central Office: Medical and Mental Health follow-up to, when ordinarily are such victims provided this information and access to services? If the resident is transported to a local hospital, these services are initially offered by the hospital staff. As a follow-up, DJJ staff will also inform the victim of available 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: MEC health 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: MEC health 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 doesn'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.

Corrective Action:

Concern: Standard provision – b indicate that 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 placement in, other facilities, or their release from custody.

Informal Interview with the staff on June 22, 2021, at 11:35am, state that the facility does not provide ongoing services.

Agency/Facility Response:

Agency/Facility Response:

Once clinicians are made aware, referrals are made to community agencies to provide the youth with ongoing services and care.

The agency has an agreement with STSM, a directive was sent to medical staff directing that any resident that was sexual abuse in the facilities and release, the medical or mental health staff will make a referral to the outside organization STSM for community follow-up services.

SC PREA Advocate Sexual Trauma Services of the Midlands (STSM): MOU between the SC Department of Corrections and SC Department of Juvenile Justice Facilities in Lexington, Richland, Newberry, Sumter, and Clarendon Counties and Sexual Trauma Services of the Midlands (STSM). The STSM is responsible for:

- o Responding to calls from inmates received on STSM's 24-hour crisis hotline.
- o Providing inmates with confidential emotional support services related to sexual abuse during their residency at an institution and during their transition from the corrections facility into the community.
- o Providing follow-up services to victims of sexual assault as resources allow, including in-person visits.
- o Maintaining confidentiality of communications with inmates.
- o Working with designated staff to obtain security clearance as needed and follow all facility guidelines for safety and security.

- o Attending any and all Sexual Abuse Incident Reviews at the request of an inmate with the understanding that STSM cannot disclose any communication with an inmate without a signed release from said inmate.
- o Communicating any questions or concerns to PREA Coordinator that are not in violation of confidentiality.

Note: This MOU services provided as agreed pursuant to the approved project goals and objectives listed in the awarded Justice Assistance Grant Program (Grant No. 1GPR19001).

For providing services as the sole service provider of the STSM is responsible for:

- o Providing emotional support services to inmate and juveniles adjudicated to the SCDC and the SCDJJ for sexual assault and sexual misconduct.
- o Providing awareness and knowledge to inmates and juveniles about sexual assault, misconduct, and harassment through group education sessions provided by a qualified instructor.
- o Providing training and education to the staff of SCDC and SCDJJ, to included correctional officers, medical and mental health practitioners, and others (including train-the-trainer) regarding information on the PREA, sexual assault, trauma informed care, youth violence prevention, SAFE/SANE requirements, and how to assist survivors of sexual abuse.
- o Submitting monthly reports of services and those served.
- o Providing timely invoices for payment with descriptive line items describing services provided, dates, times, locations, and costs.
- o Providing training agreed upon within each quarter of the grant.

Contact: Sexual Trauma Services of the Midlands/ 3830 Forest Drive -Suite 201, Columbia, SC 29204. Compliant.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations</p> <ul style="list-style-type: none"> • Documentation of Sexual Abuse Incident Reviews – 30 Days (0) • Investigation Packages (Event Reports) #All investigation reports and results (3 Cases) • DJJ Event Report Completed (3) • SDCJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • Alleged Sexual Abuse and Sexual Harassment (Attachment) • SCDJJ Policy 321B Incident Review Form • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p>115.386 (a)</p> <p>The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>All SCDJJ facility Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review.</p> <p>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.</p> <p>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.</p> <p>115.386 (b)</p> <p>Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p>See section (a) response.</p> <p>115.386 (c)</p> <p>The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>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).</p> <p>See section (a) response.</p> <p>115.386 (d)</p> <p>The review team shall:</p> <ul style="list-style-type: none"> • 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.

Facility Staff: MEC staff that is a member of the incident review team indicated that she considers what motivated the alleged allegation. No specific checklist but review team establishes what led to incident and what factors pose risk.

Facility Staff: MEC security captain response to the following statements:

- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. The team review, they determined that if there are any blind spots and make improvements to this area.
- Assess the adequacy of staffing levels in that area during different shifts. The team review, the goal is to place staff in positions that allows for adequate coverage for all shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The team review, have the monitoring team to constantly check the cameras to make sure that they are operating properly. Also, we notify them when they are not operating properly.

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.

Corrective Action:

Standard requires the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated.

Concern: The facility is not conducting the sexual abuse reviews after the completion of the investigation, and within the 30 days after receiving the final investigations.

Agency/Facility Response:

The facility is now conducting 30-day reviews with the facility management and PREA compliance manager. Also, a written protocol has been established for the Juvenile Office of Family Relations and Investigations to be a part of the 30-day reviews.

115.387	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 770 300">Supporting Documents, Interviews and Observations</p> <ul data-bbox="240 331 925 524" style="list-style-type: none"> • PREA Annually Report (Statistical Data for PREA) - 2020 • Survey of Sexual Violence 2020 • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p data-bbox="240 555 360 582">115.387 (a)</p> <p data-bbox="240 613 1477 672">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.</p> <p data-bbox="240 703 1485 797">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.</p> <p data-bbox="240 828 1477 1052">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.</p> <p data-bbox="240 1061 1477 1120">The reviewed 2018 annual report was comprehensive and detailed and included demographics of agency operated facilities as well as detailed PREA Data.</p> <p data-bbox="240 1182 999 1209">The agency aggregated incident-based sexual abuse data at least annually.</p> <p data-bbox="240 1272 1445 1330">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.</p> <p data-bbox="240 1361 360 1388">115.387 (b)</p> <p data-bbox="240 1420 1078 1447">The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p data-bbox="240 1478 1334 1505">A review of the agency annual report reveal that the agency does aggregate the incident-based sexual abuse.</p> <p data-bbox="240 1536 360 1563">115.387 (c)</p> <p data-bbox="240 1594 1445 1653">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.</p> <p data-bbox="240 1684 1461 1742">A review of the incident-based date collected does answer questions from the most recent version of the Survey of Sexual Violence.</p> <p data-bbox="240 1774 360 1800">115.387 (d)</p> <p data-bbox="240 1832 1414 1890">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.</p> <p data-bbox="240 1921 1477 1980">The agency maintains, reviews, and collects data as needed from all available incident- based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="240 2042 360 2069">115.387 (e)</p> <p data-bbox="240 2101 1445 2128">The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the</p>

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.

115.388	Data review for corrective action
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 770 300">Supporting Documents, Interviews and Observations</p> <ul data-bbox="240 331 924 524" style="list-style-type: none"> • PREA Annually Report 2020 • PREA Annually Report approved and Posted on Website • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p data-bbox="240 555 360 582">115.388 (a)</p> <p data-bbox="240 613 1449 672">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:</p> <ul data-bbox="240 703 1394 797" style="list-style-type: none"> • 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. <p data-bbox="240 828 1490 954">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.</p> <p data-bbox="240 1016 1485 1111">Central Office 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.</p> <p data-bbox="240 1173 360 1200">115.388 (b)</p> <p data-bbox="240 1232 1485 1290">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.</p> <p data-bbox="240 1321 1469 1379">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.</p> <p data-bbox="240 1442 501 1469">See section (a) response.</p> <p data-bbox="240 1532 360 1559">115.388 (c)</p> <p data-bbox="240 1590 1497 1648">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.</p> <p data-bbox="240 1680 1374 1706">The report is approved by the agency head/designee and made readily available to the public through its website.</p> <p data-bbox="240 1769 360 1796">115.388 (d)</p> <p data-bbox="240 1827 1461 1886">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.</p> <p data-bbox="240 1917 1485 1975">The agency redacts specific material from the reports that would present a clear and specific threat to the safety and security of a facility.</p> <p data-bbox="240 2038 1485 2096">Central Office 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.</p>

115.389	Data storage, publication, and destruction
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 770 300">Supporting Documents, Interviews and Observations</p> <ul data-bbox="242 329 959 589" style="list-style-type: none"> • Survey of Sexual Violence 2020 • PREA Annually Report approved and Posted on Website • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 321 Prevention of Sexual Offenses toward Juveniles • SCDJJ Policy 123 Retention and Disposition of Departmental Records • SCDJJ Policy 124 Confidentiality and Release of Juvenile Information • Online PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • Interviews <p data-bbox="242 620 360 649">115.389 (a)</p> <p data-bbox="242 678 1201 707">The agency shall ensure that data collected pursuant to standard 115.387 are securely retained.</p> <p data-bbox="242 736 1406 797">SCDJJ will maintain data collected in accordance with SCDJJ Policy 123, Retention and Disposition of Departmental Records.</p> <p data-bbox="242 828 360 857">115.389 (b)</p> <p data-bbox="242 887 1490 976">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.</p> <p data-bbox="242 1008 1482 1099">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.</p> <p data-bbox="242 1167 360 1196">115.389 (c)</p> <p data-bbox="242 1225 1362 1254">Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p data-bbox="242 1283 1414 1344">SCDJJ will publish yearly all aggregated sexual abuse data in accordance with SCDJJ Policy 124, Confidentiality and Release of Juvenile Information.</p> <p data-bbox="242 1375 360 1404">115.389 (d)</p> <p data-bbox="242 1433 1461 1494">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.</p>

115.401	Frequency and scope of audits
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 775 300">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="242 329 579 488" style="list-style-type: none"> • Agency Website (PREA Cycles) • Agency PREA Coordinator • Website (All PREA Reports) • PREA Notices • Interviews <p data-bbox="242 519 360 548">115.401 (a)</p> <p data-bbox="242 577 1466 638">During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.</p> <p data-bbox="242 667 1066 696">A review of the agency's website provided PREA audit reports according to cycles.</p> <p data-bbox="242 725 861 754">The facility PREA reports are included on the agency website.</p> <p data-bbox="242 784 360 813">115.401 (b)</p> <p data-bbox="242 842 1477 902">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.</p> <p data-bbox="242 931 1066 960">A review of the agency's website provided PREA audit reports according to cycles.</p> <p data-bbox="242 990 861 1019">The facility PREA reports are included on the agency website.</p> <p data-bbox="242 1048 360 1077">115.401 (c)</p> <p data-bbox="242 1106 1484 1196">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.</p> <p data-bbox="242 1225 912 1254">The PREA coordinator and the facility acknowledges this provision.</p> <p data-bbox="242 1283 360 1312">115.401 (d)</p> <p data-bbox="242 1341 1430 1402">The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.</p> <p data-bbox="242 1431 1485 1491">The auditor uses the required Juvenile Facility Standards, United States Department of Justice Final Rule audit instrument to enter collected information online, 28 C.F.R Part 115 Docket No. OAG-131 RIN 1105-AB34 May 17, 2012.</p> <p data-bbox="242 1520 360 1550">115.401 (e)</p> <p data-bbox="242 1579 1069 1608">The agency shall bear the burden of demonstrating compliance with the standards.</p> <p data-bbox="242 1637 1484 1697">The PREA coordinator and facility acknowledge this provision. The agency and the facility provided requested information to bear the burden of demonstrating compliance with the standards.</p> <p data-bbox="242 1727 360 1756">115.401 (f)</p> <p data-bbox="242 1785 1489 1845">The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditation for each facility type.</p> <p data-bbox="242 1874 1489 1935">The auditor has requested all relevant policies, procedures, reports, internal and external audits for the facility during the pre-audit, onsite and post audit phases.</p> <p data-bbox="242 1964 360 1993">115.401 (g)</p> <p data-bbox="242 2022 1442 2083">The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.</p> <p data-bbox="242 2112 1442 2141">The auditor sample size is based on the number of residents at the facility on the first day. The random staff sample size</p>

based on a minimum of twelve or more based on interview outcomes and facility size.

115.401 (h)

The auditor shall have access to, and shall observe, all areas of the audited facilities.

The auditor conducted a comprehensive site review of the facility. The facility diagram was provided.

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 outdoors. None of the camera's 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 48 cameras.

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

- All Living Units
- Camera Locations
- Observe for Blind Spots
- Notices of PREA Audit Posted
- PREA Information Posted in English and Non-English
- Staff of the Opposite Gender Announces their Presence when Entering Living Areas
- Resident's Program Areas
- Grounds
- Reactions Between Resident's and Staff
- Intake Area
- Administration Areas
- Storage Rooms and Closets
- Laundry
- Dining
- Kitchen Area
- Visitation
- Library
- Recreation Area
- Grievance Boxes
- Medical Unit
- Control Room Monitors
- Social Worker Areas

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

The following is concern regarding the tour:

- Supervision and Monitoring (Staff ratios, additional boat beds)
- Control Room Monitors – Not Working
- Incomplete Transgender Documentations

Note: Details are documented under the findings and standards.

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 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
- Niaja Kennedy, Agency PREA Coordinator
- YaKerria Tolbert, PBS/PREA Compliance Coordinator
- Tracy Ryans, PBS/PREA Compliance Coordinator

115.401 (i)

The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

The PREA coordinator and the facility provided the auditor all relevant documents to include electronically stored information.

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.

The auditor has upload additional information in OMS. Other reviewed information will be maintained for the required timeframe before destruction.

115.401 (k)

The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.

The auditor conducted interviews with the following agency leadership staff and are counted in the totals. Below are the staff interviewed previously, either written, by the lead auditor, associate, on-site, and by telephone:

Agency Central Office Staff:

- Agency Head/Designee
- Agency PREA Coordinator
- Investigator (Agency)
- Human Resources
- Medical and Mental Health
- Volunteer Coordinator
- Central Office Classification Staff

On the first day of the audit the facility reported 61 staff to include 1 temporary and 3 medical contractors. The auditor conducted the following staff interviews on-site or via phone.

Specialized Staff (13) included the following:

- Facility Administrator – 1
- Incident Review Team – 1
- Intermediate or Higher-Level Staff Unannounced Rounds – 1
- Medical Staff – 1
- Mental Health Staff - 1
- Administrative Human Resources Staff – 1
- Staff Conducting Victim/Aggressor Assessments – 1
- Retaliation Monitor – 1
- Intake Staff – 1
- Contractor with Resident Contact – 1
- First Responder Non-Security Staff – 1
- First Responder Security Staff – 1
- Facility PREA Compliance Coordinator - 1

Randomly Selected Staff (12):

The auditor requested and was provided a direct care staff roster with all shifts.

Interviews with random and specialized staff confirmed that the facility's staff understood the agency's position regarding the Prison Rape Elimination Act (PREA). Random and specialized staff were all knowledgeable about their roles in the prevention, reporting, and detection of sexual abuse and sexual harassment, and their responsibilities in the event of a PREA related incident, particularly as a first responder.

115.401 (l)

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

The number of inmates housed during the first day of the audit was 69 (53 males/12 females). The auditor conducted the following resident interviews during the on-site phase of the audit:

Randomly Selected Residents (15):

The auditor requested and was provided a roster of residents listed by living units.

Informally Interviewed Inmates facility site review (4).

Targeted Inmate (1):

- Transgender who Disclosed Sexual Victimization During Risk Screening - 1

All residents that were formally interviewed were asked the random interview questions provided by the National PREA Resource Center. Sixteen (16) residents were interviewed (11 males/5 females).

Residents were respectful and cooperative with auditor. All residents wore masks and maintained social distancing practices during the formal interviews. The residents were clean, and their hygiene satisfactory.

Interviews with residents revealed that they understand PREA safeguards and the facility's zero-tolerance policy.

Comprehensive resident PREA education is provided in written form during resident orientation/intake, through posters and written information on the walls.

115.401 (m)

Inmates, 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.

During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email, pictures confirming the posted notices and observed the posted notices on-site.

As of 1/3/2022, there was no communication from an inmate or staff. Staff interview indicated that residents are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

115.401 (n)

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

- Just Detention International (JDI)
- National Sexual Violence Resource Center (NSVRC)
- SC PREA Advocate Sexual Trauma Services of the Midlands (STSM): MOU between the SC Department of Corrections and SC Department of Juvenile Justice Facilities in Lexington, Richland, Newberry, Sumter, and Clarendon Counties and Sexual Trauma Services of the Midlands (STSM). The STSM is responsible for:
 - o Responding to calls from inmates received on STSM's 24-hour crisis hotline.
 - o Providing inmates with confidential emotional support services related to sexual abuse during their residency at an institution and during their transition from the corrections facility into the community.
 - o Providing follow-up services to victims of sexual assault as resources allow, including in-person visits.
 - o Maintaining confidentiality of communications with inmates.
 - o Working with designated staff to obtain security clearance as needed and follow all facility guidelines for safety and security.
 - o Attending any and all Sexual Abuse Incident Reviews at the request of an inmate with the understanding that STSM cannot disclose any communication with an inmate without a signed release from said inmate.
 - o Communicating any questions or concerns to PREA Coordinator that are not in violation of confidentiality.

Note: This MOU services provided as agreed pursuant to the approved project goals and objectives listed in the awarded Justice Assistance Grant Program (Grant No. 1GPR19001).

115.403	Audit contents and findings
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 777 300">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="242 329 579 423" style="list-style-type: none"> • Agency PREA Coordinator • Agency Website (PREA Cycles) • Interviews <p data-bbox="242 452 360 481">115.403 (a)</p> <p data-bbox="242 510 1425 571">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.</p> <p data-bbox="242 600 352 629">Compliant.</p> <p data-bbox="242 658 360 687">115.403 (b)</p> <p data-bbox="242 716 1331 745">Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.</p> <p data-bbox="242 775 1331 804">The auditor report state whether agency wide policies and procedures comply with relevant PREA standards.</p> <p data-bbox="242 833 360 862">115.403 (c)</p> <p data-bbox="242 891 1469 983">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.</p> <p data-bbox="242 1012 767 1041">The auditor has assigned a finding to each standard.</p> <p data-bbox="242 1070 360 1099">115.403 (d)</p> <p data-bbox="242 1128 1457 1189">Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions about each standard provision for each audited facility and shall include recommendations for any required corrective action.</p> <p data-bbox="242 1218 1484 1346">The auditor uses a triangular approach, by connecting the PREA audit documentation, on-site observation, site review of the entire facility and complex, determination of facility practice, interviewed staff and inmates, local and national advocates, etc. to make determinations for each standard. Each standard and/or provision is designed with documentation reviewed, online PREA Audit: Pre-Audit Questionnaire, overall findings, and interview results.</p> <p data-bbox="242 1375 1485 1435">The auditor is using the stylistic rules for the Field Training Program (FTP) Auditor Trainee Report Writing Reference Manual as best practices.</p> <p data-bbox="242 1464 1444 1525">The auditor sample size is based on the number of residents at the facility on the first day. The random staff sample size based on a minimum of twelve or more based on interview outcomes and facility size.</p> <p data-bbox="242 1554 360 1583">115.403 (e)</p> <p data-bbox="242 1612 1490 1673">Auditor shall redact any personally identifiable inmate 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.</p> <p data-bbox="242 1702 1452 1762">The auditor has redacted personally identifiable residents from the report and can provide such information to the agency upon request and may provide such information to the Department of Justice.</p> <p data-bbox="242 1792 360 1821">115.403 (f)</p> <p data-bbox="242 1850 1485 1910">The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public.</p> <p data-bbox="242 1939 920 1968">The facility final PREA reports are published on the agency website.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	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
115.312 (b)	Contracting with other entities for the confinement of residents	
	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 OR the response to 115.312(a)-1 is "NO".)	yes

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	no
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	no
115.313 (c)	Supervision and monitoring	
	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 only until October 1, 2017.)	no
	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 only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	no
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	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
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility 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?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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
115.315 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.317 (a)	Hiring and promotion decisions	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
	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
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication 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
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	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
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	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
	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
	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
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	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
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	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
115.334 (a)	Specialized training: Investigations	
	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

115.334 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to 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
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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
	Do medical and mental health care practitioners contracted by and 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
115.341 (a)	Obtaining information from residents	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	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
115.342 (a)	Placement of residents	
	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
	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
	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
	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
	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
115.342 (b)	Placement of residents	
	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?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	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
	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
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	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
	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
115.342 (e)	Placement of residents	
	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
115.342 (f)	Placement of residents	
	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
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	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?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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
115.351 (b)	Resident reporting	
	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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
115.352 (b)	Exhaustion of administrative remedies	
	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
	Does the agency always refrain from requiring an 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

115.352 (c)	Exhaustion of administrative remedies	
	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
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	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
	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
115.352 (e)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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

115.352 (f)	Exhaustion of administrative remedies	
	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
	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
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	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
115.353 (a)	Resident access to outside confidential support services and legal representation	
	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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	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
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	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
	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

115.361 (e)	Staff and agency reporting duties	
	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
	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
	If the 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? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	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
	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
	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
	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
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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
115.367 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	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
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	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
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	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
	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
	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
	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
115.373 (d)	Reporting to residents	
	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
	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
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	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
	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
	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
	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
	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
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	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
	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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for 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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	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
	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
	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
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes